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.

Open to Public Inspection

<u> </u>	OI LITE	2023 Calendar year, or tax year beginning	anu	enuing	_					
	heck if oplicable	C Name of organization			D Employer identific	cation number				
	Addres									
	Name change	Doing business as			27-4980936					
	Initial return	Number and street (or P.O. box if mail is not delivered to	E Telephone number							
	Final return/	2403 FARRINGTON STREET	214-233-6519							
	termin- ated	City or town, state or province, country, and ZIP or fo	G Gross receipts \$	3,201,895.						
	Amend return		H(a) Is this a group re	eturn						
	Application	F Name and address of principal officer: JOSH MA	for subordinates? Yes X No							
	pendin	SAME AS C ABOVE	H(b) Are all subordinates included? Yes No							
ΙT	ax-exe		rt no.) 4947(a)(1)	or 527	1 . , ,					
	Vebsit		()()		H(c) Group exemptio					
		organization: X Corporation Trust Association	Other	I Year		M State of legal domicile: GA				
		Summary		12 100	01101111111111111111111111111111111111	vi otato or logar dominono,				
		Briefly describe the organization's mission or most significa	nt activities: UNIT	ES AME	RICANS TO HO	ONOR AND				
Governance		RESTORE THE LIVES OF VETERANS				01,011 111,0				
rna	2	Check this box if the organization discontinued in	ts operations or dispos	sed of more	than 25% of its net ass					
ove	3	Number of voting members of the governing body (Part VI,	line 1a)		3	15				
Ğ	4	Number of independent voting members of the governing b	ody (Part VI, line 1b)		4	15				
S)		Total number of individuals employed in calendar year 2023				16				
itie		Total number of volunteers (estimate if necessary)				400				
Activities &		Total unrelated business revenue from Part VIII, column (C)				0.				
Ă		Net unrelated business taxable income from Form 990-T, Pa				0.				
		,	,		Prior Year	Current Year				
Revenue	8	Contributions and grants (Part VIII, line 1h)			2,540,562.	2,189,143.				
					573,099.	508,198.				
ver		Investment income (Part VIII, column (A), lines 3, 4, and 7d)			10,861.	82,995.				
Re		Other revenue (Part VIII, column (A), lines 5, 4, and 70)			297,118.	96,610.				
		Total revenue - add lines 8 through 11 (must equal Part VIII,			3,421,640.	2,876,946.				
_		Grants and similar amounts paid (Part IX, column (A), lines			805,831.	1,026,857.				
		Benefits paid to or for members (Part IX, column (A), line 4)			0.	0.				
	45	Salaries, other compensation, employee benefits (Part IX, c			978,038.	1,062,904.				
Expenses	160	Professional fundraising fees (Part IX, column (A), line 11e)			0.	0.				
en	iva i		158,52	28	•	•				
Ĕĸ	47	Total fundraising expenses (Part IX, column (D), line 25)			1,133,526.	1,058,992.				
	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			2,917,395.	3,148,753.				
		Total expenses. Add lines 13-17 (must equal Part IX, colum			504,245.	-271,807.				
_ s		Revenue less expenses. Subtract line 18 from line 12			ginning of Current Year	End of Year				
Net Assets or - -und Balances		Total assets (Doct V. Bos 10)		<u> </u>	2,653,331.	2,351,233.				
sse Bala	20	Total assets (Part X, line 16)			132,940.	109,455.				
et A	21	Total liabilities (Part X, line 26)			2,520,391.	2,241,778.				
	rt II	Net assets or fund balances. Subtract line 21 from line 20 Signature Block			2,320,331.	2,241,770.				
		_	accompanying achadular	and stateme	and to the heat of my	/ knowledge and balish it is				
		lties of perjury, I declare that I have examined this return, including t, and complete. Declaration of preparer (other than officer) is base				/ Kilowieuge aliu bellei, it is				
uue,	COLLEC	i, and complete. Declaration of preparer (other than officer) is base	u on an information of wi	iicii preparei	lias ally kilowieuge.					
٥.	-	Signature of officer			I Date					
Sigr 					Date					
Her	e	SHELLY KIRKLAND, CEO Type or print name and title								
				Tr	Date Check	PTIN				
D. 14		**	's signature	l l	7/29/24 of self-employ					
Paid	ı									
Prep	- 1	Firm's name TAIT, WELLER & BAKER I			Firm's EIN 2	3-1144520				
Use	Unly	Firm's address 50 SOUTH 16TH STREET,			01	E 070 0000				
PHILADELPHIA, PA 19102 Phone no. 215 – 979 – 8800										
		S discuss this return with the preparer shown above? See				X Yes No				
LHA	For	Paperwork Reduction Act Notice, see the separate instr	uctions. 332001 1	2-21-23		Form 990 (2023)				

Pa	Check if Schoolule O contains a reasonable or note to any line in this Part III
_	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: UNITES AMERICANS TO HONOR AND RESTORE THE LIVES OF VETERANS AND
	MILITARY FAMILIES THROUGH INDIVIDUALIZED, LIFE-IMPROVING PROGRAMS.
	MIDITARI FAMIDIED INKOOGN INDIVIDUADIZED, DIFE IMIKOVING IKOGRAMD:
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 \$2,876,037. including grants of \$1,026,857.) (Revenue \$604,808.)
	BOOT CAMPAIGN'S SUPPORT PRIMARILY COMES FROM INDIVIDUAL AND CORPORATE
	DONATIONS, MISSION-FOCUSED EVENTS AND THE SALES OF MILITARY-STYLE BOOTS
	AND RELATED MERCHANDISE. PROGRAM SERVICES INCLUDE COORDINATED MENTAL
	HEALTH SERVICES, WELLNESS SUPPORT AND COMMUNITY OUTREACH TO SERVE THE
	NEEDS OF AMERICAN TROOPS, VETERANS AND THEIR FAMILIES.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
75	(Code:
4c	(Code:) (Expenses \$
4 - 1	Other program continue (Describe on Schedule O.)
4d	Other program services (Describe on Schedule O.)
4 -	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses 2,876,037.
4e	Total program service expenses 2,8/6,03/. Form 990 (2023)
	Form 930 (2023)

