** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

A F	or the	2023 calendar year, or tax year beginning	and	ending						
	heck if	C Name of organization			D Employ	er identific	cation number			
X	Addres	TEAM RED WHITE & BLUE,	INC							
	Name change	Doing business as			27-	<u>21963</u>	47			
	Initial return Final return/	Number and street (or P.O. box if mail is not del P.O. BOX 127	ivered to street address)	Room/suite	E Telephone number 833-832-6792					
	termin ated		ZIP or foreign postal code		G Gross rec	G Gross receipts \$ 10,226,144.				
	Ameno return				H(a) Is this	H(a) Is this a group return				
	Application	F Name and address of principal officer: LAN .	EN STUTZMAN		for su	ubordinates	? Yes X No			
	pendin	SAME AS C ABOVE			H(b) Are all s	subordinates in	cluded? Yes No			
<u> 1 T</u>	ax-exe	empt status: X 501(c)(3) 501(c) ((insert no.) 4947(a)(1)	or 527	If "No	o," attach a	list. See instructions			
	Vebsit					p exemptio				
	orm of	organization: X Corporation Trust As Summary	sociation Other	L Year	of formation:	2010 N	1 State of legal domicile; MI			
		Briefly describe the organization's mission or most	eignificant activities: TEAM	RWB'S	MISSI	ON TS	TO ENRICH			
S		VETERANS' LIVES BY FORGING								
nan			ntinued its operations or dispos							
Governance		Number of voting members of the governing body (·			1 1	9			
		Number of independent voting members of the gov					8			
ري م		Total number of individuals employed in calendar y					56			
/itie		Total number of volunteers (estimate if necessary)					1500			
Activities &		Total unrelated business revenue from Part VIII, col					0.			
_	b	Net unrelated business taxable income from Form 9	990-T, Part I, line 11			7b	0.			
					Prior Yo		Current Year			
Φ	8	Contributions and grants (Part VIII, line 1h)			10,255		5,351,501.			
eun						0.	0.			
Revenue		Investment income (Part VIII, column (A), lines 3, 4,				372.	236,295.			
Œ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c,				,149.	-235,995.			
		Total revenue - add lines 8 through 11 (must equal			10,336		5,351,801.			
		Grants and similar amounts paid (Part IX, column (A				0.	0.			
		Benefits paid to or for members (Part IX, column (A			2 124	0.	0.			
es		Salaries, other compensation, employee benefits (F			3,134	,027.	3,568,915.			
Expenses		Professional fundraising fees (Part IX, column (A), li	0100			0.	0.			
Ϋ́		Total fundraising expenses (Part IX, column (D), line	'		2 002	210	2 2/1 011			
		Other expenses (Part IX, column (A), lines 11a-11d,				,319.	2,341,011. 5,909,926.			
		Total expenses. Add lines 13-17 (must equal Part IX				,565.	-558,125.			
<u> ç</u>	19	Revenue less expenses. Subtract line 18 from line	12		eginning of Cu		End of Year			
Net Assets or	20	Total assets (Part X, line 16)			10,402		10,063,945.			
Asse Bala	20 21	Total liabilities (Part X, line 16)				,321.	109,513.			
let/	22	Net assets or fund balances. Subtract line 21 from	ling 20		10,222		9,954,432.			
Pa	rt II	Signature Block	IIII 6 20		10,222	73700	3/331/1321			
Und	er pena	Ities of perjury, I declare that I have examined this return,	including accompanying schedules	s and statem	ents, and to th	ne best of my	knowledge and belief, it is			
		t, and complete. Declaration of preparer (other than office				-	3			
		Leven Statzenon	,		5/8	/24				
Sign	า	Signature of officer			Da	te				
Her		LAKEN STUTZMAN, DIRECTOR (F FINANCE							
		Type or print name and title								
		Print/Type preparer's name	Preparer's signature		Date	Check	PTIN			
Paid		JEANNA JONES	JEANNA JONES		5/8/24	P00174538				
Prep	arer	Firm's name LBMC, PC			Fir	m's EIN 6	2-1199757			
Use	Only	Firm's address 325 WEST MAIN STRE	-							
		LOUISVILLE, KY 402	202		Ph	one no.50	2-585-1600			
May	the IF	S discuss this return with the preparer shown above	ve? See instructions				X Yes No			

Pa	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	TEAM RWB'S MISSION IS TO ENRICH VETERANS' LIVES BY FORGING AMERICA'S
	LEADING VETERAN HEALTH AND WELLNESS COMMUNITY.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 1,158,873 • including grants of \$) (Revenue \$)
	TEAM RWB CHAPTERS AND MEMBERS HOSTED OVER 16,500 IN-PERSON FITNESS,
	SOCIAL, AND SERVICE EVENTS IN 2023. THESE EVENTS ARE LOCAL, CONSISTENT
	OPPORTUNITIES FOR VETERANS TO BUILD A HEALTHY LIFESTYLE WHERE THEY LIVE
	AND WORK. TEAM RWB EVENTS REDUCE ISOLATION AMONG VETERANS AND SUPPORT
	THEIR OVERALL WELL-BEING IN THE AREAS OF BOTH PHYSICAL AND MENTAL
	HEALTH.
4b	(Code:) (Expenses \$ 1,354,709 • including grants of \$) (Revenue \$)
	DELIVERED THROUGH THE TEAM RWB MEMBER APP, THE ORGANIZATION OFFERS
	TRAINING AND IN-APP EXPERIENCES FOCUSED ON ENCOURAGING VETERANS TO
	MAINTAIN A REGULAR FITNESS ROUTINE. IN 2023, TEAM RWB LAUNCHED 10
	TRAINING PROGRAMS, DEVELOPED BY CERTIFIED PROFESSIONALS, AROUND ITS
	MONTHLY MISSIONS EVENTS CULMINATING IN OVER 20,000 COMMUNITY
	ENGAGEMENTS. THESE TRAINING PROGRAMS AND IN-APP FITNESS EVENTS PROVIDED
	DAILY AND PRESCRIPTIVE OPPORTUNITIES FOR VETERANS TO PARTICIPATE,
	FOSTERING A SUPPORTIVE ENVIRONMENT IN BETWEEN COMING TOGETHER IN-PERSON
	FOR CHAPTER AND LOCAL EVENTS.
4c	
	TEAM RWB OFFERS IN-PERSON EXPERIENCES FOR VETERANS FOCUSED BOTH ON
	IMPROVING THE HEALTH AND WELLNESS OF INDIVIDUAL VETERANS AND EMPOWERING
	THE LARGER COMMUNITY. THESE EXPERIENCES INCLUDED EAGLE EXPEDITIONS,
	VETERAN RESOURCE GROUP CONVENINGS, AND THE OLD GLORY RELAY AMONG OTHER
	EVENTS IN 2023.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 647,243 • including grants of \$) (Revenue \$
4e	Total program service expenses 4,435,245.
	Form 990 (2023)

