# **Client Copy**

Prepared by:



# Form **990-EZ**

### **Short Form** Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2018

OMB No. 1545-1150

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

A	For the	e 2018 calendar year, or tax year beginning and ending	_		
B	Check i	C Name of organization	In E-	nnlover i	dontification number
		ress change	D Employer identification number		
	_	OPERATION TEAMMATE, INC.	01 1	271045	
	Initia	Number and street (or P.O. box, if mail is not delivered to street address)  Room/suit	FT	elephone	271945
	Final	return/ 804 OCEAN FOREST LANE, SUITE 321			
		City or town, state or province, country, and ZIP or foreign postal code			884-6512
Ε	Appli	cation pending AUGUSTA, GA 30907	100	roup Exei	•
G		nting Method: X Cash		umber 🕨	
		te: WWW.OPERATIONTEAMMATE.ORG			if the organization is
J	Tax-ex	xempt status (check only one) — X 501(c)(3) 501(c) ( ) ◀(insert no.) 4947(a)(1) or 52		•	d to attach Schedule B
K	Form o	of organization: X Corporation Trust Association Other	11 (1	VIIII 990,	, 990-EZ, or 990-PF).
		nes 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Pa	+ II		
ألسي	colum	n (B)) are \$500,000 or more, file Form 990 instead of Form 990-FZ	. 11,	<b>P</b> C	13,047.
P	art I	n (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ  Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the ins	ruction	ns for Par	13,047.
		Check if the organization used Schedule O to respond to any question in this Part I			<b>X</b>
	1	Contributions, gifts, grants, and similar amounts received		1	13,047.
	2	Program service revenue including government fees and contracts		2	13,047.
	3	Membership dues and assessments		3	
	4	Investment income		4	
	5a	Gross amount from sale of assets other than inventory 5a			
	b	Less; cost or other basis and sales expenses 5b			
	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
	6	Gaming and fundraising events:	- 00		
<u>o</u>	a	Gross income from gaming (attach Schedule G if greater than			
enn		\$15,000) 6a			
Revenue	b	Gross income from fundraising events (not including \$ of contributions		1	
-		from fundraising events reported on line 1) (attach Schedule G if the sum of such			
		gross income and contributions exceeds \$15,000) 6b			
	C	Less: direct expenses from gaming and fundraising events 6c			
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	
	7 a	Gross sales of inventory, less returns and allowances 7a	110000000		
	b	Less: cost of goods sold 7b			
	C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	22442542	7c	
	8	Other revenue (describe in Schedule 0)		8	
_	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	13,047.
	10	Grants and similar amounts paid (list in Schedule 0)		10	
	11	Benefits paid to or for members		11	
ės	12	Salaries, other compensation, and employee benefits		12	
ens	13	Professional fees and other payments to independent contractors		13	2,548.
Expenses	14	Occupancy, rent, utilities, and maintenance		14	2,431.
щ	15	Printing, publications, postage, and snipping		15	66.
	16	Other expenses (describe in Schedule O)		16	13,967.
-	17	Total expenses. Add lines 10 through 16	. >	17	19,012.
ţ	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-5,965.
Net Assets	19	Net assets or fund balances at beginning of year (from line 27, column (A))			
tΑ		(must agree with end-of-year figure reported on prior year's return)	*******	19	1,014.
Š	20	Other changes in net assets or fund balances (explain in Schedule 0)		20	0.
_	21	Net assets or fund balances at end of year. Combine lines 18 through 20	<b></b>	21	-4,951.
LH/	₹ For	Paperwork Reduction Act Notice, see the separate instructions.			Form <b>990-EZ</b> (2018)

Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Sch. O to respond to any question in this Part V X Yes No 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 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended 33 Х documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) 35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported X on lines 2, 6a, and 7a, among others)? **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 35a X N/A c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax 35b requirements during the year? If "Yes," complete Schedule C, Part III X Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," 35c 36 complete applicable parts of Schedule N ..... 37a Enter amount of political expenditures, direct or indirect, as described in the instructions \_\_\_\_\_\_ 37a X b Did the organization file Form 1120-POL for this year? 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made 37b Х in a prior year and still outstanding at the end of the tax year covered by this return? X b If "Yes," complete Schedule L, Part II and enter the total amount involved 38a 5,174. Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9 N/A b Gross receipts, included on line 9, for public use of club facilities N/A 40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: 0 . ; section 4912 ► \_\_\_\_\_ 0 . ; section 4955 ► 0. 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 X 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 d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization \_\_\_\_\_\_ e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed FGA 42a The organization's books are in care of ► TIMOTHY MONTJOY Telephone no.  $\triangleright 844 - 884 - 6512$ Located at ► 804 OCEAN FOREST LANE, SUITE 321, AUGUSTA, GA ZIP+4 ► 30907 **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 Yes No 42b X If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the United States? X If "Yes," enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year Yes No 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a X **b** Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44b X c Did the organization receive any payments for indoor tanning services during the year? 44c d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44d 45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a X **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

46 Did ti	Oe Organization engage dispathy or indirectly in the control of			81-1271		Yes	No
If "Ye	ne organization engage, directly or indirectly, in political campaign activiti s," complete Schedule C, Part I	es on behalf of or in oppositi	on to candidates for p	ublic office?	hžik.	Ht.	
Part V	s," complete Schedule C, Part I Section 501(c)(3) Organizations Only		****!		46	100.1	X
	All section 501(c)(3) organizations must appropriate to						
V	All section 501(c)(3) organizations must answer questions 47 Check if the organization used Schedule O to recognize	49b and 52, and comple	te the tables for lin	es 50 and 51.			42.00
	Check if the organization used Schedule O to respond to any	y question in this Part VI					
47 Did th	ne organization engage in lobbying activities or bayon poetics. Editable to	N N 2 2				Yes	
					47		X
49 a Did th	ne organization make any transfers to an exempt non-charitable related or s," was the related organization a section 527 organization?	Controllers Schedule F			48		X
					49a		X
			······································	L	49b		
than S	\$100,000 of compensation from the organization. If there is none, enter "I	None "	rs, trustees, and key e	mployees) who ea	ch rec	eived	more
	(a) Name and title of each employee	(b) Average hours	(a) n	I(d)	1		-
		per week devoted to	(C) Reportable compensation (Forms	(d) Health benefits, contributions to		Estimate of	
	NONE	position	W-2/1099-MISC)	employee benefit plans, and deferred		npensa	
				compensation			
					-		
					i i		
	All and the second seco						_
				1			
		DS=-11					
f Total o	number of other employees paid over \$100,000						
outipi	ete this table for the organization's five highest compensated independent zation. If there is none, enter "None." NONE	t contractors who each rece	ved more than \$100,0	000 of compensat	on fro	m the	
(a	) Name and business address of each independent contractor	T (b)	Type of service				
		1-7	1770 01 001 1100	(0) (0	mpen	sauon	-
	The state of the s						
				1			
						_	
				3			
d Total n	umber of other lade and a						
2 Did the	umber of other independent contractors each receiving over \$100,000		▶				_
comple	organization complete Schedule A? Note: All section 501(c)(3) organizated Schedule A	tions must attach a					
nder penalti	ted Schedule A			► X	Yes		No
	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	nanving echadulae and etete.	mande and to the term		and b	elief, it	is
1	and complete. Declaration of preparer (other than officer) is based on all	information of which prepare	er has any knowledge.	8 1			
ign	Signature of officer			02/19/1	9		
lere	TIMOTHY MONTJOY, PRESIDENT		7	Date t	1		
	Type or print name and title						
	Print/Type preparer's name Preparer's signature	Tou		=======================================			
		Date	Check	if PTIN			
			and the second s	- 15 St.			
	1/1/2/		self- employe				
reparer	RICK L. EVANS	02/19	/19	P0001			
reparer	RICK L. EVANS  Firm's name SEROTTA MADDOCKS EVANS	1644 02/19 CPAS	/19 Firm's EIN	P0001 ►58-1107	69	7	_
reparer	RICK L. EVANS  Firm's name SEROTTA MADDOCKS EVANS,  Firm's address > 2743 PERIMETER PARKWAY	1644 02/19 CPAS	/19	P0001	69	7	_
reparer se Only	RICK L. EVANS  Firm's name ▶ SEROTTA MADDOCKS EVANS,  Firm's address ▶ 2743 PERIMETER PARKWAY  AUGUSTA, GA 30909	CPAS CPAS 100 St	/19 Firm's EIN	P0001 ►58-1107 706-722-	69° -533	7	_
aid reparer se Only	RICK L. EVANS  Firm's name SEROTTA MADDOCKS EVANS,  Firm's address > 2743 PERIMETER PARKWAY	CPAS CPAS 100 St	/19 Firm's EIN	P0001 ►58-1107 706-722-	69	7 3 7	No

