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Form **990-EZ****Short Form**  
**Return of Organization Exempt From Income Tax**

OMB No 1545-1150

**2009****Open to Public Inspection**Department of the Treasury  
Internal Revenue Service

- Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)
- ▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.
- ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

**A For the 2009 calendar year, or tax year beginning**, 2009, **and ending**

**B** Check if applicable: ☐ Address change, ☐ Name change, ☐ Initial return, ☐ Termination, ☐ Amended return, ☐ Application pending. **Please use IRS label or print or type. See Specific Instructions.**

**C Name of organization**  
UDT-SEAL ASSOCIATION  
Number and street (or P.O. box, if mail is not delivered to street address) Room/suite  
P.O. BOX 5965  
City or town, state or country, and ZIP + 4  
VIRGINIA BEACH VA 23471

**D Employer identification number**  
23-7088225

**E Telephone number**  
(757) 363-7490

**F Group Exemption Number** ▶

**G Accounting method** ☐ Cash ☒ Accrual  
Other (specify) ▶

**H Check** ☒ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**I Website:** ▶ WWW.UDTSEAL.ORG

**J Tax-exempt status** (check only one) — ☒ 501(c) ( 7 ) (insert no) ☐ 4947(a)(1) or ☐ 527

**K Check** ☐ if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ** ▶ \$ 423,253.

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

<b>1</b> Contributions, gifts, grants, and similar amounts received	<b>1</b>	73,728.
<b>2</b> Program service revenue including government fees and contracts	<b>2</b>	112,640.
<b>3</b> Membership dues and assessments	<b>3</b>	180,215.
<b>4</b> Investment income	<b>4</b>	4,305.
<b>5a</b> Gross amount from sale of assets other than inventory	<b>5a</b>	
<b>b</b> Less cost or other basis and sales expenses	<b>5b</b>	
<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	<b>5c</b>	
<b>6</b> Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
<b>a</b> Gross revenue (not including \$ _____ of contributions reported on line 1)	<b>6a</b>	
<b>b</b> Less direct expenses other than fundraising expenses	<b>6b</b>	
<b>c</b> Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	<b>6c</b>	
<b>7a</b> Gross sales of inventory, less returns and allowances	<b>7a</b>	
<b>b</b> Less cost of goods sold	<b>7b</b>	
<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	<b>7c</b>	
<b>8</b> Other revenue (describe ▶ <u>Change in Investment Asset Value</u> )	<b>8</b>	52,365.
<b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	<b>9</b>	423,253.
<b>10</b> Grants and similar amounts paid (attach schedule)	<b>10</b>	19,908.
<b>11</b> Benefits paid to or for members	<b>11</b>	
<b>12</b> Salaries, other compensation, and employee benefits	<b>12</b>	
<b>13</b> Professional fees and other payments to independent contractors	<b>13</b>	
<b>14</b> Occupancy, rent, utilities, and maintenance	<b>14</b>	155.
<b>15</b> Printing, publications, postage, and shipping	<b>15</b>	
<b>16</b> Other expenses (describe ▶ <u>See Other Expenses Statement</u> )	<b>16</b>	358,504.
<b>17 Total expenses.</b> Add lines 10 through 16	<b>17</b>	378,567.
<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9)	<b>18</b>	44,686.
<b>19</b> Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	<b>19</b>	437,178.
<b>20</b> Other changes in net assets or fund balances (attach explanation)	<b>20</b>	
<b>21</b> Net assets or fund balances at end of year Combine lines 18 through 20	<b>21</b>	481,864.

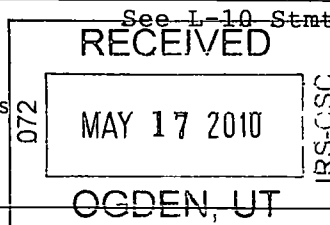
**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
<b>22</b> Cash, savings, and investments	436,913.	336,947.
<b>23</b> Land and buildings	0.	0.
<b>24</b> Other assets (describe ▶ <u>See L-24 Stmt</u> )	265.	144,917.
<b>25 Total assets</b>	437,178.	481,864.
<b>26 Total liabilities</b> (describe ▶ _____)	0.	0.
<b>27 Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	437,178.	481,864.

BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2009)

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12

**Part III Statement of Program Service Accomplishments** (See the instructions.)**Expenses**What is the organization's primary exempt purpose? Social and Recreational

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title

(Required for section 501(c)(3) and (4) organizations and section 4947(a)(1) trusts, optional for others)

<b>28</b>	<u>Annual reunion for the members and their families</u> <u>Approximately 5,000 attendees</u>		
	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28 a</b>	
<b>29</b>	<u>Publication of magazine for the members and their families</u> <u>Over 6,000 person member database with more than 3,000 active at any one time</u>		
	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29 a</b>	
<b>30</b>	<u>Give to charitable non-profit organizations that support the family and personnel of Naval Special Warfare</u>		
	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30 a</b>	
<b>31</b>	Other program services (attach schedule) (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31 a</b>	
<b>32</b>	<b>Total program service expenses</b> (add lines 28a through 31a)	<b>32</b>	

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (See the instrs )

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
BOBBY COX P.O. Box 5965 Va Beach VA 23471	EXECUTIVE DIRECTOR 40.00	62,374.	0.	
MICHAEL RUSH 6352 KNOTTS ISLAND RD Va Beach VA 23457	CHAIRMAN 20.00	0.	0.	
P.O. BOX 5965 X VA BEACH VA 23471-0965	STORE MANAGER 15.00	4,656.	0.	
CHUCK WILLIAMS X VA BEACH VA 23456	DIRECTOR 1.00	0.	0.	
SAMBO BAILEY X VA BEACH VA 23452	DIRECTOR 1.00	0.	0.	
BILL BARTH X VA BEACH VA 23452	DIRECTOR 1.00	0.	0.	
RUDY BOESCH X VA BEACH VA 23451	DIRECTOR 1.00	0.	0.	
NORM CARLEY X VA BEACH VA 23455	DIRECTOR 1.00	0.	0.	
CAMERON CHRISTIE X VA BEACH VA 23455	DIRECTOR 1.00	0.	0.	
BOB (DOC) CLARK X VA BEACH VA 23455	DIRECTOR 1.00	0.	0.	
MARK COURRIER X VA BEACH VA 23455	DIRECTOR 1.00	0.	0.	
See List of Officers, Directors, Trustees, & Key Employees Stmt				

**Part V Other Information** (Note the statement requirements in the instrs for Part V.)**33** Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity

	Yes	No
<b>33</b>		X

**34** Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes

<b>34</b>		X
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**35** If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T

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**a** Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?

<b>35 a</b>	X	
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**b** If 'Yes,' has it filed a tax return on **Form 990-T** for this year?

<b>35 b</b>	X	
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**36** Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N

<b>36</b>		X
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**37 a** Enter amount of political expenditures, direct or indirect, as described in the instructions **37 a** 0.

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**b** Did the organization file **Form 1120-POL** for this year?

<b>37 b</b>		X
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**38 a** Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?

<b>38 a</b>		X
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**b** If 'Yes,' complete Schedule L, Part II and enter the total amount involved**38 b****39** Section 501(c)(7) organizations Enter**a** Initiation fees and capital contributions included on line 9**39 a** 0.**b** Gross receipts, included on line 9, for public use of club facilities**39 b** 0.**40 a** Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 **40 a**, section 4912 **40 a**, section 4955 **40 a**

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**b** Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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

<b>40 b</b>		
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**c** Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958**40 c****d** Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization**40 d****e** All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T

<b>40 e</b>		X
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**41** List the states with which a copy of this return is filed **41** Virginia**42 a** The organization'sbooks are in care of **42 a** Secretary/TreasurerTelephone no **42 a** (757) 363-7490Located at **42 a** Virginia

Beach,

VA ZIP + 4 **42 a** 23471**b** At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

	Yes	No
<b>42 b</b>		X

If 'Yes,' enter the name of the foreign country **42 b**

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See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.****c** At any time during the calendar year, did the organization maintain an office outside of the U S ?