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	X	
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 Rev. Proc. 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	<u> </u>		
U	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,	-		-23
′		7		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	-		
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?			٦,
	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	X	
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		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	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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	X	
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		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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	110		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	_ 		
10		16		x
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	10		-23
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		x
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		v	
۵.	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	_		17
	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		
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? If "Yes." complete Schedule I, Parts I and II	21		X

Form 990 (2023) TEAM RED WHITE & BLUE, INC Part IV Checklist of Required Schedules (continued)

Did the organization report more than \$5.000 of grants or other assistance to or for domestic individuals on Part X. column (A), line 27 // "Yes," complete Schedule (Part) and (ii) 20 bit the organization answer "Yes" to Part VII), Section A, line 34, or 6, a shout compensation of the organization accurrent and former offices, directions, frustees, key employees, and highest compensation employees? (ii) "Yes," complete Schedule (A "I') "No." for the 70 per VIII, Section A, line 34, or 6, a shout compensation of the organization is current and former offices, directions, trustees, key employees, and highest compensation employees? (ii) "Yes," complete Schedule (A "I') "No." for the 72 per VIII "Yes," answer lines 24d through 24d and complete Schedule (A "I') "No." for the 72 per VIII "Yes," answer lines 24d through 24d and complete Schedule (A "I') "No." for the 72 per VIII "Yes," answer lines 24d through 24d and complete Schedule (A "I') "No." for the 72 per VIII "Yes," answer lines 24d through 24d and complete Schedule (A "I') "No." for the 72 per VIII "Yes," answer lines 24d through 24d and complete Schedule (A "I') "No." for the 72 per VIII "Yes," answer lines 24d through 24d and complete Schedule (A "I') "No." for the 72 per VIII "Yes," answer lines 24d through 24d and complete Schedule (A), and 501(4)(29) organizations. Did the organization engage in an excess benefit through 24d and through 24d and complete 32d Schedule (A), and 501(4)(29) organizations. Did the organization engage in an excess benefit through 24d and through 24d and complete 32d Schedule (A), and 501(4)(29) organizations and through 24d and complete 32d Schedule (A), and 501(4)(29) organizations benefit through 34d and complete 32d Schedule (A), and 501(4)(29) organizations benefit through 34d and complete 32d Schedule (A), and 501(4)(29) organization and 500 per VIII "Yes," complete Schedule (A), and 501(4)(29) organization and 500 per VIII "Yes," complete Schedule (A), and 501(4)(4)(4)(4)(4)(4)(4)(4)(4)(4)(4)(4)(4)(Continued)		Yes	No
Part X. column (A), lime 27 (** Yes; ** Complete Schedule**, Parts* Land ## 2 Did the organization shave** "Yes* to ** Part ** Vil, Section A, line 3. 4, or 5, about compensation of the organization sourcett and former officers, directors, trustees, key employees, and highest compensated employees** #* Yes; ** complete** 23	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		163	140
23 Det 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, trustess, key employees, and highest compensated employees? 24 Press, "complete Schedule I." 25 Det 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 Decomber 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule I. If "Yos," to line 25a 26 Do the the organization minister and escrive account of the than a returning secror at any time during they year to defease any tax-exempt bonds? 27 Do the organization maintain an escrive account of the than a returning secror at any time during they year? 28 Section 501(51), 501(61)4), and 501(61)80 organizations. Did the organization line gain an excess benefit transaction with a disquilified person during the year? If "Yes," complete Schedule I. Part I. 28 Section 501(51), 501(61)4), and 501(61)80 organizations. Did the organization with a disquilified person during the year? If "Yes," complete Schedule I. Part I. 28 Is the organization aware that it engaged in an excess benefit transaction with a disquilified person during the year? If "Yes," complete Schedule I. Part I. 29 Do the organization aware that it engaged in an excess benefit transaction with a disquilided person in a prior year, and that the transaction has not been reported on any of the organization spot or Form 900 or 900-E27 If "Yes," complete Schedule I. Part II. 29 Do the organization provide a grant or other assistance to any current or former 900 or 900-E27 If "Yes," complete Schedule I. Part III. 29 Do the organization provide a grant or other assistance to any current or former diffice, director, trustes, key employee, creator or founder, substantial contributor? If "Yes," complete Schedule I. Part III. 29 Do the organization in the provide schedule of the following parties? (See the Schedule I. Part III. 29			22		Х
and former officers, directions, fusteens, key employees, and highest compensated employees? If "Yes," complete Schedule II. Part IV. 23	23				
Schedule / Life 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? // "Yes," answer lines 24b through 24d and complete Schedule K. If "No." go to line 25a. b Did the organization mivest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization mivest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization mivest any proceeds of tax-exempt bonds beyond a temporary period exception? d Did the organization mirror and a sa of "on behalf of" issue for bonds outstanding at any time during the year? d Did the organization acts as in "on behalf of" issue for bonds outstanding at any time during the year? d Did the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I is 1 to 1 t					
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 24th through 24d and complete Schedule K. If "No," go to line 25a D Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24b		·	23		Х
Schedule K. If "No." go to line 25a b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds? d Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24c 25a Section 50 (E(3), 5016/K), and 5016(£2) organizations. Did the organization engage in an excess benefit transaction with a disqualitied person in a prior year, and that the transaction with a disqualitied person in a prior year, and that the transaction ware that it engaged in an excess benefit transaction with a disqualitied person in a prior year, and that the transaction has not been reported on any of the organization's prior forms 800 or 900-E27 (""e"s," complete Schedule L, Part I ""es," complete Schedule L, Part I ""es," complete Schedule L, Part II" 25 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 59% controlled entity froulding an employee thereof or family effective persons? If ""es," complete Schedule L, Part II " 26 Was the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor? If ""es," complete Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions; a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If ""es," complete Schedule II, Part IV " b A family member of any individual described in line 28a? If "Yes," complete Schedule II, Part IV " c A 39% controlled entity of one or	24a				
Schedule K. If "No." go to line 25a b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds? d Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24c 25a Section 50 (E(3), 5016/K), and 5016(£2) organizations. Did the organization engage in an excess benefit transaction with a disqualitied person in a prior year, and that the transaction with a disqualitied person in a prior year, and that the transaction ware that it engaged in an excess benefit transaction with a disqualitied person in a prior year, and that the transaction has not been reported on any of the organization's prior forms 800 or 900-E27 (""e"s," complete Schedule L, Part I ""es," complete Schedule L, Part I ""es," complete Schedule L, Part II" 25 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 59% controlled entity froulding an employee thereof or family effective persons? If ""es," complete Schedule L, Part II " 26 Was the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor? If ""es," complete Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions; a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If ""es," complete Schedule II, Part IV " b A family member of any individual described in line 28a? If "Yes," complete Schedule II, Part IV " c A 39% controlled entity of one or		last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any taxe-exempt bonds? d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 22a Section 501(c/3), 501(c/4), and 501(c/20) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? if "Yes," complete Schedule I, Part I 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 organizations prior Forms 990 or 990E-E27 if "Yes," complete Schedule I, Part I 25b If the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, fuscise, key employee, creator or founder, substantial contributor, or 35% controlled entity (orlouding an employee thereof) or family member of any of these persons? if "Yes," complete Schedule I, Part II 26 Did the organization provide a grant or other assistance to any current or former officer, fuscise, 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 I, Part III 27 X 28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule I, Part III) 28 Yes, "complete Schedule I, Part III III III III III III III III III I			24a		X
any tax-exempt bonds? 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 I, Part I 25a X 2	b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
d Did the organization act as an 'on behalf of 'issuer for bonds outstanding at any time during the year?	С				
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 25b			24c		<u> </u>
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 25b 25b X 25b			24d		
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 980 or 990 E27 "Yes," complete Schedule L, Part I 250 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 former officer, director, trustee, key employee, creator 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 or family member of any of these persons? If "Yes," complete Schedule L, Part III 26	25a				37
that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? // "Yes," complete Schedule L, Part I		, , ,	25a		<u> </u>
Schedule L, Part I 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 33% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 X 27 Did the organization period 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 IV, instructions for applicable filing thresholds, conditions, and exceptions; a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV, 28b X b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV, 28b X c 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, 28b X 29 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M 29 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M, Part I 31 X 30 Did the organization inquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 32 X 31 Did the organization on 100% of an entity disregarded as separate from the organization under Regulations sections 301.77012 and 301.77013? If "Yes," complete Schedule R, Part I, III, or IV, and Part V, line 1 32 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part I, III, or IV, and Part V, line 2 35 Did the organization have a controlled entity within the meanin	b				
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 III 27 X 28 Was the organization aparty to a business transaction with one of the following parties? (See the Schedule L, Part III 27 X 28 Was the organization received the conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28a X c 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 29 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M 29 X 30 Did the organization receive wome than \$25,000 in noncash contributions? If "Yes," complete Schedule N, Part I 31 X 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? 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 I, III, or IV, and Part V, line 1 32 X 33 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part I, III, or IV, and Part V, line 1 34 X 34 Was the organizati					v
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Form 990 (2023) TEAM RED WHITE & BLUE, INC

