

**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.

▶ Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

**A** For the 2021 calendar year, or tax year beginning , 2021, and ending , 20

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization **USS TURNER JOY REUNION GROUP**

Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**1330 THOMPSON STREET**

City or town, state or province, country, and ZIP or foreign postal code  
**CARSON CITY, NEVADA 89703-0605**

**D** Employer identification number **832432462**

**E** Telephone number **7758870147**

**F** Group Exemption Number ▶ **N/A**

**G** Accounting Method:  Cash  Accrual Other (specify) ▶

**H** Check  if the organization is not required to attach Schedule B (Form 990).

**I** Website: ▶ [www.TJRG-OffDocsforPubInsp.com](http://www.TJRG-OffDocsforPubInsp.com) (See Notes-SCHEDULE O)

**J** Tax-exempt status (check only one) —  501(c)(3)  501(c) ( 7 ) ◀ (insert no.)  4947(a)(1) or  527

**K** Form of organization:  Corporation  Trust  Association  Other **Veteran's Social Group**

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

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

Check if the organization used Schedule O to respond to any question in this Part I . . . . .

		1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21			
Revenue	1	Contributions, gifts, grants, and similar amounts received . . . . .																												7,209		
	2	Program service revenue including government fees and contracts . . . . .																												-0-		
	3	Membership dues and assessments . . . . .																													4,220	
	4	Investment income . . . . .																													42	
	5a	Gross amount from sale of assets other than inventory . . . . .																													-0-	
	b	Less: cost or other basis and sales expenses . . . . .																													-0-	
	c	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) . . . . .																														-0-
	6	Gaming and fundraising events:																														
	a	Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .																														-0-
	b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . .																														-0-
	c	Less: direct expenses from gaming and fundraising events . . . . .																														9,110
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .																														9,110
	7a	Gross sales of inventory, less returns and allowances . . . . .																														-0-
	b	Less: cost of goods sold . . . . .																														-0-
	c	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) . . . . .																														-0-
	8	Other revenue (describe in Schedule O) . . . . .																														129
	9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . ▶																														20,710
Expenses	10	Grants and similar amounts paid (list in Schedule O) . . . . .																													-0-	
	11	Benefits paid to or for members . . . . .																													-0-	
	12	Salaries, other compensation, and employee benefits <input checked="" type="checkbox"/> . . . . .																														-0-
	13	Professional fees and other payments to independent contractors <input checked="" type="checkbox"/> . . . . .																														22,615
	14	Occupancy, rent, utilities, and maintenance . . . . .																														-0-
	15	Printing, publications, postage, and shipping . . . . .																														3,630
	16	Other expenses (describe in Schedule O) <input checked="" type="checkbox"/> . . . . .																														69
17	<b>Total expenses.</b> Add lines 10 through 16 . . . . . ▶																														26,314	
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 9) . . . . .																													(5,604)	
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .																													20,809	
	20	Other changes in net assets or fund balances (explain in Schedule O) . . . . .																														-0-
	21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20 . . . . . ▶																														15,205

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

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments . . . . .	20,809	15,205
23 Land and buildings . . . . .	-0-	-0-
24 Other assets (describe in Schedule O) . . . . .	-0-	-0-
25 Total assets . . . . .	20,809	15,205
26 Total liabilities (describe in Schedule O) . . . . .	-0-	-0-
27 Net assets or fund balances (line 27 of column (B) must agree with line 21) . . . . .	20,809	15,205

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

What is the organization's primary exempt purpose? Sustain fraternal & historical interest for Turner Joy  
 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)
28 NONE	
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	28a -0-
29 NONE	
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a -0-
30 NONE	
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	30a -0-
31 Other program services (describe in Schedule O) . . . . . (Grants \$ NONE) If this amount includes foreign grants, check here <input type="checkbox"/>	31a -0-
32 Total program service expenses (add lines 28a through 31a) . . . . .	32 -0-

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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
LCDR JIM CHESTER USN(RET) PRES/TREAS USS TURNER JOY REUNION GROUP	50	-0-	NONE	-0-
CAPT F MIKE STOCKREITER USNR(RET) FIN REVIEWER/INTERNAL AUDITOR/EXCOM	15	-0-	NONE	-0-
TOD HALE ALTERNATE PRESIDENT EXCOM ADVISOR	25	-0-	NONE	-0-
CHAD JAMES ALTERNATE TREASURER EXCOM ADVISOR	8	-0-	NONE	-0-
LCDR DAVID LEVERENZ USNR(RET) NEWSLETTER EDITOR/EXCOM ADVISOR	18	-0-	NONE	-0-