Form 990 (2023) THE BOOT CAMPAIGN, INC. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
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>		
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	-		
0	, ,	8		x
0	Schedule D, Part III	-		
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?			x
40	If "Yes," complete Schedule D, Part IV	9		<u> </u>
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	<u> </u>
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		<u> </u>
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		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
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	Х	
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? 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			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	i		T -
	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,"	"		
13	·	19		x
20-	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
20a	• •	20a 20b		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		\vdash
21			Х	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	Λ	<u> </u>

Part IV	Checklist of Required Schedules	(continued)
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	(continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		100	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			ı
	Schedule J	23		Х
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 24b through 24d and complete			ı
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			ı
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			ı
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			ı
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			ı
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	1		ı
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	1		
	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,			ı
	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 IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			37
_	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	00-		Х
00	"Yes," complete Schedule L, Part IV	28c 29	х	
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Λ	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		Х
31	contributions? If "Yes," complete Schedule M	30		X
32	Did the organization required the transfer more than 25% of its net assets? If "Yes," complete	31		
32	,	32		Х
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
5 4		34		Х
35a	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
~	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		ı
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	335		
-	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
332004	12-21-23	Form	990 ((2023)

	990 (2023) THE BOOT CAMPAIGN, INC.	27-49809	<u> 36</u>	Р	age 5
Par	t 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	16			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	L	2b	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	L	3b		
4a	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)?		4a		X
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 Accounts (FBAI	₹).			
5а	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?		5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	·····	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization				
	any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts				
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				77
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided		7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required				3,7
	to file Form 8282?		7c		X
			_		v
е		·····	7e		X
f		·····	7f		
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as re		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form	n 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		_		
_	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.		0-		
a	Did the sponsoring organization make any taxable distributions under section 4966?		<u>9a</u> 9b		
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:		ອນ		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a				
	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.)				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	Ī			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
			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				
	organization is licensed to issue qualified health plans				
С	Enter the amount of reserves on hand				
14a			14a		Х
	16 10 4 11 11 11 11 11 11 11 11 11 11 11 11 1	·····	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or				
	excess parachute payment(s) during the year?		15		Х
	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 investment income?	[16		Х
	If "Yes." complete Form 4720. Schedule O.				

Form **990** (2023)

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that would result in the imposition of an excise tax under section 4951, 4952 or 4953?

Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities

If "Yes," complete Form 6069.

THE BOOT CAMPAIGN, INC. 27-4980936 Form 990 (2023) 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 Section A. Governing Body and Management Yes No 15 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 15 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 X of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 Х 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b

ı ıa	Thas the diganization provided a complete copy of this form 350 to all members of its governing body before limit the form:	I Ia	22	
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	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
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	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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	Х	
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		Х
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		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed NONE

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) available for public inspection. Indicate how you made these available. Check all that apply.

X Own website Another's website X Up

X Upon request Other (explain on Schedule O)

Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 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

MYRA BRANDENBURG - 214-233-6519

2403 FARRINGTON STREET, DALLAS, TX 75207

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)	orga		((<u></u>		Saic	(D)	(E)	(F)
Name and title	Average	Positio (do not check mor box, unless persor				than o	one	Reportable	Reportable compensation	Estimated amount of
	hours per week					s boti or/trus		compensation from	from related	other
	(list any	director						the	organizations	compensation
	hours for	or dir	ee ee			ated		organization	(W-2/1099-MISC/	from the
	related organizations	Individual trustee or	Institutional trustee		ee /ee	Highest compensated employee		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	dual t	ntio na	_	Key employee	st cor	-	1033 NEO)		organizations
	line)	Indivi	Institu	Officer	Key er	Highe	Former			
(1) SHELLY KIRKLAND	50.00									
CEO				Х				123,600.	0.	78.
(2) JOSH MAYFIELD	2.00									
CHAIRMAN		Х		Х				0.	0.	0.
(3) ANDREW BARNETT	2.00									
TREASURER		Х		Х				0.	0.	0.
(4) TORRIE ROGERS, U.S. NAVY (RET.)	1.00							_	_	_
SECRETARY		Х		Х				0.	0.	0.
(5) MAT BEST, U.S. ARMY VETERAN	1.00							_	_	_
BOARD MEMBER		Х						0.	0.	0.
(6) CHRIS TALCOTT, U.S. ARMY (RET.)	1.00	1						_	_	_
BOARD MEMBER		Х						0.	0.	0.
(7) LEIGH ANN RANSLEM	1.00	1						_	_	_
BOARD MEMBER		Х						0.	0.	0.
(8) LETICIA STROPES	1.00									
BOARD MEMBER	1 00	Х						0.	0.	0.
(9) JAMES P. WEBB	1.00									
BOARD MEMBER	1 00	Х						0.	0.	0.
(10) DR RIC BONNELL	1.00	3,7						0.	0.	_
BOARD MEMBER	1.00	Х						0.	0.	0.
(11) JOEY JONES, USMC (RET.) BOARD MEMBER	1.00	х						0.	0.	0.
(12) ALAN MARTIN, SR.	1.00	Λ						· ·	0.	· ·
BOARD MEMBER	1.00	Х						0.	0.	0.
(13) MIKE ROUSE	1.00							•	•	•
BOARD MEMBER	100	х						0.	0.	0.
(14) JOHN ERTZ	1.00									
BOARD MEMBER		х						0.	0.	0.
(15) TOM O'DONNELL U.S. ARMY (RET.)	1.00	† <u></u>								
BOARD MEMBER		х						0.	0.	0.
(16) JOHN W HUGHES, JR	1.00									
BOARD MEMBER		Х						0.	0.	0.
								_		_
		1								