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

					Yes	No			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return	2a	56						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?	•	2b	Х				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За		Х			
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b					
	At any time during the calendar year, did the organization have an interest in, or a signature or other a								
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accou	nt)?	4a		Х			
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 A	ccour	nts (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	ction?		5b		X			
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5с					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e orga	anization solicit						
	any contributions that were not tax deductible as charitable contributions?								
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ions o	r 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 set	rvices	provided to the payor?	7a		X			
b				7b					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as req	uired						
	to file Form 8282?	 T		7с		X			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	•	7e		Х			
е	7 7 7 171								
f	3 , 3 , 7 , 7 , 7 , 7 , 7 , 7 , 7 , 7 ,								
g									
h									
8	,								
•	sponsoring organizations maintaining donor advised funds								
	9 Sponsoring organizations maintaining donor advised funds.								
a b	a Did the sponsoring organization make any taxable distributions under section 4966?								
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:			9b					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	1						
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:								
	Gross income from members or shareholders	11a							
	Gross income from other sources. (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)	11b							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a					
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
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		1						
	organization is licensed to issue qualified health plans	13b							
С	Enter the amount of reserves on hand	13c							
14a				14a		X			
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b					
15									
	excess parachute payment(s) during the year?								
	If "Yes," see the instructions and file Form 4720, Schedule N.								
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	t inco	me?	16		X			
	If "Yes," complete Form 4720, Schedule O.								
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac								
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17					
	If "Yes," complete Form 6069.								

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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 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 2							
	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							
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		Х				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	_						
·		3		х				
4	of officers, directors, trustees, or key employees to a management company or other person? 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		X				
6	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	-		21				
7a		7-		Х				
	more members of the governing body?	7a						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			х				
_	persons other than the governing body?	7b						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		v					
a	The governing body?	8a	X					
b	Each committee with authority to act on behalf of the governing body?	8b	X					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	_		37				
800	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?	10a	X					
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,		37					
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b 11a	X					
11a	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?							
b	Describe on 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	12a	_X_					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe							
	on Schedule O how this was done	12c	X					
13	Did the organization have a written whistleblower policy?	13		X				
14	Did the organization have a written document retention and destruction policy?	14		X				
15	Did the process for determining compensation of the following persons include a review and approval by independent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official	15a		X				
b	Other officers or key employees of the organization	15b		Х				
	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							
	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							
	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 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) a	availat	ole				
	for public inspection. Indicate how you made these available. Check all that apply							
	X Own website							
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial					
	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 - (833) 832-6792							
	P.O. BOX 127, FLOYDS KNOBS, IN 47119							

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- 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.