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

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
35c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ <u>37a</u> -0-	<input type="checkbox"/>	<input type="checkbox"/>
b	Did the organization file Form 1120-POL for this year? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved . . . . . <u>38b</u> N/A	<input type="checkbox"/>	<input type="checkbox"/>
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 . . . . . <u>39a</u> -0-		
b	Gross receipts, included on line 9, for public use of club facilities . . . . . <u>39b</u> -0-		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ <u>N/A</u> ; section 4912 ▶ <u>N/A</u> ; section 4955 ▶ <u>N/A</u>		
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . ▶ <u>N/A</u>		
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ <u>N/A</u>		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
41	List the states with which a copy of this return is filed ▶ <u>STATE OF WASHINGTON (WHEN REQUESTED)</u>		
42a	The organization's books are in care of ▶ <u>LCDR JIM CHESTER USN(RET)</u> Telephone no. ▶ <u>7758870147</u> Located at ▶ <u>1330 THOMPSON STREET, CARSON CITY, NEVADA</u> ZIP + 4 ▶ <u>89703-0605</u>		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country ▶ <u>N/A</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here . . . . . ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <u>43</u>		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c	Did the organization receive any payments for indoor tanning services during the year? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . . 

	Yes	No
46		<input checked="" type="checkbox"/>

**Part VI Section 501(c)(3) Organizations Only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI . . . . .

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . . 

	Yes	No
47		<input checked="" type="checkbox"/>

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . . 

	Yes	No
48		<input checked="" type="checkbox"/>

49a Did the organization make any transfers to an exempt non-charitable related organization? . . . . . 

	Yes	No
49a		<input checked="" type="checkbox"/>

b If "Yes," was the related organization a section 527 organization? . . . . . 

	Yes	No
49b		<input checked="" type="checkbox"/>

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

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE	N/A	-0-	NONE	-0-

f Total number of other employees paid over \$100,000 . . . . . NONE -0-

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

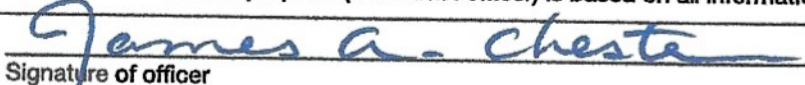
(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE	N/A	-0-

d Total number of other independent contractors each receiving over \$100,000 . . . . . NONE -0-

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A . . . . .  Yes  No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**

	Date <u>April 20, 2022</u>
Type or print name and title <u>JAMES A CHESTER PRES/TREAS USS TURNER JOY REUNION GROUP</u>	

**Paid Preparer Use Only**

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name	Firm's EIN		Phone no.	
Firm's address				

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

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2021

Name of the organization USS TURNER JOY REUNION GROUP

Employer identification number 832432462

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[x] 501(c)( 7 ) (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

[ ] 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.

[x] 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 . . . . . \$ 7,329

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).

Name of organization

USS TURNER JOY REUNION GROUP

Employer identification number

8324324621

**Part I** Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	LCDR JIM CHESTER USN (RET) 1330 THOMPSON STREET CARSON CITY, NEVADA 89703-0605	\$ 1,909	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	WILLIAM HARRIS 2 KIRK CIRCLE BELLA VISTA, ARKANSAS 77215-2808	\$ 1,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	HOMER G. ROBERTS 3069 ARBOR DRIVE EDGEWOOD, KENTUCKY 41017-2356	\$ 1,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	RICHARD D. ALEXANDER 347 VISTA BAYA COSTA MESA, CALIFORNIA 92627-1808	\$ 500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	CDR MICHAEL G. AUSTIN USN (RET) 75 HOWARD FARM ROAD SHEPHERDSTOWN, WV 25443	\$ 500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	CAPT RICHARD H. JONES USN (RET) 3840 SIDESTREET ATLANTA, GEORGIA 30341	\$ 500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>USS TURNER JOY REUNION GROUP</b>	Employer identification number <b>8324324621</b>
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**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
7	CAPT JEFFREY RICHARD USN (RET) 55 WAMSUTTA LANE PORTSMOUTH, RHODE ISLAND 02871	\$ 280	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	JOHN H. NUGENT 440 N. GRANT STREET ELLSWORTH, WISCONSIN 54011	\$ 200	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	DARRELL K. CRAHILL 13207 LAKEVIEW DRIVE LEO, INDIANA 46725-9676	\$ 100	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	VADM EDWARD S. BRIGGS USN (RET) 16916 HIERBA DRIVE APT 111 SAN DIEGO, CALIFORNIA 92128	\$ 100	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	CHARLES NAGLE 617 15TH STREET SILVIS, ILLINOIS 61282	\$ 100	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	CAPT F MIKE STOCKREITER USNR (RET) 3031 APPLGATE LANE GLENVIEW, ILLINOIS 60025	\$ 100	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