	t VII Section A. Officers, Directors, Trus (A)	(B)				C)			(D)	(E)			(F)	
	Name and title	Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)			than dis both	n an	Reportable compensation	Reportable compensatio	n		stimate nount		
		(list any hours for related						ĺ	from the organization (W-2/1099-MISC/	from related organization (W-2/1099-MIS 1099-NEC)	s			е
		organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-NEC)				d relat anizati	
	Subtotal								123,600.		0.		,	78.
	Total from continuation sheets to Part V Total (add lines 1b and 1c)								123,600.		0.			78.
2	Total number of individuals (including but r compensation from the organization	ot limited to th	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable)			1
3	Did the organization list any former officer	, director, trust	ee, l	кеу є	empl	loye	e, or	hig	hest compensated emp	loyee on			Yes	No
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the si	um of reportabl	e cc	mpe	ensa	tion	and	oth				3		X
5	and related organizations greater than \$15 Did any person listed on line 1a receive or	accrue comper	ısati	on fi	om	any	unre	elate	ed organization or individ			4		X
Sec	rendered to the organization? If "Yes." contion B. Independent Contractors	nplete Schedule	e J f	or su	ıch <u>ı</u>	oers	on					5		X
1	Complete this table for your five highest co the organization. Report compensation for	•	•								ensat	tion fro	om	
	(A) Name and business			INC					(B) Description of s		С	(Compe	C) nsatio	n
	Tatal number of independent and the control of	noludina tu		mi± -	J # = 1	.	!	.	about) who we still all	ava tha:-				
2	Total number of independent contractors (i	neluaing but ne	ot III	шес	1 (0)	10S	e IIS	ted	above) who received mo	ле шап				

		Check if Schedule O contains a response of	or note to any lin	e in this Part VIII			
				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
					lunction revenue	business revenue	sections 512 - 514
SΩ	1 a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues 1b					
S S		Fundraising events 1c					
Ę,		Related organizations 1d					
ig ig		Government grants (contributions) 1e					
ons,							
utio	T	All other contributions, gifts, grants, and	190 1/3				
들 된		similar amounts not included above 1f 2,	189,143. 341,799.				
o d	_	· · · · · · · · · · · · · · · · · · ·		2 100 142			
<u>0</u> <u>e</u>	h	Total. Add lines 1a-1f		2,189,143.			
			Business Code	F00 100	500 100		
Se	2 a	MISSION AWARENESS EVEN	900099	508,198.	508,198.		
e vi	b						
Program Service Revenue	C						
ar.	c						
90 H	e						
₫	f	All other program service revenue					
	ç	Total. Add lines 2a-2f		508,198.			
	3	Investment income (including dividends, interes	st, and				
		other similar amounts)		41,234.			41,234.
	4	Income from investment of tax-exempt bond pr					
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
		Less: rental expenses 6b					
		Rental income or (loss) 6c					
		Net rental income or (loss)					
		Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a 299,147.	()				
	L	Less: cost or other basis					
ω	L	and sales expenses					
ğ	_	Gain or (loss) 7c 41,761.					
ther Revenue				41,761.			41,761.
ت ح		Net gain or (loss)		<u> </u>			1 1,701•
ţ	8 a	Gross income from fundraising events (not					
0		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18 8a					
		Less: direct expenses8b					
		Net income or (loss) from fundraising events					
	9 a	Gross income from gaming activities. See					
		Part IV, line 199a					
		Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns					
		and allowances 10a	164,173.				
	b	Less: cost of goods sold10b	67,563.				
	C	Net income or (loss) from sales of inventory		96,610.	96,610.		
,,			Business Code				
Miscellaneous Revenue	11 a						
ane	b						
eve	c						
Aisc	c	All other revenue					
2		Total. Add lines 11a-11d					
	12	Total revenue. See instructions		2,876,946.	604,808.	0.	82,995.

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 (**D**)
Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 1,026,857. 1,026,857. 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, 86,574. 123,678. 18,552. 18,552. 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) 816,258. 755,688. 16,853. 43,717. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 41,707. 47,225. 2,341. 3,177. Other employee benefits 9 75,743. 66,869. 3,768. 5,106. 10 Payroll taxes Fees for services (nonemployees): Management Legal 13,000. 13,000. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 5,677. 41,523. 86,089. 38,889. column (A), amount, list line 11g expenses on Sch O.) 703. 569. 134. Advertising and promotion 12 82,149. 71,992. 7,531. 2,626. Office expenses 13 1,579. 1,393. 186. Information technology 14 15 Royalties 13,772. 8,073. 1,317.4,382. 16 Occupancy 137,189. 128,818. 3,632. 4.739. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 5,543. 147. 5,205. 191. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 Depreciation, depletion, and amortization 22 7,143. 4,187. 2,273. 683. 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.) 309,343. 309,343. PROGRAM EXPENSES DONATED MATERIALS 240,044. 240,044. 116,489. 77,092. 39,397. PROGRAM EVENTS 39,<mark>914.</mark> 39,914. d MEMBERSHIPS AND SUBSCRI 6,035. 6.035. e All other expenses 3,148,753. 2,876,037. 114,188. 158,528. 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)

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or	note to an	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1,657,612.	1	628,631.	
	2	Savings and temporary cash investments			157,404.	2	537,080.
	3	Pledges and grants receivable, net		224,253.	3	484,412.	
	4	Accounts receivable, net			4		
	5	Loans and other receivables from any curren					
		trustee, key employee, creator or founder, su	ıbstantial (ontributor, or 35%			
		controlled entity or family member of any of t		5			
	6	Loans and other receivables from other disqu	ualified pe	onssons (as defined			
		under section 4958(f)(1)), and persons descri		6			
δ	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use			8		
ğ	9	Duran did assessed and defense did a server				9	
	10a	Land, buildings, and equipment: cost or other	er				
		basis. Complete Part VI of Schedule D	10a	51,575.			
	b	Less: accumulated depreciation	0.	10c	51,575. 649,309.		
	11	Investments - publicly traded securities	613,836.	11	649,309.		
	12	Investments - other securities. See Part IV, lir		12			
	13	Investments - program-related. See Part IV, li		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		226.	15	226.	
	16	Total assets. Add lines 1 through 15 (must e	equal line 3	3)	2,653,331.	16	2,351,233
	17	Accounts payable and accrued expenses		132,940.	17	109,455.	
	18	Grants payable		18			
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple	ete Part IV	of Schedule D		21	
es	22	Loans and other payables to any current or for					
Liabilities		trustee, key employee, creator or founder, su					
jab		controlled entity or family member of any of t	hese pers	ons		22	
_	23	Secured mortgages and notes payable to un				23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,	. ,				
		parties, and other liabilities not included on li	nes 17-24	Complete Part X			
		of Schedule D			122 040	25	100 455
	26	Total liabilities. Add lines 17 through 25			132,940.	26	109,455.
S		Organizations that follow FASB ASC 958, o	check her	e X			
č		and complete lines 27, 28, 32, and 33.			2 220 201		2 026 770
<u>a</u>	27	Net assets without donor restrictions	2,320,391.	27	2,026,778.		
Ä	28	Net assets with donor restrictions			200,000.	28	215,000.
Ĕ		Organizations that do not follow FASB ASC	C 958, ch	ck here			
F		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current fun				29	
	30	Paid-in or capital surplus, or land, building, or				30	
χŢ	31	Retained earnings, endowment, accumulated			2 520 201	31	2 2/11 770
Ž	32	Total net assets or fund balances		2,520,391.	32	2,241,778.	
	33	Total liabilities and net assets/fund balances			2,653,331.	33	2,351,233.