(A)	(B)	(C)						(D)	(E)	(F)
Name and title	Average	(do	Position lo not check more than one				one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss per	erson is both an director/trustee)		n an	compensation	compensation	amount of
	week (list any							from the	from related organizations	other compensation
	hours for					ted		organization	(W-2/1099-MISC/	from the
	related	stee o	truste		au	bensa		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tru	ional 1		ploye	t com		1099-NEC)		and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) JOHN PINTER	50.00									
DEPUTY DIRECTOR		Х		Х				125,300.	0.	18,269.
(2) DAN BROSTEK	50.00									
DIRECTOR OF TECHNOLOGY						Х		124,200.	0.	18,269.
(3) LAKEN STUTZMAN	50.00									
DIRECTOR OF FINANCE				Х				119,801.	0.	18,269.
(4) MIKE ERWIN	50.00									
EXECUTIVE DIRECTOR		Х		X				128,500.	0.	320.
(5) JENN SORENSON	50.00								_	
DIRECTOR OF DEVELOPMENT						Х		115,000.	0.	1,245.
(6) JOYCE JELKS	1.00	1								
BOARD MEMBER		Х						0.	0.	0.
(7) COLEMAN RUIZ	1.00									
CHAIRMAN OF THE BOARD	1 00	Х		Х				0.	0.	0.
(8) MEL PARKER	1.00	ļ								
BOARD MEMBER	1 00	Х						0.	0.	0.
(9) JANNELL MACAULEY	1.00								•	•
BOARD MEMBER	1 00	Х						0.	0.	0.
(10) THAD ALLEN	1.00	.,							_	0
BOARD MEMBER	1 00	Х						0.	0.	0.
(11) JAMAL SOWELL	1.00	.,								•
BOARD MEMBER	1 00	Х	_					0.	0.	0.
(12) SHANA FERGUSON BOARD MEMBER	1.00	v						0.	0.	0
(13) JAMES FICKE	1.00	Х						0.	0.	0.
BOARD MEMBER	1.00	Х						0.	0.	0.
BOARD MEMBER		Δ						0.	0.	<u> </u>
		1								
		-								
	I						L	I		

Part VII Section A. Officers, Direct		oloy 	ees,			gnes	τC		,			/C \	
(A)	(B) Average			(C Posi	•	1		(D)	(E)		_	(F)	
Name and title	hours per	(do not check more than box, unless person is bot						Reportable compensation	Reportable compensation			stimate nount	
	week			d a di				from	from related		u,	other	01
	(list any	director						the	organization	s	com	pensa	tion
	hours for	or dir	e e			ated		organization	(W-2/1099-MIS			rom th	
	related organizations	ustee	truste		es es	npens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)		_ ~	janizat d relat	
	below	Individual trustee or	Institutional trustee	_	Key employee	Highest compensated employee	ы	1000 (VEO)				anizati	
	line)	Indiv	Instit	Officer	Key e	Highe empl	Former						
		\vdash											
		<u> </u>											
1b Subtotal						<u> </u>		612,801.		0.	5	6,3	72.
c Total from continuation sheets t								0.		0.		,	0.
d Total (add lines 1b and 1c)								612,801.		0.	56,372.		
2 Total number of individuals (included in the control of individuals) (included in the control of individuals (included in the control of individual) (included in the control of individuals (included in th	-	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable)			_
compensation from the organizati	on											Yes	5 No
3 Did the organization list any form	er officer director trust	ee l	CEV E	mnla)Ve	≏ ∩r	hia	hest compensated empl	ovee on			103	140
line 1a? If "Yes," complete Schede											3		Х
4 For any individual listed on line 1a													
and related organizations greater	than \$150,000? <i>If</i> "Yes,	," co	mple	ete S	che	dule	J f	or such individual			4		Х
5 Did any person listed on line 1a re	eceive or accrue comper	nsati	on fr	om a	any	unre	late	ed organization or individ	lual for services				
rendered to the organization? If	Yes." complete Schedul	e J f	or st	ıch p	ers	on .					5		X
Section B. Independent Contractors	iaboot componented in	<u></u>		-t	ntro		o +h	nat received more than C	100 000 of com		tion fr		
1 Complete this table for your five he organization. Report compens	•	•								pensa	tion tre	om	
	(A)				1110	71 VVII		(B)				C)	_
Name and	business address	NC	ONE	<u>. </u>			-	Description of s	ervices		ompe	nsatio	<u>n</u>
Total number of independent cont	tractors (including but n		niter	to t	hos	e lie	ed	above) who received mo	ore than				
\$100,000 of compensation from the		J. 111			0		Ju	assvo, who received the					

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Form 990 (2023) TEAM RE
Part VIII Statement of Revenue

		Check if Schedule O contains a response of	r note to any line	e in this Part VIII			
				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
					function revenue	business revenue	from tax under sections 512 - 514
ω ω	4	a Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts							
يَّ ق			703,863.				
fts, Ar			703,003.				
ig ig							
ns, Sim		e Government grants (contributions) 1e					
e ti		f All other contributions, gifts, grants, and	4 647 630				
듗됨		similar amounts not included above 1f	4,647,638.				
ont Od		Noncash contributions included in lines 1a-1f	431,659.	F 254 504			
<u>0 g</u>		h Total. Add lines 1a-1f		5,351,501.			
		-	Business Code				
9	2	a					_
e <u>Š</u>		b					
S I		c					
am		d					
Program Service Revenue		e					
P	•	f All other program service revenue					
		Total. Add lines 2a-2f					
	3	Investment income (including dividends, interes					
		other similar amounts)		124,023.			124,023.
	4	Income from investment of tax-exempt bond pro					
	5	Royalties					
		(i) Real	(ii) Personal				
	6	a Gross rents 6a 31,995.					
		b Less: rental expenses 6b 0.					
		c Rental income or (loss) 6c 31,995.					
		d Net rental income or (loss)		31,995.	31,995.		
		a Gross amount from sales of (i) Securities	(ii) Other	, , , , ,	7557		
	•	assets other than inventory 7a 3,864,950.	(.,, 0				
		b Less: cost or other basis					
Φ							
Ď.							
eve		()		112,272.			112,272.
her Revenue		d Net gain or (loss)		112,272.			112,272.
	8	a Gross income from fundraising events (not					
ō		including \$ of					
		contributions reported on line 1c). See	426 515				
		Part IV, line 18	426,515.				
		b Less: direct expenses 8b	650,481.	222.255			222.066
		c Net income or (loss) from fundraising events		-223,966.			-223,966.
	9	a Gross income from gaming activities. See					
		Part IV, line 199a					
		b Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
	10	a Gross sales of inventory, less returns					
		and allowances10a	427,160.				
		b Less: cost of goods sold10b	471,184.				
				-44,024.	-44,024.		
S			Business Code				
Miscellaneous Revenue	11	a					
ane inu	I	b					
e se		c					
Aisc B		d All other revenue					
_		e Total. Add lines 11a-11d					
	12	Total revenue. See instructions		5,351,801.	-12,029.	0.	12,329.