USS TURNER JOY REUNION GROUP

Employer identification number

8324324621

**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
13	RICHARD G. SOMMERS 596 EAST 1ST STREET RIGBY, IDAHO 83442-49206	\$ 100	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	CAPT WILLIAM DONGES USNR (RET) 4890 BELLEWOOD PARK DUNWOODY, GEORGIA 30338-4045	\$ 100	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	ROBERT E. DUIRKEE 3207 TURNBERRY PORT HURON, MICHIGAN 48060	\$ 60	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	JONATHAN LITTMAN 111 ALAN-A-DALE CREEK DENTON, TEXAS 76209	\$ 40	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	MARVIN MIDDLESTAT 224 GUM HOLLOW ROAD OAK RIDGE, TENNESSEE 37830	\$ 25	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	ALFRED C. LOPEZ 1130 MOUNTAIN AVENUE LAS CRUCES, NEW MEXICO 88001-2747	\$ 20	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization <b>USS TURNER JOY REUNION GROUP</b>	Employer identification number <b>8324324621</b>
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**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
19	ARTHUR BILDERBACK ----- 7821 BELGRAVE AVENUE ----- GARDEN GROVE, CALIFORNIA 92841 -----	\$ _____ 20	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	ROBERT MEYERS ----- 1875 TALUS LOOP ----- TWIN FALLS, IDAHO 83301 -----	\$ _____ 20	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	WYLIE E. BLEVINS, SR. ----- 9033 SHAFFER ROAD ----- NORTH JACKSON, OHIO 44451 -----	\$ _____ 15	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	DAVID ARNDT ----- 1602 GISHWILLER STREET., APT 4 ----- SAC CITY, IOWA 50583 -----	\$ _____ 10	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	CAPT OSCAR J. HICKOX USN (RET) ----- P.O. BOX 60 ----- KINVALE, VIRGINIA 22488 -----	\$ _____ 10	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-	PART I -- PAGES 1 THROUGH 4 ----- TOTAL CONTRIBUTIONS ----- -----	\$ _____ 7,209	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>USS TURNER JOY REUNION GROUP</b>	Employer identification number <b>832432462</b>
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**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-	NONE ----- ----- -----	\$ NONE	N/A
-----	----- ----- ----- -----	\$ -----	-----
-----	----- ----- ----- -----	\$ -----	-----
-----	----- ----- ----- -----	\$ -----	-----
-----	----- ----- ----- -----	\$ -----	-----
-----	----- ----- ----- -----	\$ -----	-----
-----	----- ----- ----- -----	\$ -----	-----

Name of organization **USS TURNER JOY REUNION GROUP** Employer identification number **832432462**

**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 information once. See instructions.) ▶ \$ 120  
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
1	SUSTAINMENT OF THE USS TURNER JOY REUNION GROUP	DISCRETION OF USE OF FUNDS FOR 501 C 7 VETERAN'S SOCIAL GROUP OPERATIONS BY EXCOM DETERMINATION	\$100 CASH HELD IN TJRG NFCU BANK ACCOUNTS

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
SUSANNA GIBBONS 2258 OAKDALE AVENUE SIMI VALLEY, CALIFORNIA 93063-5043	WIDOW OF USS TURNER JOY CREWMEMBER AND TJRG MEMBER

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
2	SUSTAINMENT OF THE USS TURNER JOY REUNION GROUP	DISCRETION OF USE OF FUNDS FOR 501 C 7 VETERAN'S SOCIAL GROUP OPERATIONS BY EXCOM DETERMINATION	\$20 CASH HELD IN TJRG NFCU BANK ACCOUNTS

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
SANDY RUFF 3590 NW LEHMAN PLACE BEAVERTON, OR 97006-7207	WIDOW OF USS TURNER JOY CREWMEMBER AND TJRG MEMBER