Pa	t 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				<u>46.</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,:	148	7.	53.		
3	Revenue less expenses. Subtract line 2 from line 1							
4								
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 2							
Pai	t XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
					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	Ο.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?			2b	Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate							
	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							
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		Х		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required							
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		1 ;	3b				

332012 12-21-23

SCHEDULE A

(Form 990)

<u>Total</u>

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

Name of the organization

THE BOOT CAMPATON INC.

Employer identification number

OMB No. 1545-0047

Inspection

			BOOT CAMPA.					27-4980936	
Pa	rt I	Reason for Public (Charity Status.	(All organizations must o	omplete th	nis part.) S	ee instructions.		
he	organ	ization is not a private found	ation because it is: (F	or lines 1 through 12, c	heck only	one box.)			
1		A church, convention of chi	urches, or associatio	n of churches described	in sectio	n 170(b)(1)(A)(i).		
2		A school described in secti	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forr	n 990).)				
3		A hospital or a cooperative	hospital service orga	anization described in s	ection 170)(b)(1)(A)(ii	i).		
4		A medical research organization	ation operated in cor	njunction with a hospital	described	l in sectio	n 170(b)(1)(A)(iii). En	ter the hospital's name,	
		city, and state:							
5		An organization operated for	or the benefit of a col	lege or university owned	d or operat	ed by a go	vernmental unit desci	ribed in	
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7		An organization that norma	lly receives a substar	ntial part of its support f	rom a gove	ernmental	unit or from the gener	al public described in	
		section 170(b)(1)(A)(vi). (Complete Part II.)							
8		A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)							
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	nction with a land-gra	ınt college	
		or university or a non-land-g	grant college of agrice	ulture (see instructions).	Enter the	name, city	and state of the colle	ege or	
		university:							
10	X	An organization that norma	lly receives (1) more	than 33 1/3% of its supp	ort from c	ontribution	s, membership fees,	and gross receipts from	
		activities related to its exem	npt functions, subjec	t to certain exceptions;	and (2) no	more than	33 1/3% of its suppo	rt from gross investment	
		income and unrelated busin							
		See section 509(a)(2). (Cor	mplete Part III.)						
11		An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50	9(a)(4).		
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	he function	ns of, or to carry out t	he purposes of one or	
		more publicly supported or	ganizations describe	d in section 509(a)(1) d	r section	509(a)(2).	See section 509(a)(3). Check the box on	
		lines 12a through 12d that	describes the type of	f supporting organization	n and com	plete lines	12e, 12f, and 12g.		
а		Type I. A supporting orga	anization operated, si	upervised, or controlled	by its supp	oorted org	anization(s), typically I	oy giving	
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority o	of the direc	tors or trustees of the	supporting	
		organization. You must o	complete Part IV, Se	ections A and B.					
b		Type II. A supporting org	anization supervised	or controlled in connec	tion with it	s supporte	d organization(s), by I	naving	
		control or management o	f the supporting orga	anization vested in the s	ame perso	ns that co	ntrol or manage the si	upported	
		organization(s). You mus	t complete Part IV,	Sections A and C.					
С		Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functionally integr	ated with,	
		its supported organization	n(s) (see instructions)	. You must complete	Part IV, Se	ections A,	D, and E.		
d			integrated. A supp	orting organization oper	ated in co	nnection w	rith its supported orga	anization(s)	
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	uirement and an atte	ntiveness	
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	s A and D,	and Part	V .		
е		☐ Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Type I, Type II, Type	II	
		functionally integrated, or							
		er the number of supported o							
g		vide the following information			(iv) Is the oran	anization listed	())	() A	
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your govern	ing document?	(v) Amount of monetar support (see instruction	· · · ·	
		organization:		above (see instructions))	Yes	No			
					-	-			

332021 12-21-23

Schedule A (Form 990) 2023 THE BOOT CAMPAIGN, INC. 27-4980936 Page 2

fails to qualify under the tests Section A. Public Support						
alendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and	(4) 2013	(6) 2020	(0) 2021	(4) 2022	(6) 2020	(i) rotai
membership fees received. (Do not						
include any "unusual grants.")						
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						
. .						
Total. Add lines 1 through 3						
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,						
l (f)						
6 Public support, Subtract line 5 from line 4.						
ection B. Total Support						_
lendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
Amounts from line 4	(4) = 0 : 0	(2) 2 2 2	(5) = 5 = 1	(4,) = 4 = 4	(5) 2525	(1) 1010
3 Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties,						
and income from similar sources						
Net income from unrelated business						
activities, 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.)						
1 Total support. Add lines 7 through 10						
2 Gross receipts from related activities,	etc. (see instruction	ns)			12	
First 5 years. If the Form 990 is for the			fourth, or fifth tax			
organization, check this box and stop	· ·		*	•	. , . ,	Г
ection C. Computation of Public						_
Public support percentage for 2023 (lii	ne 6, column (f), d	livided by line 11,	column (f))		14	
Public support percentage from 2022	Schedule A, Part	II, line 14			15	
6a 33 1/3% support test - 2023. If the o					nore, check this bo	x and
stop here. The organization qualifies a						_
b 33 1/3% support test - 2022. If the o						
and stop here. The organization quali						_
'a 10% -facts-and-circumstances test						
and if the organization meets the facts						
meets the facts-and-circumstances tes			-	•	5-	Γ
b 10% -facts-and-circumstances test	-		*	-	17a, and line 15 is	10% or
more, and if the organization meets th	_					
organization meets the facts-and-circu	metances test. Th	a araanization au	alifica ao a publich	, automostad araani	-ation	Г