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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 (C) Management and general expenses (D) Do not include amounts reported on lines 6b. Program service expenses Total expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 270,292. 410,459. 57,730. 82,437. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 2,969,290. 1,955,314. 417,621. 596,355. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 124,568. 26,606. 189,166. 37,992. Other employee benefits 9 10 Payroll taxes Fees for services (nonemployees): Management Legal 30,529. 30,529. Accounting Lobbying Professional fundraising services. See Part IV, line 17 9,193. 9,193. Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 47,655. 106,819. 48,071. 11,093. column (A), amount, list line 11g expenses on Sch O.) 323,313. 287,057. 36,256. Advertising and promotion 12 9,461. 6,645. 2,816. Office expenses 13 436,692. 394,004. 42,688. Information technology 14 15 Royalties 5,238. 5,238. 16 Occupancy 149,304. 194,581. 4,076. 41,201 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates 21 Depreciation, depletion, and amortization 22 592,238. 572,573. 11,750. 7,915. 23 Other expenses. Itemize expenses not covered 24 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 O.) 286,404. 286,404. OUTREACH CHAPTER SUPPORT 253,408. 253,408. 87,605. 87,605. EAGLE EXPEDITIONS AND C 5,530. 5,530. d MISCELLANEOUS EXPENSE e All other expenses 5,909,926. 4,435,245. 655,596. 819,085. Total functional expenses. Add lines 1 through 24e 25 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)

Par	<u>t X</u>	Balance Sheet					
		Check if Schedule O contains a response or n	ote to ar	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			4,574,355.	1	849,028.
	2	Savings and temporary cash investments			7,375.	2	7,784.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			0.	4	115,000
	5	Loans and other receivables from any current	or forme	r officer, director,			
		trustee, key employee, creator or founder, sub	stantial	contributor, or 35%			
		controlled entity or family member of any of th	ons		5		
	6	Loans and other receivables from other disqua					
		under section 4958(f)(1)), and persons describ	ction 4958(c)(3)(B)		6		
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			496,701.	8	642,928
ğ	9	B				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	. 10a	116,902.			
	b	Less: accumulated depreciation	. 10b	37,122.	88,427.		79,780 6,883,646
	11	Investments - publicly traded securities			3,766,563.	11	6,883,646
	12	Investments - other securities. See Part IV, line	e 11			12	
	13	Investments - program-related. See Part IV, lin		13			
	14	Intangible assets	1,332,291.	14	1,435,246		
	15	Other assets. See Part IV, line 11	137,185.	15	50,533		
	16	Total assets. Add lines 1 through 15 (must ed	10,402,897.	16	10,063,945		
	17	Accounts payable and accrued expenses			38,054.	17	56,237
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complet	e Part IV	of Schedule D		21	
S	22	Loans and other payables to any current or fo	rmer offi	cer, director,			
Ĭ		trustee, key employee, creator or founder, sub	stantial	contributor, or 35%			
Liabilities		controlled entity or family member of any of the	ese pers	ons		22	
-	23	Secured mortgages and notes payable to unre	elated th	rd parties		23	
	24	Unsecured notes and loans payable to unrelate	ed third	parties		24	
	25	Other liabilities (including federal income tax, p	•				
		parties, and other liabilities not included on lin	es 17-24). Complete Part X	1.10 0.55		E2 0E6
		of Schedule D			142,267.		53,276.
	26				180,321.	26	109,513.
_s		Organizations that follow FASB ASC 958, cl	heck he	e X			
ce		and complete lines 27, 28, 32, and 33.			0 070 076		0 740 000
alar	27	Net assets without donor restrictions			9,972,076.	27	9,742,082.
B	28	Net assets with donor restrictions			250,500.	28	212,350.
ŭ		Organizations that do not follow FASB ASC	958, ch	eck here			
Ϋ́		and complete lines 29 through 33.					
ts	29	Capital stock or trust principal, or current fund			29		
sse	30	Paid-in or capital surplus, or land, building, or				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated			10 222 576	31	0 054 430
Š	32	Total net assets or fund balances			10,222,576.	32	9,954,432.
	33	Total liabilities and net assets/fund balances			10,402,897.	33	10,063,945.

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	5,35						
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,90						
3	Revenue less expenses. Subtract line 2 from line 1	3	-55	8,1	25.				
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))								
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 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	9,95	4,4	32.				
Pa	rt XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII				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 O.								
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		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?		2b	X					
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,							
	consolidated basis, or both:								
	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	audit,							
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х					
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.							
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the								
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit							
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b						
			Forn	1 990	(2023)				

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

Open to Public

OMB No. 1545-0047

Name of the organization

Emplo

Inspection
Employer identification number 27-2196347

				& BLUE, INC					7-2196347				
Pa	art I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.					
The	organ	ization is not a private found											
1		A church, convention of ch	urches, or association	on of churches described	in sectio	n 170(b)(I)(A)(i).						
2		A school described in sect	tion 170(b)(1)(A)(ii).	Attach Schedule E (Form	n 990).)								
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(i	ii).						
4		A medical research organiz						(iii). Enter	the hospital's name,				
		city, and state:											
5		An organization operated for	or the benefit of a co	llege 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 government or governmental unit described in section 170(b)(1)(A)(v).											
7	X												
		section 170(b)(1)(A)(vi). (C	•		· ·								
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Part	t II.)								
9		An agricultural research org			•	ed in conju	ınction with a	land-grant	college				
		or university or a non-land-g	-			-		-	-				
		university:		,		•		· ·					
10		An organization that norma	ally receives (1) more	than 33 1/3% of its supp	ort from c	ontribution	ns, membersh	p fees, and	d gross receipts from				
		activities related to its exem											
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	after June 30, 1975.				
		See section 509(a)(2). (Con	mplete Part III.)										
11		An organization organized a	and operated exclus	ively to test for public sat	ety. See	section 50	09(a)(4).						
12		An organization organized a	and operated exclus	ively for the benefit of, to	perform tl	he functio	ns of, or to ca	ry out the	purposes of one or				
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section s	509(a)(2).	See section 5	609(a)(3). (Check the box on				
		lines 12a through 12d that	describes the type o	f supporting organization	and com	plete lines	12e, 12f, and	12g.					
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	orted org	anization(s), ty	pically by	giving				
		the supported organization	on(s) the power to re	gularly appoint or elect a	majority o	of the direc	tors or trustee	es of the su	upporting				
		organization. You must o	complete Part IV, Se	ections A and B.									
b		Type II. A supporting org	ganization supervised	or controlled in connect	ion with its	s supporte	ed organization	n(s), by hav	ving				
		control or management o	of the supporting org	anization vested in the sa	ame perso	ns that co	ntrol or manaç	ge the supp	ported				
		organization(s). You mus	st complete Part IV,	Sections A and C.									
c	;	Type III functionally inte	egrated. A supportin	g organization operated	in connect	tion with, a	and functional	y integrate	ed with,				
		its supported organization	n(s) (see instructions). You must complete F	Part IV, Se	ctions A,	D, and E.						
c	i 🗌	Type III non-functionally	y integrated. A supp	oorting organization oper	ated in cor	nnection v	vith its suppor	ted organiz	zation(s)				
		that is not functionally int	tegrated. The organiz	zation generally must sat	sfy a distr	ibution red	quirement and	an attentiv	/eness				
		requirement (see instructi	ions). You must cor	mplete Part IV, Sections	A and D,	and Part	V.						
e		Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	Type I, Type I	I, Type III					
		functionally integrated, or	r Type III non-functio	nally integrated supporting	ng organiz	ation.							
f	Ente	er the number of supported o	organizations										
		vide the following information		_ ` ` ` _ ` 									
	((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)				
Tota	al												

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(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.)