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

**SCHEDULE O  
(Form 990)**

**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

**2021**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Open to Public  
Inspection

Name of the organization  
USS TURNER JOY REUNION GROUP

Employer identification number  
832432462

FORM 990EZ PART I, LINE I - CONTRIBUTIONS. DURING CALENDAR YEAR (CY) 2021, A REUNION WAS HELD IN BREMERTON, WA & WE HAD MANY CANCELLATIONS DUE TO DELTA VARIANT OF COVID 19. REUNION REVENUES AMOUNTED TO \$ 9,110 & REUNION EXPENSES AMOUNTED TO \$20,676, [WITH ONE EXCEPTION TO BE EXPLAINED]. OVERALL LOSS [BEFORE THE EXCEPTION] WAS \$ 11,566. A CONTRACT MADE BEFORE THE REUNION ON HOTEL RATE REDUCTION INCENTIVE WAS REPORTED LATER NULL AND VOID DURING REUNION. AFTER THE REUNION, AN INTERNAL AUDIT WAS DONE FOR THE MAJOR EVENT & REPORTED TO THE TJRG. JUST BEFORE WE PUBLISHED THE 11-14-21 21MC NEWSLETTER, THE HOTEL REPORTED THAT THEY HAD MADE AN ERROR ON HOTEL RATE REDUCTION CHARGES & BILLED US \$1,991. THESE LATE HOTEL RATE REDUCTION CHARGES WERE DISCUSSED BY EXECUTIVE COMMITTEE (EXCOM) & IT WAS DECIDED BY QUOROM VOTE TO HANDLE THIS ADDITIONAL REUNION EXPENSE OUTSIDE THE NORMAL ACCOUNTING PROCESS FOR MAJOR EVENT, BUT DISCLOSED TO TJRG MEMBERSHIP IN THE SAME NEWSLETTER ON PAGE 9. ANOTHER INTERNAL AUDIT WAS DONE WITH THE HOTEL & \$1,830 OF THOSE HOTEL RATE REDUCTION EXPENSES WERE FOUND TO BE VALID. TJRG CONTRIBUTIONS OF \$ 1,830 WERE MADE DURING THE COURSE OF THE INTERNAL AUDIT, & ALL WAS COMPLETE IN CY 2021 NLT 12-24-2021. SINCE THIS WAS OUTSIDE THE NORMAL ACCOUNTING PROCESS, THEN FOR NON-PROFIT FINANCIAL REPORTING PURPOSES, A SEPARATE STATEMENT OF ACTIVITIES WAS INCLUDED IN THE 2021 FINANCIAL STATEMENTS TO TJRG MEMBERSHIP. FOR 2021 NON-PROFIT FINANCIAL REPORTING PURPOSES, PART I, LINE I AMOUNT IS AS FOLLOWS:

NORMAL TJRG MEMBER DONATIONS IN CY 21 OUTSIDE OF REUNION REVENUES: \$ 5,379 --MATCHES 2021 TJRG FINANCIAL STMTS

TJRG MEMBER DONATIONS IN CY 21 FOR HOTEL RATE REDUCTION: \$ 1,830 --SEPARATE ACCOUNTING EXCOM VOTE

TOTAL TJRG MEMBER CONTRIBUTIONS IN CY 201: \$ 7,209 -- THIS FIGURE EQUALS THE FORM 990EZ

PART I [TJRG MEMBERSHIP] CONTRIBUTIONS REPORTED IN SCHEDULE B (FORM 990) (2021).

FORM 990EZ PART I, LINE 3. MEMBERSHIP DUES & ASSESSMENTS. \$ 4,220 -- EQUALS AMOUNT ON 2021 TJRG FINANCIAL STMTS.

FORM 990EZ PART I, LINE 6b. GROSS INCOME FROM FUNDRAISING EVENTS. \$ 9,110 -- EQUALS AMOUNT 2021 TJRG FINANCIAL STMTS.

FORM 990EZ PART I, LINE 8. \$129 -- TOTAL AMOUNTS ARE BROKEN DOWN AS FOLLOWS:

OUTSIDE MEMBER DONATIONS FOR CY 2021: \$120 -- EQUALS PART III, SCHEDULE B (FORM 990) (2021); ALSO EQUALS

AMOUNT REPORTED IN 2021 TJRG FINANCIAL STMTS

CASH REFUND ON EXPENSES FOR CY 2021: \$ 9 -- EQUALS AMOUNT REPORTED IN 2021 TJRG FINANCIAL STMTS.

TOTAL OTHER REVENUE, LINE 8 \$129. --FORM 990EZ

SCHEDULE B (FORM 990) SPECIAL RULES--DOLLAR AMOUNT \$7,329. TOTAL EQUALS \$5,379+\$1,830+\$120!

