See a Social Security Number? Say Something!
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Or call the IRS Identity Theft Hotline at 1-800-908-4490

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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

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

OMB No 1545-1150

2016

Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 01-01-2016 , and ending 12-31-2016

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☑ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
MEADE TOP THREE ASSOCIATION

Number and street (or P O box, if mail is not delivered to street address) | Room/suite
9829 Love Road

City or town, state or province, country, and ZIP or foreign postal code
Fort Meade, MD 21228

D Employer identification number
61-1656295

E Telephone number
(410) 854-6720

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: ▶https //cs1 eis af mil/sites/70ISRW/top3/SitePages/Home aspx

J Tax-exempt status(check only one) - ☐ 501(c)(3) ☑ 501(c)(19) ◀(insert no) ☐ 4947(a)(1) or ☐ 527

K Form of organization ☐ Corporation ☐ Trust ☑ Association ☐ Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts If gross receipts are $200,000 or more, or if total assets (Part II, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ . . . . . ▶ $ 101,688

Part I **Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)
Check if the organization used Schedule O to respond to any question in this Part I . . . . . ☑

Revenue	1	Contributions, gifts, grants, and similar amounts received			1 46,420
	2	Program service revenue including government fees and contracts			2 32,237
	3	Membership dues and assessments			3 1,910
	4	Investment income			4 0
	5a	Gross amount from sale of assets other than inventory	5a	0	
	b	Less cost or other basis and sales expenses	5b	0	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)			5c 0
	6	Gaming and fundraising events			
	a	Gross income from gaming (attach Schedule G if greater than $15,000)	6a	0	
	b	Gross income from fundraising events (not including $ 38,060 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000)	6b	20,566	
	c	Less direct expenses from gaming and fundraising events	6c	8,252	
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)			6d 12,314
	7a	Gross sales of inventory, less returns and allowances	7a	555	
	b	Less cost of goods sold	7b	4,933	
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c -4,378
	8	Other revenue (describe in Schedule O)			8 0
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			▶ 9 88,503
Expenses	10	Grants and similar amounts paid (list in Schedule O)			10 18,960
	11	Benefits paid to or for members			11 0
	12	Salaries, other compensation, and employee benefits			12 0
	13	Professional fees and other payments to independent contractors			13 1,877
	14	Occupancy, rent, utilities, and maintenance			14 0
	15	Printing, publications, postage, and shipping			15 2,316
	16	Other expenses (describe in Schedule O)			16 57,056
	17	**Total expenses.** Add lines 10 through 16			▶ 17 80,209
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)			18 8,294
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)			19 28,561
	20	Other changes in net assets or fund balances (explain in Schedule O)			20 0
	21	Net assets or fund balances at end of year Combine lines 18 through 20			21 36,855

Part II **Balance Sheets** (see the instructions for Part II)
Check if the organization used Schedule O to respond to any question in this Part II . . . . . ☐

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	28,561	22	35,784
23 Land and buildings	0	23	0
24 Other assets (describe in Schedule O)	0	24	0
25 **Total assets**	28,561	25	35,784
26 **Total liabilities** (describe in Schedule O)	0	26	0
27 **Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	28,561	27	35,784

Part III **Statement of Program Service Accomplishments** (see the instructions for Part III)
Check if the organization used Schedule O to respond to any question in this Part III . . ☑

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

What is the organization's primary exempt purpose?
Veterans Organization - all members are SNCOs active, reserve or guard that reside in the 25 mile radius around Fort Meade Primary purpose is to develop SNCOs to better develop their Airmen Better the community and honor veterans' service

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28
See Additional Data Table

(Grants $) If this amount includes foreign grants, check here . . . ▶ ☐ **28a**

29

(Grants $) If this amount includes foreign grants, check here . . . ▶ ☐ **29a**

30

(Grants $) If this amount includes foreign grants, check here . . . ▶ ☐ **30a**

31 Other program services (describe in Schedule O) . . . . . .
(Grants $) If this amount includes foreign grants, check here . . . ▶ ☐ **31a**

32 Total program service expenses (add lines 28a through 31a) . . . . . ▶ **32** 70,100

Part IV **List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated — see the instructions for Part IV)
Check if the organization used Schedule O to respond to any question in this Part IV. . . . . ☐