Sec	ction A. Public Support	<u> </u>					
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	4314598.	5581805.	5733361.	10255688.	5351501.	31236953.
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	4314598.	5581805.	5733361.	10255688.	5351501.	31236953.
	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)						6100013.
6	Public support. Subtract line 5 from line 4.						25136940.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	4314598.	5581805.	5733361.	10255688.	5351501.	31236953.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	49,237.	34,313.	66,885.	112,851.	156,018.	419,304.
9	Net income from unrelated business	•	•	•		·	
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						31656257.
	Gross receipts from related activities,	etc. (see instructio	ns)		•	12	839,651.
	First 5 years. If the Form 990 is for th	•	,				•
	organization, check this box and stop	-		•	•		
Sed	tion C. Computation of Publi						
14	Public support percentage for 2023 (li	ine 6, column (f), di	ivided by line 11, c	olumn (f))		14	79.41 %
	Public support percentage from 2022					15	80.80 %
	33 1/3% support test - 2023. If the o					ore, check this bo	x and
	stop here. The organization qualifies						
b	33 1/3% support test - 2022. If the o						
	and stop here. The organization qual	ifies as a publicly s	upported organiza	ition			
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts	_					
	meets the facts-and-circumstances te			-			
b	10% -facts-and-circumstances test	_	•		-		
	more, and if the organization meets the	_					
	organization meets the facts-and-circu						
18	Private foundation. If the organizatio						s
	<u> </u>		•				(Form 990) 2023

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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	elow, please comp	olete i ait ii.j				
Cale	endar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(1)	(12)	(5)===	(-7	(5) = 5 = 5	χ,
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the 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						
6	Total. Add lines 1 through 5						
78	A Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	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						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6	(2) = 3 : 3	(2) 2020	(0) = 0 = 1	(4) = 5 = 2	(0) = 0 = 0	(1)
	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated 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 on line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	· ·		*	•		· —
<u></u>	check this box and stop here	a Cummant Da					
	ction C. Computation of Publi					T I	
	Public support percentage for 2023 (I	, ,,,	•	column (f))		15	<u>%</u>
	Public support percentage from 2022 ction D. Computation of Inves					16	%
	•			ing 10 galuman (f)\		147	0/
	Investment income percentage for 20					17	%
	Investment income percentage from						7 is not
198	a 33 1/3% support tests - 2023. If the					-4:	
k	more than 33 1/3%, check this box ar 33 1/3% support tests - 2022. If the	organization did r	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	nd
	line 18 is not more than 33 1/3%, che	ck this box and st	top here. The orga	anization qualifies a	as a publicly supp	orted organization	
20	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	his hox and see in	structions	

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Schedule A (Form 990) 2023

Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of 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")? *If* "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?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? 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 disqualified 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.)

		Yes	No
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Par	t IV Supporting Organizations (continued)			
			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		
	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		
Sect	ion 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 trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove 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.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	tion C. Type II Supporting Organizations	•		
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	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		
Sect	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
а	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.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	l' I	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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.	2a		
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	٥.		
•	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	0-		
L	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	2h		
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Schedule	Δ	(Form	aanı	2022

5

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

5

6

Income tax imposed in prior year

instructions).

emergency temporary reduction (see instructions)

Distributable Amount. Subtract line 5 from line 4, unless subject to

Schedule A (Form 990) 2023

8 Breakdown of line 7: a Excess from 2019 **b** Excess from 2020 c Excess from 2021 d Excess from 2022 e Excess from 2023

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Employer identification number Name of the organization TEAM RED WHITE & BLUE 27-2196347 INC Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 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;

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).

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

or (ii) Form 990-EZ, line 1. Complete Parts I and II.

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023) Page **2**

Name of organization

Employer identification number

TEAM RED WHITE & BLUE, INC

27-2196347

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>1,750,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$117,844	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 257,802.	Person X Payroll
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	Total contributions \$ 231,800.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ 200,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

Name of organization Employer identification number

TEAM RED WHITE & BLUE, INC

27-2196347

Page 2

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4	\$	Person Payroll Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

TEAM RED WHITE & BLUE, INC

27-2196347

Part II	Noncash Property (see instructions). Use duplicate copies of Part I	I if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(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
(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
323453 12-26		 \$	Schedule R (Form 990) /2023)

Name of organization **Employer identification number** 27-2196347 TEAM RED WHITE & BLUE, INC Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (d) Description of how gift is held (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