Schedule A (Form 990) 2023

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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	ciow, picade comp	ictor art ii.j				
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and	(,	(-)	(=/ === :	(-,	(=/ ====	(4)
	membership fees received. (Do not include any "unusual grants.")	1371424.	1100484.	1446494.	2540562.	2189143.	8648107.
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	1066890.	533,385.	1094410.	1020116.	672,371.	4387172.
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization'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	2438314.	1633869.	2540904.	3560678.	2861514.	13035279.
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
ł	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						0.
(Add lines 7a and 7b						0.
8	Public support. (Subtract line 7c from line 6.)						13035279.
Se	ction B. Total Support				,		
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6	2438314.	1633869.	2540904.	3560678.	2861514.	13035279.
10a	dross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	5,532.	1,237.	413.	11,196.	41,234.	59,612.
ŀ	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,		,	,	,
	Add lines 10a and 10b	5,532.	1,237.	413.	11,196.	41,234.	59,612.
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	,	,		,	·	,
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)				2,115.		2,115.
13	Total support. (Add lines 9, 10c, 11, and 12.)	2443846.	1635106.	2541317.	3573989.	2902748.	13097006.
14	First 5 years. If the Form 990 is for th	e organization's fir	st, second, third, t	fourth, or fifth tax y	ear as a section 50	O1(c)(3) organizatio	on,
Se	ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2023 (li		•	olumn (f))		15	99.53 %
	Public support percentage from 2022					16	99.82 %
	ction D. Computation of Inves						1.0
	Investment income percentage for 20					17	.46 %
	Investment income percentage from 2					18	.17 %
198	a 33 1/3% support tests - 2023. If the						v
k	more than 33 1/3%, check this box ar 33 1/3% support tests - 2022. If the	-	-		· · · · · ·		
	line 18 is not more than 33 1/3%, chec	ck this box and st	op here. The orga	nization qualifies a	s a publicly suppo	rted organization	
20	Private foundation. If the organizatio	n did not check a l	box on line 14, 19a	a. or 19b. check th	is box and see inst	tructions	

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
1		
2		
За		
3b		
3c		
40		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
40		
10a		
10b		
100		

Pai	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		
С	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		
Sec	tion 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			
2	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,			
800	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
Sec	non c. Type ii Supporting Organizations		1	
			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			
800	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
	ſ		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		
Sec	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 inst	truction	s).	
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			
	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			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	За		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
-	of its supported organizations? If "Vos " describe in Part VI the selection of the experimental in this regard	3h		

332025 12-21-23

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Sect	ion A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functiona	lly integrate	ed Type III supporting orga	nization (see

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

Schedule A (Form 990) 2023

Section E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2023	Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reason-	-		
able cause required - explain in Part VI). See instructions	s		
3 Excess distributions carryover, if any, to 2023			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D,			
line 7:			
Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, if			
any. Subtract lines 3g and 4a from line 2. For result great	er		
than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h			
and 4b from line 1. For result greater than zero, explain in	ר		
Part VI. See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j			
and 4c.			
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 A (Form 990) 2023

Schedule B

(Form 990)

Schedule of Contributors

0000

Department of the Treasury Internal Revenue Service

Name of the organization

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

2023

OMB No. 1545-0047

THE BOOT CAMPAIGN, INC.

Employer identification number

27-4980936

Organization type (check one):

Filers of: Section:

Form 990 or 990-EZ X 501(c)(3) (enter number) organization

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

X 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

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year _______\$

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.

Schedule B (Form 990) (2023)

Name of organization

Employer identification number

THE BOOT CAMPAIGN, INC.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 35,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$\$	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
4		\$\$	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		\$\$ 6,724.	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
6		\$\$ 77,931.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

THE BOOT CAMPAIGN, INC.

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) (d) Total contributions Type of contribution
7		\$ 58,100. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
8		\$ 62,100. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
9	- Nume, address, and En + +	\$ 34,326. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
10		\$ 15,580. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
11_		\$ 10,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
12		Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

THE BOOT CAMPAIGN, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I i		(4)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$ <u>27,500.</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
14		\$\$	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
15		\$\$	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
16		\$\$, 5,040.	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
17		\$\$	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
18		\$\$\$	Person X Payroll Noncash X (Complete Part II for noncash contributions.

Name of organization

Employer identification number

THE BOOT CAMPAIGN, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if	f additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$\$	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
20		\$5,188.	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
21	- Hamo, address, and En 111	\$\$ 53,436.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 22	Name, address, and ZIP + 4	* \$ \$ \$ 25 , 000 .	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
23		\$\$	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
24		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

THE BOOT CAMPAIGN, INC.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$\$	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
26		\$15,000.	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
27		\$\$ <u>36,284.</u>	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28		\$\$, 350.	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
29		\$\$	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
30		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

THE BOOT CAMPAIGN, INC.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31		\$\$	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
32		\$15,518.	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
33		\$\$	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
34	W	\$ 9,898.	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
35		\$10,435.	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
36		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

THE BOOT CAMPAIGN, INC.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37		\$\$\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
38		\$\$, 8,600.	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
39		\$\$\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
40		\$\$	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
41		\$\$\$	Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
42		\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

THE BOOT CAMPAIGN, INC.