<b>42 c</b>		X
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If 'Yes,' enter the name of the foreign country **42 c****43** Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** — Check here and enter the amount of tax-exempt interest received or accrued during the tax year**43** ☐**44** Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ

	Yes	No
<b>44</b>		X

**45** Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ

<b>45</b>		X
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**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

	Yes	No
<b>46</b> 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	<b>46</b>	
<b>47</b> Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	<b>47</b>	
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	<b>48</b>	
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization?	<b>49a</b>	
<b>b</b> If 'Yes,' was the related organization a section 527 organization?	<b>49b</b>	

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

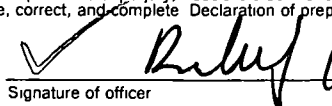
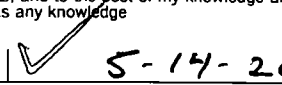
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances

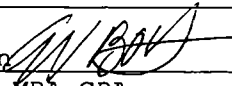
**f** Total number of other employees paid over \$100,000 ▶

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

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

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	
	 Signature of officer <b>Bobby Cox</b> Type or print name and title	 Date

<b>Paid Preparer's Use Only</b>	Preparer's signature 	Date 05/14/10	Check if self-employed <input type="checkbox"/>	Preparer's Identifying Number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 E WAYNE BOSTAIN MBA CPA 120 S LYNNHAVEN RD VIRGINIA BEACH VA 23452-7419	EIN <span style="float: right;">▶</span>	Phone no <span style="float: right;">▶</span> (757) 486-6767	

May the IRS discuss this return with the preparer shown above? See instructions ▶ ☐ Yes ☐ No

**Part II-A** Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check ☐ if the filing organization belongs to an affiliated group
- B** Check ☐ if the filing organization checked box A and 'limited control' provisions apply

**Limits on Lobbying Expenditures –**  
(The term 'expenditures' means amounts paid or incurred.)(a) Filing  
organization's totals(b) Affiliated  
group totals**1 a** Total lobbying expenditures to influence public opinion (grass roots lobbying)**b** Total lobbying expenditures to influence a legislative body (direct lobbying)**c** Total lobbying expenditures (add lines 1a and 1b)**d** Other exempt purpose expenditures**e** Total exempt purpose expenditures (add lines 1c and 1d)**f** Lobbying nontaxable amount Enter the amount from the following table in both columns

If the amount on line 1e, column (a) or (b) is	The lobbying nontaxable amount is
Not over \$500,000	20% of the amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000

**g** Grassroots nontaxable amount (enter 25% of line 1f)**h** Subtract line 1g from line 1a. If zero or less, enter -0-**i** Subtract line 1f from line 1c. If zero or less, enter -0-**j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?☐ Yes ☐ No**4-Year Averaging Period Under Section 501(h)**  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f.)**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
<b>2 a</b> Lobbying non-taxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

BAA

Schedule C (Form 990 or 990-EZ) 2009

**Part II-B** Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities? If 'Yes,' describe in Part IV			
j Total Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If 'Yes,' enter the amount of any tax incurred under section 4912			
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		X
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		X
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?		X

**Part III-B** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered 'No' OR if Part III-A, line 3 is answered 'Yes.'

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

**Part IV** Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1.  
Also, complete this part for any additional information

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**Form 990-EZ  
Part II**

**Other Assets and Liabilities**

**2009**

Name as Shown on Return  
UDT-SEAL ASSOCIATION

Employer Identification No  
23-7088225

<b>Line 24 - Other Assets:</b>	<b>Beginning of Year</b>	<b>End of Year</b>
A/R	265.	0.
Prepaid Expenses and Deferred Charges	0.	621.
BUILDING CONSTRUCTION COST		144,296.
<b>Totals to Form 990-EZ, Part II, line 24</b>	265.	144,917.