TEAM RED WHITE & BLUE, INC

Employer identification number 27-2196347

Pai	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		Sim	nilar Funds or A	ccour	nts. Complete if the
	organization anomorou neo orni om oco, natriv, iiii	(a) Donor advi	sed f	unds	(b) Fur	nds and other accounts
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in v	writing that the assets	held	in donor advised fu	nds	
	are the organization's property, subject to the organization's	-				Yes No
6	Did the organization inform all grantees, donors, and donor ad					
	for charitable purposes and not for the benefit of the donor or					
	impermissible private benefit?					
Par	t II Conservation Easements. Complete if the org	ganization answered "Y	es" (on Form 990, Part I'	V, line 7	
1	Purpose(s) of conservation easements held by the organization	on (check all that apply	/)			
	Preservation of land for public use (for example, recreat	tion or education)	F	Preservation of a his	torically	important land area
	Protection of natural habitat		F	Preservation of a cer	rtified hi	storic structure
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contr	ibutio	on in the form of a c	onserva	
	day of the tax year.					Held at the End of the Tax Year
а	Total number of conservation easements				2a	
b	Total acreage restricted by conservation easements				2b	
С	Number of conservation easements on a certified historic stru	ucture included on line	2a		2c	
d	Number of conservation easements included on line 2c acqui					
	on a historic structure listed in the National Register				2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished, o	r tern	ninated by the orga	nization	during the tax
	year					
4	Number of states where property subject to conservation eas					
5	Does the organization have a written policy regarding the peri					
	violations, and enforcement of the conservation easements it					Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, l	handling of violations,	and e	enforcing conservat	ion ease	ements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and e	enfor	cing conservation e	asemen	ts during the year
_						
8	Does each conservation easement reported on line 2d above					
_	and section 170(h)(4)(B)(ii)?					Yes No
9	In Part XIII, describe how the organization reports conservation					
	balance sheet, and include, if applicable, the text of the footn	ote to the organization	ı's fin	iancial statements t	nat desc	cribes the
Par	organization's accounting for conservation easements. t III Organizations Maintaining Collections of	Art. Historical Tr	eas	ures. or Other	Simila	r Assets.
	Complete if the organization answered "Yes" on Form			,		
1a	If the organization elected, as permitted under FASB ASC 958		evenu	ue statement and ba	alance s	heet works
	of art, historical treasures, or other similar assets held for pub	•				
	service, provide in Part XIII the text of the footnote to its finan	•	,			
b	If the organization elected, as permitted under FASB ASC 956				ce sheet	t works of
	art, historical treasures, or other similar assets held for public	•				
	provide the following amounts relating to these items.	,				
	(i) Revenue included on Form 990, Part VIII, line 1					\$
						\$
2	If the organization received or held works of art, historical trea					
_	the following amounts required to be reported under FASB A				, ,	
а	Revenue included on Form 990, Part VIII, line 1					\$
	Assets included in Form 990, Part X					\$

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

Schedule D (Form 990) 2023

	t III Organizations Maintaining Co	ollections of Ar	t, Histo	orical Tre	asures, or	Other	Similar A	Assets	Contir	nued)	<u>.gc</u>
3	Using the organization's acquisition, accession								100		
	collection items (check all that apply).	,			3						
а	Public exhibition	c	ı 🖂 ı	Loan or exc	hange progra	ım					
b	Scholarly research	e			0 1 0						
С	Preservation for future generations										
4	Provide a description of the organization's co	llections and explain	n how the	ev further th	ne organizatio	n's exem	pt purpose	in Part	XIII.		
5	During the year, did the organization solicit or	•		•	•						
	to be sold to raise funds rather than to be ma							Γ	Yes		No
Pai	t IV Escrow and Custodial Arrang								ne 9, or		
	reported an amount on Form 990, Par			Ü			,	,	,		
1a	Is the organization an agent, trustee, custodia	an, or other intermed	diary for o	contribution	s or other as:	sets not ir	ncluded				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII a										
	, 1	•	Ü						Amoun	t	
С	Beginning balance						1c				
d	Additions during the year										
е	Distributions during the year										
f	Ending balance						1f				
2a	Did the organization include an amount on Fo						v?		Yes		No
	If "Yes," explain the arrangement in Part XIII.								_		j
Pai											-
	· .	(a) Current year		rior year	(c) Two year		d) Three yea	rs back	(e) Four	years	back
1a	Beginning of year balance										
	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curre	ent vear end balance	e (line 1a	. column (a))) held as:						
а	Board designated or quasi-endowment	,	%	,	,						
b	Permanent endowment	%									
С	Term endowment	<u></u> -									
	The percentages on lines 2a, 2b, and 2c shou	uld equal 100%.									
За	Are there endowment funds not in the posses	•	ation that	are held ar	nd administer	ed for the)				
	organization by:	3							ſ	Yes	No
	(i) Unrelated organizations?								3a(i)		
									3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization								3b		
4	Describe in Part XIII the intended uses of the										
Pai	t VI Land, Buildings, and Equipm										
	Complete if the organization answered	d "Yes" on Form 990), Part IV	, line 11a. S	ee Form 990,	, Part X, li	ne 10.				
	Description of property	(a) Cost or o			or other (other)		cumulated reciation		(d) Boo	k value	Э
1a	Land										
	Buildings										
С	Leasehold improvements			11	0,494.		34,079	9.	7	5,43	15.
	Equipment				6,408.		3,043			3,30	65.
	Other						-				
	. Add lines 1a through 1e. (Column (d) must ed		X. line 10	Dc. column	(B))				7:	9,78	30.

Schedule D (Form 990) 2023

Part VII Investments - Other Securities		NC 27-219	6347 Page
Complete if the organization answered "Yes" o	n Form 990. Part IV. line	11b. See Form 990. Part X. line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year	market value
1) Financial derivatives		1 .	
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year	market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets		•	
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a) D	escription	(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Column (b) must equal Form 990, Part X, line 15, col.	(B))		
	1-11		
Part X Other Liabilities			
Part X Other Liabilities Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
Part X Other Liabilities	n Form 990, Part IV, line) Book value

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	LEASE OBLIGATION-OPERATING	53,276.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (h) must equal Form 990, Part X, line 25, col. (R))	53,276.

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

Schedule D (Form 990) 2023

448,434.

5,960,502.

-608,701.

5,351,801.

Sche	dule D (Form 990) 2023 TEAM RED WHITE & BLUE, INC			27-	2196347	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statement	ts Wi	th Revenue per Ret	turn		
	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	6,408,	936.	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	289,981.			
b	Donated services and use of facilities	2b	158,453.			
С	Recoveries of prior year grants	2c				
	Other (Describe in Bort VIII.)	0-1				

Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12. Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 6,677,080. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 158,453. a Donated services and use of facilities 2a 2b **b** Prior year adjustments 2c Other (Describe in Part XIII.) 776,347. Add lines 2a through 2d 5,900,733. Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) 9,193. c Add lines 4a and 4b 5,909,926. Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)

Part XIII Supplemental Information

Add lines 2a through 2d

Subtract line **2e** from line **1**

Other (Describe in Part XIII.)

c Add lines 4a and 4b

Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b

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 FINANCIAL STATEMENTS. THE ORGANIZATION HAD NO UNRELATED BUSINESS INCOME DURING THE YEARS ENDED DECEMBER 31, 2023 AND 2022.