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	
43	•	\$17,448.	Person X Payroll Noncash X (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
44		\$\$	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	
45		\$\$	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	
46		\$\$,000.	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	
47		\$\$	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	
48		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)	

Name of organization

Employer identification number

THE BOOT CAMPAIGN, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I i	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
49		\$ 5,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
50		\$ 5,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
51		Person X Payroll S 5,000. (Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
52		\$ 5,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
53		\$ 5,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
54		Person X Payroll Noncash (Complete Part II for

Name of organization

Employer identification number

THE BOOT CAMPAIGN, INC.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55		\$\$,000.	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
56		\$\$,	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
57		\$\$, 226.	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
58		\$\$5,226.	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
59		\$\$,	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
60		\$\$, 5,289.	Person Payroll Noncash X (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

THE BOOT CAMPAIGN, INC.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61		\$\$,500.	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
62		\$\$\$\$,5,518.	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
63		\$\$5,693.	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
64		\$5,693.	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
65		\$6,519.	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
66		\$6,562.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

THE BOOT CAMPAIGN, INC.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67		\$\$	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
68		\$\$	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
69		\$\$,780.	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
70		\$\$	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
71		\$10,000.	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
72		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

THE BOOT CAMPAIGN, INC.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
73		\$\$	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
74		\$10,000.	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
75		\$\$	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
76		\$\$\$\$	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
77		\$\$	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
78		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

THE BOOT CAMPAIGN, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I i		T
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
79		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
80		\$\$	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
81		\$\$\$\$\$	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
82		\$\$	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
83		\$\$	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
84		\$15,660.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

THE BOOT CAMPAIGN, INC.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
85		\$\$	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
86		\$\$	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
87		\$\$	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
88		\$\$	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
89		\$\$	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
90		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

Name of organization

Employer identification number

THE BOOT CAMPAIGN, INC.

27-4980936

Part I	Contributors (see instructions). Use duplicate copies of Part I if	t additional space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
91		\$50,000.	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		
92		\$16,804.	Person Payroll Noncash X (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
93		\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
94		\$\$\$\$\$	Person Payroll Noncash X (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.)		

Schedule B (Form 990) (2023)

Name of organization

Employer identification number

THE BOOT CAMPAIGN, INC.

27-4980936

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditior	nal space is needed.	
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (See instructions.)	(d) Date received
	HOUSEHOLD GOODS, AUCTION ITEMS			
2				
		\$_	5,726.	07/17/23
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (See instructions.)	(d) Date received
1.0	FAMILY GIFTS FOR 10 FAMILIES			
18				
		\$_	14,874.	12/18/23
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (See instructions.)	(d) Date received
	470 SHARES ISHARES RUSSELL MID-CAP ETF			
27				
		\$_	36,284.	12/18/23
(a)			(c)	
No. from	(b) Description of noncash property given		FMV (or estimate)	(d) Date received
Part I			(See instructions.)	
39	AIRFARE AND HOTEL FOR VETERAN CANDIDATES RECEIVING HEALTH AND WELLNESS TREATMENT			
		\$_	132,333.	12/31/23
(a)			(c)	
No. from	(b) Description of noncash property given		FMV (or estimate)	(d) Date received
Part I			(See instructions.)	
41	HOUSEHOLD GOODS AND AUCTION ITEMS			
				
		\$_	6,086.	12/31/23
(a)			(c)	
No. from	(b)		FMV (or estimate)	(d)
Part I	Description of noncash property given		(See instructions.)	Date received
	75 - \$100 GIFT CARDS			
42				
		\$_	7,500.	_11/30/23_
323/153 12-26				Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023) Name of organization Employer identification number

THE BOOT CAMPAIGN, INC.

27-4980936

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	AUCTION ITEMS		
<u>43</u>			
		\$11,948.	_04/24/23_
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
Parti	2 SHARES AUTOZONE STOCK		
60			
		\$5,289.	12/12/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	HOUSEHOLD GOODS AND CLOTHING		
92			
		\$16,804.	12/31/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
93	HENRY MILITARY SERVICE TRIBUTE EDITION RIFLES - CUSTOM SERIAL NUMBER		
		\$7,005.	_10/19/23_
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	328 PAIRS WX SUNGLASSES		
94			
		\$\$2,810.	12/12/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
202452 42.00		\$	Cabadala P (Farra 200) (2002)

Schedule B (Form 990) (2023) Page **4**

Name of organization **Employer identification number** THE BOOT CAMPAIGN, INC. 27-4980936 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 (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

3252.001

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

THE BOOT CAMPAIGN, INC.

Employer identification number 27-4980936

Pai	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, lin.		Sim	ilar Funds or A	ccour	nts. Complete if the
	Giganization anomorou Teo Giri enii eee, i arriv, iir	(a) Donor advi	ised f	unds	(b) Fun	ids 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		held i	n donor advised fun	ds	
	are the organization's property, subject to the organization's	~				Yes No
6	Did the organization inform all grantees, donors, and donor a					
	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 "\	Yes" d	on Form 990, Part IV	, 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, recreated	tion or education)	P	reservation of a hist	orically	important land area
	Protection of natural habitat	L	P	reservation of a cert	ified his	storic structure
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contr	ributio	n in the form of a co	nserva	
	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 organ	ization	during the tax
	year					
4	Number of states where property subject to conservation eas					
5	Does the organization have a written policy regarding the per					
	violations, and enforcement of the conservation easements it					Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations,	and e	enforcing conservation	on ease	ements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and	enfor	cing conservation ea	semen	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	lote to the organization	n's tin	anciai statements th	at desc	cribes the
Par	organization's accounting for conservation easements. t III Organizations Maintaining Collections of	Art. Historical Ti	reas	ures, or Other S	imila	r Assets.
	Complete if the organization answered "Yes" on Form			,		
	If the organization elected, as permitted under FASB ASC 95		evenu	e statement and bal	ance sh	neet 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 95				e sheet	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					\$