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) **(if not paid, enter -0-)**	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Michele J Canterbury Treasurer	20	0	0	0
Robert Caryl III President	10	0	0	0
Sarah Ault Secretary	5	0	0	0
Monica Karimattam Vice President	5	0	0	0

Part V **Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V . . . . . ☐

			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name Otherwise, explain the change on Schedule O (see instructions)	34		No
35a	Did the organization have unrelated business gross income of $1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		No
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		No
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0			
b	Did the organization file **Form 1120-POL** for this year?	37b		No
38a	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 tax year covered by this return? . .	38a		No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b			
39	Section 501(c)(7) organizations Enter			
a	Initiation fees and capital contributions included on line 9 . . . . . 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____ , section 4912 ▶ _____ , section 4955 ▶ _____			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections4912, 4955, and 4958 ▶ _____			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ _____			
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	40e		No
41	List the states with which a copy of this return is filed ▶ _____			
42a	The organization's books are in care of ▶ Michele J Canterbury Telephone no ▶ (410) 854-6720 Located at ▶ 9829 Love Road Fort Meade, MD ZIP + 4 ▶ 21228			
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)?	42b		No
	If "Yes," enter the name of the foreign country ▶ _____			
	See the instructions for exceptions and filing requirements for **FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)**			
c	At any time during the calendar year, did the organization maintain an office outside the U S ?	42c		No
	If "Yes," enter the name of the foreign country ▶ _____			
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			

			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		No
c	Did the organization receive any payments for indoor tanning services during the year?	44c		No
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		No
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		No

		Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		No

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.
Check if the organization used Schedule O to respond to any question in this Part VI ☐

			Yes	No
47	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	47		
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		
b	If "Yes," was the related organization a section 527 organization?	49b		

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 title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

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 business address of each independent contractor	(b) Type of service	(c) Compensation

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

52 Did the organization complete Schedule A? **NOTE.** All Section 501(c)(3) organizations must attach a completed Schedule A ▶ ☐ **Yes** ☑ **No**

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

Sign Here

▶ Signature of officer — 2017-04-17 Date

▶ Michele Canterbury Meade Top 3 Treasurer
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Michele Canterbury		2017-04-17		

Firm's name ▶ — Firm's EIN ▶

Firm's address ▶ — Phone no (410) 919-3613

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

Additional Data

Software ID:

Software Version:

EIN: 61-1656295

Name: MEADE TOP THREE ASSOCIATION

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations; optional for others.)	
28 Annual Air Force Ball - The Air Force Heritage Committee is responsible for all planning of the annual District of Washington Air Force Ball This is the costliest activity the Meade Top 3 Association is involved with, hosting 500 participants at a local venue which normally exceeds ticket sales by $10K Fundraising is conducted throughout the year via bake sales, car washes, etc in order to raise funds for the ball Funds are deposited throughout the year band checks are written throughout the year to pay for venue, catering deposits and fundraiser start-up funds, etc This event honors Air Force heritage and fosters camaraderie in and around the National Capital Region (Grants $ 2,000) If this amount includes foreign grants, check here . . . ▶ ☐	**28a**	55,928

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations; optional for others.)	
29 Senior Non-Commissioned Officer (SNCO) Professional Enhancement (PE) Course and Induction Ceremony - The SNCO PE is a week long professional development course specifically for newly selected Master Sergeant selects, to prepare them for the increased challenges and responsibilities that come with their promotion The week culminates with a formal military dinner and Induction ceremony in which the SNCO selects are recognized for their selection for promotion and are inducted into the SNCO ranks Funds are set aside to facilitate the course, but mostly to pay for the Induction dinner and ceremony, typically providing reimbursement to the individuals whom purchased items for the event after they provide receipts of such transactions This event furthers one of the Meade Top 3 Associations primary purposes by fostering a fraternal organization of Air Force SNCOs The out of pocket expense not to include the ticket income is usually around $3,000, but we do facilitate ticket sales with our affiliated PayPal account (Grants $ 0) If this amount includes foreign grants, check here . . . ▶ ☐	**29a**	8,492