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, 2023 OR 2022. UNCERTAIN

SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization							Employer identification number				
TEAM RE	27-2196347										
Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. 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											
(i) Name and address of individual or entity (fundraiser)	(iii) fundr have c or cor contrib	ustody itrol of	(iv) Gross receipts to		Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization					
		Yes	No								
Total											
3 List all states in which the organization or licensing.	on is registered or licensed to solicit o	ontrib	utions	or has been notified	it is e	exempt from re	gistration				

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

Schedule G (Form 990) 2023

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 or fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 or fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 or fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 or fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 or fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 or fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 or fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 or fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b.

	of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.										
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events					
			OLD GLORY	MARINE CORP		` '					
			1	MARATHON	6	(add col. (a) through					
			(event type)	(event type)	(total number)	col. (c))					
æ			(Overtity pe)	(overti type)	(total namber)						
ē			100 711	40 650	071 017	1 120 270					
Revenue	1	Gross receipts	109,711.	49,650.	971,017.	1,130,378.					
_											
	2	Less: Contributions	109,711.	49,650.	544,502.	703,863.					
	3	Gross income (line 1 minus line 2)			426,515.	426,515.					
	4	Cash prizes									
	5	Noncash prizes									
es											
Š	6	Rent/facility costs									
å	_	•									
Direct Expenses	7	Food and beverages									
<u>.e</u>	•	1 ood and beverages									
		Entortainment									
	٥	Entertainment	105,088.	25,440.	519,953.	650,481.					
	9	Other direct expenses			-	650,481.					
	10	Direct expense summary. Add lines 4 through	. ,								
Do	rt I	Net income summary. Subtract line 10 from li	•			-223,966.					
Г	ונו		answered "Yes" on Form	1990, Part IV, line 19, or r	eported more than						
		\$15,000 on Form 990-EZ, line 6a.	I								
ā			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add					
Revenue				bingo/progressive bingo		col. (a) through col. (c)					
ě											
	1	Gross revenue									
Ś	2	Cash prizes									
nse											
Direct Expenses	3	Noncash prizes									
ŷ											
<u> </u>	4	Rent/facility costs									
⊡											
	5	Other direct expenses									
		·	Yes %	Yes %	Yes %						
	6	Volunteer labor		No —	No						
	7	Direct expense summary. Add lines 2 through	5 in column (d)								
	-										
	8	Net gaming income summary. Subtract line 7	from line 1 column (d)								
		The garming moonto currinary. Cubiract mic r	nomino i, colarini (a)								
9	Fnt	ter the state(s) in which the organization condu	cts gaming activities:								
		the organization licensed to conduct gaming ac				Yes No					
						103 NO					
i.	- 11	No," explain:									
	_										
40-	141-	are only of the organization!	volced even size de discussion	monin at a di unin a the a tarre		Yes No					
10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?											
b If "Yes," explain:											

Schedule G (Form 990) 2023

332082 09-13-23

Sche	edule G (Form 990) 2023 TEAM RED WHITE & BLUE, INC 27	-2196	5347	Page 3
	Does the organization conduct gaming activities with nonmembers?		Yes	No
	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?		Yes	No
13	Indicate the percentage of gaming activity conducted in:			
	The organization's facility	13a		%
	An outside facility			
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	[100		
14	criter the fiame and address of the person who prepares the organization's gaming/special events books and records.			
	Name			
	Name			
	Address			
	Address			
4			Vaa	□ No
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	No
b	If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount			
	of gaming revenue retained by the third party \$			
С	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:			
	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
_	retain the state gaming license?		Yes	No
h	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
-	organization's own exempt activities during the tax year \$			
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	Part III. li	nes 9.	9b. 10b.
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	. a.c.,	, ,	55, 155,
	100, 100, 10, and 170, as approasis. Also provide any additional information. God mandations.			
		_		

Schedule G	G (Form 990)	TEAM	\mathtt{RED}	${ t WHITE}$	&	BLUE,	INC		27-2196347	Page 4
Part IV	G (Form 990) Supplemental Infor	mation	(continue	ad)						
			COntinue	<i>.</i> u)						
						_				

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

Inspection Employer identification number

	TEAM RED WHITE & BLUE, INC							27-2196347			
Pai	Part I Types of Property										
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contril amounts report Form 990, Part VII	ed on	nor	(d) Method of de ncash contribu			S	
1	Art - Works of art										
2	Art - Historical treasures										
3	Art - Fractional interests										
4	Books and publications										
5	Clothing and household goods										
6	Cars and other vehicles	Х	1	65	,600.	FAIR	MARKET	VA]	LUE		
7	Boats and planes				-						
8	Intellectual property										
9	Securities - Publicly traded										
10	Securities - Closely held stock										
11	Securities - Partnership, LLC, or										
	trust interests										
12	Securities - Miscellaneous										
13	Qualified conservation contribution -										
	Historic structures										
14	Qualified conservation contribution - Other										
15	Real estate - Residential										
16	Real estate - Commercial										
17	Real estate - Other										
18	Collectibles										
19	Food inventory										
20	Drugs and medical supplies										
21	Taxidermy										
22	Historical artifacts										
23	Scientific specimens										
24	Archeological artifacts										
25	Other (T SHIRTS)	X	1		<u>,092.</u>						
26	Other (HATS)	X	1		,045.						
27	Other (FITBIT INSPIRES)	X	1		,000.						
28	Other (MISCELLANEOUS)	X	1	8	,985.						
29	Number of Forms 8283 received by the organization	zation during	the tax year for c	ontributions							
	for which the organization completed Form 82	83, Part V, D	onee Acknowledg	ement	29						
									Yes	No	
30a	During the year, did the organization receive by	y contributio	n any property rep	orted in Part I, lines	s 1 throug	h 28, th	at it				
	must hold for at least 3 years from the date of	the initial co	ntribution, and whi	ch isn't required to	be used	for					
	exempt purposes for the entire holding period?	?						30a		X	
b	If "Yes," describe the arrangement in Part II.										
31	Does the organization have a gift acceptance p	oolicy that re	equires the review	of any nonstandard	contribut	ions?		31		X	
32a	Does the organization hire or use third parties	or related or	ganizations to solid	cit, process, or sell	noncash						
	contributions?							32a		Х	
b	If "Yes," describe in Part II.										
33	If the organization didn't report an amount in c	olumn (c) foi	a type of property	for which column	(a) is ched	cked,					
	describe in Part II.										

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

Schedule M (Form 990) 2023

SCHEDULE 0 (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

TEAM RED WHITE & BLUE, INC **Employer identification number** 27-2196347

FORM 990, PART LINE 1, DESCRIPTION OF ORGANIZATION MISSION: WELLNESS COMMUNITY. 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, 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, 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 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

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

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023 Page 2 Name of the organization **Employer identification number** TEAM RED WHITE & BLUE, INC 27-2196347 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 THE AUDIT COMMITTEE AND OVERSEEN BY THE DIRECTOR OF FINANCE. THE ENTIRE PROCESS IS MONITORED BY THE FINANCE BOARD MEMBER.