Form 990-EZ (2018)

#### **SCHEDULE A**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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.

OMB No. 1545-0047

Quen to Public

Inspection

Name of the organization

Employer identification number

F	art I	Reason for Publ	ic Charity Statu	AMMATE, INC. S (All organizations must		12.12.1	1172		81-1271945
Th	e organ	nization is not a private fo	undation has a	(All organizations must	complete	this part.)	See instructions	3.	
	1	A church convention of	f sharehar	is: (For lines 1 through 12	, check on	ly one box	k.)		
		A school described in	churches, or associ	ation of churches describ	ed in sect	ion 170(b	)(1)(A)(i).		
		A bospital as a second	ection 170(b)(1)(A)(i	i). (Attach Schedule E (Fo	rm 990 or	990-EZ).)			
2		A modical research	tive nospital service	organization described in	section 1	70(b)(1)(A	)(iii).		
্র		A medical research org	anization operated in	conjunction with a hospi	tal describ	ed in sect	ion 170(b)(1)(A)	(iii). Ent	er the hospital's name
5	• —	An organization operate	ed for the benefit of a	college or university own	ed or oper	rated by a	governmental u	nit desc	ribed in
		41)(A)(1)	J. (Complete Part II.)						
6		A federal, state, or local	government or gove	rnmental unit described i	section	170(b)(1)(	A)(v).		
7	X	An organization that no	rmally receives a sub	stantial part of its suppor	t from a go	vernment	al unit or from th	ne dener	al public described in
			· (Complete Fait II.)					io geriei	ai public described ifi
8		A community trust desc	ribed in section 170	<b>(b)(1)(A)(vi).</b> (Complete Pa	art II.)				
9		An agricultural research	organization describ	ed in section 170(b)(1)(A	Mix) opera	ited in con	iunction with a l	land-arai	nt collogo
		or university or a non-lar	nd-grant college of ac	riculture (see instructions	s). Enter th	е пате с	itv and state of	the colle	nt college
		arnverbity.							
10		An organization that nor	mally receives: (1) me	ore than 33 1/3% of its su	pport from	n contribu	tions members	nin foor	and gross resolute (
			wombe ignorions - ant	noci io certain exception:	s. and (2) r	na mara th	an 33 1/20/ at:	+	
		meeting and annotated p	daniess taxable incol	me (less section 511 tax)	from busin	esses aco	uired by the ord	ranizatio	n after lune 20, 1075
		00000011000(4)(2). (	Complete Fait III.)					janizatio	marter ourie 30, 1975.
11	$\vdash$	An organization organize	ed and operated excl	usively to test for public s	afety. See	section 5	509(a)(4).		
12		An organization organize	ed and operated excl	usively for the benefit of.	to perform	the functi	ione of orto on	rry out th	Te nurnoses of one or
		more publicly supported	organizations descri	ided in section 509(a)(1)	or section	509(2)(2)	See section E	00/~\/2\	Check the box in
		This is a strong in the strong in	iai describes the type	or supporting organizati	on and co	mplete line	es 12e 12f and	120	
	a	J Type I. A supporting of	rganization operated	, supervised, or controlled	d by its sur	pported or	rganization(e) to	nically b	ny aivina
		the supported organiz	ation(s) the power to	regularly appoint or elect	a majority	of the dire	ectors or trustee	s of the	Supporting
	_	organization. Fourmus	st complete Part IV,	Sections A and B.					
t	·	Type II. A supporting of	organization supervis	ed or controlled in conne	ction with	its suppor	ted organization	ı(s), by h	avina
		control of managemen	it of the supporting o	rganization vested in the .	same pers	ons that c	ontrol or manag	e the su	nnorted
		organization(s). You m	ust complete Part I	V, Sections A and C.					
C	:	Type III functionally in	ntegrated. A support	ing organization operated	l in connec	ction with.	and functionally	/ integra	ted with
	_	ns supported organiza	tion(s) (see instructio	ns). You must complete	Part IV, S	ections A	D. and F		
C	l L	I Type III non-function	ally integrated. A sup	porting organization ope	rated in co	nnection	with its support	ed organ	nization(e)
		triat is not functionally	integrated. The organ	nization generally must sa	itisfy a dist	tribution re	anuirement and	an atten	tiveness
	_	requirement (see instit	ictions). You must co	omplete Part IV, Section	s A and D	. and Part	· V		
е	<u> </u>	I Check this box if the oi	rganization received :	a written determination fro	om the IRS	that it is:	a Type I Type II	Type II	Ī
		iunctionally integrated,	or Type III non-funct	ionally integrated support	ting organi	zation	4 . ) po 1, 1 ypc 11	, rype m	
f		the number of supported	d organizations	PROFITATION OF THE RESPONSE WOOD POSTER					
9	Provi	de the following informat	ion about the suppor	ted organization(s).			******************		
	(1)	Name of supported	(ii) EIN	(iii) Type of organization	(iv) is the orga	anization listed ing document?	(v) Amount of m	onetary	(vi) Amount of other
_		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see inst	ructions)	support (see instructions)
-									
(tourse	0								
Tota	l								