<b>Line 26 - Total Liabilities:</b>	<b>Beginning of Year</b>	<b>End of Year</b>
<b>Totals to Form 990-EZ, Part II, line 26</b>		



Form 990-EZ, Part I, Line 16

**Other Expenses Statement**

Other expenses (describe)

2009 EC Reunion expenses	89,896.
2009 WC Reunion expenses	31,320.
BANK AND CREDIT CARD FEES	5,053.
BLAST EXPENSES	50,785.
BROKERAGE FEES	1,917.
Chapter Support	750.
Computer expenses	14,015.
Contract Labor	125,784.
Equipment Rentals	2,729.
FEES	763.
FROGS FOR FREEDOM	6,079.
Insurance	3,862.
Internet	2,263.
Marketing	321.
MISC. EXPENSES	2,057.
Office Supplies	6,101.
Plaques, Trophies and Awards	2,158.
POSTAGE	4,505.
Taxes	4,944.
Telephone	2,982.
Travel Expenses	220.

Total 358,504.

Form 990-EZ, Page 2, Part IV

**List of Officers, Directors, Trustees, & Key Employees Stmt**

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> JOE DEARING X VA BEACH VA 23455 Foreign city _____ Foreign country _____ Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> RICH EVANS X VA BEACH VA 23455 Foreign city _____ Foreign country _____ Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> GLEN GUILLOW X VA BEACH VA 23455 Foreign city _____ Foreign country _____	Title DIRECTOR Hours/Week 1.00 Title DIRECTOR Hours/Week 1.00 Title DIRECTOR Hours/Week 1.00	0. 0. 0.	0. 0. 0.	

Form 990-EZ, Page 2, Part IV

Continued

**List of Officers, Directors, Trustees, & Key Employees Stmt**

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> DICK JOHNSON X VA BEACH VA 23455 Foreign city _____ Foreign country _____	Title DIRECTOR Hours/Week 1.00	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> PETE POILLON X RICHMOND VA 23218 Foreign city _____ Foreign country _____	Title DIRECTOR Hours/Week 1.00	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> LARRY SMITH X VA BEACH VA 23451 Foreign city _____ Foreign country _____	Title DIRECTOR Hours/Week 1.00	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> STEVE STUDDARD X VA BEACH VA 23451 Foreign city _____ Foreign country _____	Title DIRECTOR Hours/Week 1.00	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> SCOTT TAYLOR XX VA BEACH VA 23451 Foreign city _____ Foreign country _____	Title DIRECTOR Hours/Week 1.00	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> JIM "TIP" TIPTON X VA BEACH VA 23451 Foreign city _____ Foreign country _____	Title DIRECTOR Hours/Week 1.00	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> FRANK WALTERS X VA BEACH VA 23451 Foreign city _____ Foreign country _____	Title DIRECTOR Hours/Week 1.00	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> GENE WARTA X VA BEACH VA 23451 Foreign city _____ Foreign country _____	Title DIRECTOR Hours/Week 1.00	0.	0.	

Form 990-EZ, Page 2, Part IV

Continued

**List of Officers, Directors, Trustees, & Key Employees Stmt**

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> CHRISTIAN WEST X VA BEACH VA 23451 Foreign city _____ Foreign country _____	Title DIRECTOR Hours/Week 1.00	0.	0.	

Form 990-T, Page 1, Part II, Line 28

**Other Deductions Statement**

CONTRACT LABOR	19,042.
LICENSES	160.
MARKETING EXP.	995.
MERCHANT FEES	10,427.
MISC. EXPENSES	5,517.
OFFICE EXPENSES	3,696.
PROFESSIONAL FEES	3,056.
SHIPPING EXPENSE	5,451.
TELEPHONE	518.
TRAVEL	2,374.
Total	51,236.

Form 990-EZ, Part I, Line 10

**Grants and Similar Amounts Paid**

Purpose of Payment

EDUCATION AND FAMILY SUPPORT

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
DONATION	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> NAVAL SPECIAL WARFARE FOUNDATION P.O. BOX 5965 VIRGINIA BEACH VA 23471	NONE	19,908.

If property other than cash was given, the following additional information needs to be provided:

Description of Property \_\_\_\_\_

Date of Gift \_\_\_\_\_

Book Value	How Book Value Determined
FMV	How FMV Determined