332051 09-28-23

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

Schedule D (Form 990) 2023

Pai	t III Organizations Maintaining Co	llections of Ar	t, Hist	orical Tre	easures, o	r Othe	r Sir	nilar	Assets	(contir	nued)	-g-
3	Using the organization's acquisition, accession									(*******		
	collection items (check all that apply).	•	•	,	· ·		Ü					
а	Public exhibition	d		I oan or exc	hange progra	am						
b	Scholarly research	e			mange pregn							
c	Preservation for future generations	•										
4	Provide a description of the organization's col	lections and explain	how th	ev further th	ne organizatio	nn's exe	mnt n	urnos	e in Part	XIII		
5	During the year, did the organization solicit or	•		•	· ·			•	C IIII CIII	ZIII.		
3	to be sold to raise funds rather than to be mai									Yes		No
Pai	t IV Escrow and Custodial Arrang					Vec" on						<u> </u>
1 3	reported an amount on Form 990, Part		to ii tiic	organization	Tanswered	103 011	1 01111	550, 1	artiv, ii	110 0, 01		
	Is the organization an agent, trustee, custodia		liary for	contribution	ns or other as	sets not	inclu	ded				
	on Form 990, Part X?									Yes		No
h	If "Yes," explain the arrangement in Part XIII a									_ 100		, 110
-	Too, explain the thrangement in real rain to	na complete the for	.ovg	abio.			Γ			Amoun	t	
С	Beginning balance							1c				
	Additions during the year							1d				
u 0	Distributions during the year							1e				
f								1f				
	Ending balance Did the organization include an amount on Fo									Yes		No
	If "Yes," explain the arrangement in Part XIII.						iity :			_ 163]
	TV Endowment Funds Complete if t						0					
	Complete ii	(a) Current year		Prior year	(c) Two yea			hree ve	ars back	(e) Four	vears	back
1a	Beginning of year balance	(=, = = = = , = = =	(-)	,	(-)		(=, -			(-,	,	
b	Contributions											
	Net investment earnings, gains, and losses											
d	Grants or scholarships											
	Other expenditures for facilities											
C												
f	and programs											
	End of year balance											
g	Provide the estimated percentage of the curre	ent voor ond bolono	. /lipo 1	a column (c	// hold oo:		l					
2	Board designated or quasi-endowment	in year end balance	% %	y, coluitiii (a	j) Helu as.							
a	Permanent endowment	%										
b												
С												
2-	The percentages on lines 2a, 2b, and 2c shou	•	tion the	t ara bald a	ad administa	and for th						
Sa	Are there endowment funds not in the posses	sion of the organiza	uon ma	t are neid ai	ia administer	rea for tr	ie			ſ	Yes	No
	organization by:									0-(:)	103	110
	(i) Unrelated organizations?									3a(i)		
	(ii) Related organizations?									3a(ii)		
	If "Yes" on line 3a(ii), are the related organizati									3b		
Pai	Describe in Part XIII the intended uses of the of the Intended uses of the of the Intended uses of the Intended us		wment t	unas.								
· u	Complete if the organization answered) Part I\	/ line 11a S	See Form 990) Part X	line 1	ın				
	Description of property	(a) Cost or o			t or other	i		nulated	<u>, </u>	(d) Boo	c volu	
	Description of property	basis (investr			(other)		epreci		1	(u) 600	n value	=
10	Land	· ·		54013	(2010)		, , , , , , , , , , , , , , , , , , ,					
_	Land											
b	Buildings											
q	Leasehold improvements			5	1,575.				-+	5.	1,5	75
d	Equipment Other				-, -, -, -, -,				-+	<u>J.</u>	-, 5	<i>, ,</i> .
	Other		V line 1	Oo ookumaa	(D))					5	1,5	75.

Schedule D (Form 990) 2023

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990. Part X. line 25. col. (B))	

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

2e

4c

190,507.

2,876,946.

2,876,946.

Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 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. 3,346,066. Total expenses and losses per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part IX, line 25: 129,750. a Donated services and use of facilities 2a **b** Prior year adjustments 2b 2c c Other losses 67,563. d Other (Describe in Part XIII.) 197,313. Add lines 2a through 2d 2e 3,148,753. 3 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 4a **b** Other (Describe in Part XIII.) 4c c Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.) Part XIII Supplemental Information

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 X, 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:

Add lines 2a through 2d

Other (Describe in Part XIII.)

c Add lines 4a and 4b

Subtract line 2e from line 1

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

THE CAMPAIGN IS EXEMPT FROM FEDERAL INCOME TAX, EXCEPT ON INCOME EARNED FROM UNRELATED BUSINESS ACTIVITIES, UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE ("IRC"). THE CAMPAIGN HAD NO NET UNRELATED BUSINESS INCOME FOR THE YEAR ENDED DECEMBER 31, 2023, AND HAS BEEN CLASSIFIED AS ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION. MANAGEMENT HAS EVALUATED THE CAMPAIGN'S TAX POSITIONS AND CONCLUDED THAT THE CAMPAIGN HAS TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD - MERCHANDISE SALES

67,563.

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization THE BOOT	CAMPAIGN,	INC.					Employer identification number 27 – 4980936
Part I General Information on Grants a							
 Does the organization maintain records to criteria used to award the grants or assist Describe in Part IV the organization's process. 	stance?				for the grants or assis		on X Yes No
Part II Grants and Other Assistance to recipient that received more than S					anization answered "Y	es" on Form 990, Part	t IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
COOPER CLINIC							
12200 PRESTON RD							
DALLAS, TX 75320	75-1457989		115,474.	0.			EXECUTIVE PHYSICAL EXAMS
VIRGINIA HIGH PERFORMANCE LLC 1024 BELLS RD STE 117							
VIRGINIA BEACH, VA 23451	47-1581025		194,216.	0.			CONTINUE MISSION PROGRAM
WARRIORS HEART 756 PURPLE SAGE RD BANDERA, TX 78003	47-4655361	501(C)(3)	141,043.	0.			INPATIENT TREATMENT
THE UNIVERSITY OF TEXAS AT DALLAS 1966 INWOOD RD DALLAS, TX 75203	75-1305566	501(C)(3)	134,250.	0.			BEHAVIORAL HEALTH EVALUATION AND ASSESSMENT
WARRIOR WELLNESS SOLUTIONS 732 9TH STREET #581 DURHAM, NC 27705	27-1320064	501(C)(3)	177,375.	0.			WARRIOR WELLNESS SOLUTIONS PROGRAMMING
CORE PERFORMANCE, LLC 4401 STONY MEADOW LANE AUSTIN, TX 78731	37-1542607		45,250.	0.			HEART RATE VARIABILITY SESSIONS
 Enter total number of section 501(c)(3) a Enter total number of other organizations 	•	•	, ,				6.