Name of the organization USS TURNER JOY REUNION GROUP	Employer identification number 832432462
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FORM 990EZ, PART I, LINE 13. PROFESSIONAL FEES & OTHER PAYMENTS TO INDEPENDENT CONTRACTORS. \$22,615.

THIS AMOUNT IS AS FOLLOWS:

REUNION EXPENSES FOR CY 2021 REPORTED IN 11-14-2021 21MC NEWSLETTER:	\$20,676
TJRG MEMBER DONATIONS FOR HOTEL RATE REDUCTION EXPENSES PER INTERNAL AUDIT IN CY 2021: \$ 1,830 --REPORTED FIN STMT	
2ND BACK UP HOTEL FOR REUNION -- GENERAL ADMINISTRATIVE CONTRACT COST:	\$ 109 --REPORTED FIN STMT
TOTAL REUNION EXPENSES PAID TO INDEPENDENT CONTRACTORS IN CY 2021:	\$22,615

FORM 990EZ, PART I, LINE 16. OTHER EXPENSES. \$ 69.

THIS AMOUNT IS AS FOLLOWS:

WA YEARLY STATE FILING FEE:	\$ 60 -- REPORTED IN 2021 FINANCIAL STMT
TJ HISTORICAL PROJECT COST:	\$ 9 -- REPORTED IN 2021 FINANCIAL STMT
TOTAL OTHER EXPENSE IN CY 2021:	\$ 69

FORM 990EZ PART II. EQUALS STATEMENT OF FINANCIAL POSITION FOR CY'S FINANCIAL STMTS 2020 & 2021 RESPECTIVELY.

FORM 990EZ PART III, PART IV & PART V, LINE 33/34. NOTE! DURING CY 2021, WEB SITE FOR CY 2021 LOST DUE TO COPYRIGHT

INFRINGEMENT/POSSIBLE COPYRIGHT THEFT, MAKING IT HARDER TO SUSTAIN FRATERNAL & HISTORICAL INTEREST FOR

USS TURNER JOY. VOLUNTEER OFFICERS IN PART IV ARE HAVING TO WORK LONGER HOURS TO CORRECT THIS PROBLEM, WHICH

INCLUDES LOSS OF OFFICIAL DOCUMENTS FOR PUBLIC INSPECTION THAT WAS ATTACHED TO OUR PREVIOUS WEBSITE. A SPECIAL

FUNDRAISER IN CY 2022 HAS BEEN MADE, TO CONTRACT FOR NEW WEB SITE JUST FOR OFFICIAL DOCUMENTS FOR PUBLIC

INSPECTION TO SUSTAIN FULL COMPLIANCE WITH THE IRS & THE STATE OF WASHINGTON CORPORATIONS & CHARITIES

DIVISION. CONTRACT FOR NEW WEB SITE FOR OFFICIAL DOCUMENTS FOR PUBLIC INSPECTION SIGNED 4-15-2022. TO BE

OPERATIONAL PER CONTRACT NLT APRIL 30, 2022, WITH ALL DOCUMENTS POSTED, INCLUDING 2021 FORM 990EZ & RELATED

SCHEDULES, WASHINGTON STATE YEARLY FINANCIAL REPORT 2021, 2021 COMPLIANCE INTERNAL AUDIT REPORT, 2021 FINANCIAL

INTERNAL AUDIT REPORT DATED 3-30-2022 FOR CY 2021, AUDITED FINANCIAL STATEMENTS TO INCLUDE: STATEMENT OF FINANCIAL

POSITION AS OF 12-31-2021; STATEMENT OF ACTIVITIES BY CATEGORY FOR CY 2021; STATEMENT OF ACTIVITIES BY DATE GROUPS

FOR CY 2021; [SEPARATE] STATEMENT OF ACTIVITIES FOR REUNION--LATE CONTRACT ACTIVITY PREVIOUSLY UNDERSTOOD TO BE

NULL & VOID FOR CY 2021; STATEMENT OF CASH FLOWS AND BALANCES FOR CY 2021; & NOTES TO THE FINANCIAL

STATEMENTS FOR CY 2021. INTERNAL AUDIT REPORTS FOR CY 2021 & FINANCIAL STMTS TO BE PUBLISHED IN 4-12-2022 21MC

NEWSLETTER TO TJRG MEMBERSHIP. FOLLOW ON NEWSLETTERS TO HAVE MORE DETAILS TO MEMBERSHIP ON NEW WEB SITE.

OFFICIAL DOCUMENTS FOR PUBLIC INSPECTION RESUMES APRIL 30, 2022 PER CONTRACT!