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations; optional for others.)	
30 First-term Airman's Center (FTAC) Mentoring Lunches - On the last day of the monthly FTAC course, the Meade Top 3 Association buys new, junior Airman lunch while offering mentorship during the course of the lunch answering any questions they might have These lunches are normally around $160 per month The committee lead purchases the food and is reimbursed by the Top 3 Treasurer via check This event promotes downward leadership, mentorship, and development of these young Airman (Grants $ 0) If this amount includes foreign grants, check here . . . ▶ ☐	**30a**	1,283

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)
Junior Enlisted Support - Meade Top 3 Association has voted to being more robust funding of junior enlisted mentoring and other support We donate about $600 annually to the MAJCOM enlisted programs fund, $400 to enable the Airmen Against Drunk Driving hot line cell-phone and various dormitory dinners throughout the year (Grants $ 400) If this amount includes foreign grants, check here . . . ▶ ☐	4,397

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SCHEDULE G (Form 990 or 990-EZ)

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, lines 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.**

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
MEADE TOP THREE ASSOCIATION

Employer identification number
61-1656295

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 ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization

	(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? **Yes**	**No**	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total				▶			

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

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.

Revenue		(a) Event #1 Preakness Security (event type)	(b) Event #2 Run for the Ball (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
	1 Gross receipts	36,300	6,407	0	42,707
	2 Less Contributions	0	0	0	0
	3 Gross income (line 1 minus line 2)	36,300	6,407	0	42,707
Direct Expenses	4 Cash prizes	0	0	0	0
	5 Noncash prizes	0	0	0	0
	6 Rent/facility costs	0	0	0	0
	7 Food and beverages	324	0	0	324
	8 Entertainment	0	0	0	0
	9 Other direct expenses	0	0	0	0
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				324
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				42,383

Part III **Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____% ☐ No	☐ Yes ____% ☐ No	☐ Yes ____% ☐ 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) ▶				

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain _____

11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in

a The organization's facility	**13a**	%
b An outside facility	**13b**	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ ----------

Address ▶ ----------

15a 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 ▶ $ _____

c If "Yes," enter name and address of the third party

Name ▶ ----------

Address ▶

----

16 Gaming manager information

Name ▶ ----------

Gaming manager compensation ▶ $----------

Description of services provided ▶ ----------

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference	Explanation

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SCHEDULE O (Form 990 or 990-EZ)

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
MEADE TOP THREE ASSOCIATION

Employer identification number
61-1656295

990 Schedule O, Supplemental Information

Return Reference	Explanation
Part I, Line 10	$13,800 - given to 8 other veterans organizations for their assistance in the Preakness Security detail $1100 grant for MAJCOM Enlisted Recognition, $2000 Speaker Donation to Para rescue Non-profit org, $1760 Maryland Millions 70 OSS Booster Club grant for their service at the Maryland Millions Security detail, $400 scholarship to junior enlisted for academic purposes

990 Schedule O, Supplemental Information

Return Reference	Explanation
Part I, Line 16	SNCO induction ceremony event fee $5993 10, $102 07 Check printing fee, $6 75 bank fee, $3 1 78 Paypal triangle, $104 88 - Office supplies, Professional Development Breakfasts $1581 , AF Ball Committee Kickoff event - $156 17, Monthly Meetings - $3049 31, Annual Awards - $137 60, BWI Marriott AF Ball Event Fees $32,582 44, Mentorship Committee - Flight Chief's Course $223 69, Jr Enlisted Support (AADD Cell Phone, Dorm Council & Holiday Meals) $110 2 61, First Term Amn Center Luncheons $1282 58, Jr Enlisted Appreciation events $2216 98, MSgt Release Party Cake & Decorations $215 32, AF Ball decorations & misc entertainment $3 947 25, CCAF graduation cake $77 90, PME, Release parties, lunches, graduation ceremony et c $4251

990 Schedule O, Supplemental Information

Return Reference	Explanation
Part III, Line 31	Junior Enlisted Support - Meade Top 3 Association has voted to being more robust funding o f junior enlisted mentoring and other support We donate about $600 annually to the MAJCOM enlisted programs fund, $400 to enable the Airmen Against Drunk Driving hot line cell-pho ne and various dormitory dinners throughout the year