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

Schedule I (Form 990) 2023

Part II Continuation of Grants and Other	er Assistance to Dom	estic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	Tug.
(a) Name and address of organization or government	(b) EIN	b) EIN (c) IRC section if applicable		(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MISTY VALLEY WELLNESS							
1105 REAGAN VALLEY ROAD							HEART RATE VARIABILITY
TELLICO PLAINS, TN 37385	86-3610787		7,050.	0.			COACHING SESSIONS
SIMPLY AWARE LLC							
2606 CHINKAPIN LANE							HEALTH AND WELLNESS
ROWLETT, TX 75089	26-1599545		89,224.	0.			ASSESSMENTS
WISDOM WORKS CONSULTING LLC							
1501 FIVE FORKS ROAD							HEALTH AND WELLNESS
VIRGINIA BEACH, VA 23455	16-1736760		50,250.	0.			SESSIONS
EHOME COUNSELING GROUP							
P.O. BOX 850001							
ORLANDO, FL 32885-8363	81-4417710		6,750.	0.			COUNSELING SERVICES
HEARTMATH LLC							
14700 W. PARK AVENUE							
BOULDER CREEK, CA 95006	95-4023617		9,574.	0.			HEART RATE VARIABILITY
MISSION READY COUNSELING, LLC							
633 TX HWY 46 EAST							
BOERNE, TX 78006	83-2819540		8,170.	0.			COUNSELING SERVICE
PRENUVO USA							
227 EL CAMINO REAL							
REDWOOD CITY, CA 94061	00-1644356		5,248.	0.			WHOLE BODY MRI SCAN
THE MISSION WITHIN							
1401 LAVACA STREET, UNIT #353							TBI/PTS/ADDICTION
AUSTIN, TX 78701	87-3652980		5,850.	0.			TREATMENT
UT SOUTHWESTERN							
P.O. BOX 845347							TBI EVALUATION AND
DALLAS, TX 75284-5347	17-6002868 5	01(C)(3)	18,017.	0.			TREATMENT

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
rt IV Supplemental Information. Provide the information	on required in Part I, lin	e 2; Part III, columi	n (b); and any other ac	Iditional information.	
RT I, LINE 2:					
OGRAM FUNDING IS MONITORED BY	THE CEO AND	IS ACCOU	NTED FOR IN	OUR	
ICKBOOKS ACCOUNTING SYSTEM.					

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

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.

Employer identification number

	THE BOOT CAMPAIGN, INC. 27-498									
Pai	rt I Types of Property									
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribut amounts reported Form 990, Part VIII, li	on	nor	(c Method of c ncash contrib	determin	_	S
1	Art - Works of art									
2	Art - Historical treasures									
3	Art - Fractional interests									
4	Books and publications									
5	Clothing and household goods	X		107,7	20.	FMV				
6	Cars and other vehicles									
7	Boats and planes									
8	Intellectual property									
9	Securities - Publicly traded	X	2	41,5	73.	FMV				
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 \dots									
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 (AIRLINE TICKETS)	X	90	132,3	23.					
26	Other (<u>AUCTION ITEMS</u>)	X	48	60,1	.83.	FMV				
27	Other ()									
28	Other ()									
29	Number of Forms 8283 received by the organization			I						
	for which the organization completed Form 82	83, Part V, D	onee Acknowledg	ement29	9					
									Yes	No
30a	During the year, did the organization receive by			·	•		at it			
	must hold for at least 3 years from the date of									
	exempt purposes for the entire holding period?	?						30a		<u> </u>
b	If "Yes," describe the arrangement in Part II.									
31	Does the organization have a gift acceptance p	•	·	•		ons?		31	Х	
32a	Does the organization hire or use third parties	or related or	ganizations to solid	cit, process, or sell nor	ncash					
	contributions?							32a		<u> </u>
b	If "Yes," describe in Part II.									
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of property	for which column (a)	is checl	ked,				
	describe in Part II.									

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

Schedule M (Form 990) 2023

332142 09-11-23

SCHEDULE O (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.

2023
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

THE BOOT CAMPAIGN, INC.

Employer identification number 27-4980936

FORM 990, PART VI, SECTION A, LINE 8B:

NO COMMITTEE WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY

FORM 990, PART VI, SECTION B, LINE 11B:

THE ORGANIZATION WILL PROVIDE A FULL COPY OF THE FORM 990 TO ITS BOARD

MEMBERS TO REVIEW ONCE A DRAFT IS COMPLETE, PRIOR TO FILING WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

AT MONTHLY BOARD MEETINGS, MEMBERS ARE REQUIRED TO DISCLOSE ANY NEW OR

CHANGES TO EXISTING CONFLICTS OF INTEREST, INCLUDING, BUT NOT LIMITED TO,

RELATED PARTY DEALINGS.

FORM 990, PART VI, SECTION B, LINE 15A:

THE BOARD OF DIRECTORS REVIEWS THE PERFORMANCE OF THE CEO AND WHAT THE PAY

ADJUSTMENT SHOULD BE, BASED ON SEVERAL FACTORS. THE CEO REPORTS TO THE

BOARD AND ATTENDS ALL BOARD AND COMMITTEE MEETINGS VIRTUALLY AND IN PERSON.

THERE ARE EXPECTATIONS OF PERFORMANCE THAT ARE DISCUSSED AT THE BEGINNING

OF THE PERIOD AND ONGOING COMMUNICATIONS THAT EVALUATES THE PROGRESS

TOWARDS THOSE PERFORMANCE GOALS. AT THE END OF THE PERIOD, THE BOARD MEETS

TO DISCUSS THE PERFORMANCE AND REVIEWS WHAT LIKE ORGANIZATIONS BOTH IN SIZE

AND MISSION PAY THEIR EXECUTIVE STAFF. AFTER THIS REVIEW, A DETERMINATION

IS MADE AS TO THE PERFORMANCE AND PAY ADJUSTMENTS FOR THE COMING PERIOD. A

FORMAL EVALUATION IS HELD WITH THE CEO ANNUALLY. ALL DELIBERATIONS WERE

CONTEMPORANEOUSLY DOCUMENTED.

FORM 990, PART VI, SECTION C, LINE 19:

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 organ	ization	OT C	AMPAIGN	, I	NC.					Employer id 27 – 49	entification 980936	number
FINANCIAL	STATEMENTS	ARE	POSTED	то	THE	WEBSITE	AND	MADE	AV.	AILABLE	UPON	
REQUEST.												