Schedule A (Form 990 or 990-EZ) 2018 OPERATION TEAMMATE, INC.

| Part II | Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2014	<b>(b)</b> 2015	(a) 2010	/ n 20/m	A STATE THE STATE OF	20000110 200 200
	Gifts, grants, contributions, and	14/2311	(6) 2013	(c) 2016	(d) 2017	(e) 2018	(f) Total
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-					13,047.	13,047.
	ization's benefit and either paid to			1			
	or expended on its behalf	1		1			
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3					1,500.	1,500.
5	The portion of total contributions					14,547.	14,547.
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11.						
	column (f)			1			
6	Public support. Subtract line 5 from line 4.						8,451.
Sec	ction B. Total Support						6,096.
	ndar year (or fiscal year beginning in)	(a) 2014	# > 004F	7 5-25-			
7	Amounts from line 4	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
8	Gross income from interest,					14,547.	14,547.
_	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	)					
9	Net income from unrelated business						
_	activities, whether or not the						
	business is regularly carried on					ľi	
10	Other income. Do not include gain						
	or loss from the sale of capital						
			==				
	assets (Explain in Part VI.)						
	Total support. Add lines 7 through 10						14,547.
12	Gross receipts from related activities,	∍tc. (see instructio	ons)	*********************		12	
13	First five years. If the Form 990 is for	the organization's	first, second, third	l, fourth, or fifth ta	x year as a sectio	on 501(c)(3)	
Sec	tion C. Computation of Public	c Support Pou	oontoo				× X
14	organization, check this box and stop tion C. Computation of Public Public support percentage for 2018 (iii	oupport Fer	centage				
	. abile dapport percentage for 2016 (III	ie o, column (r) alv	vided by line 11 ca	nlumn (f\)		14	%
IGa	Public support percentage from 2017	Schedule A, Part I	II, line 14			15	%
ou	33 1/3% support test - 2018. If the or	ganization did not	t check the box on	line 13, and line 1	4 is 33 1/3% or n	nore, check this box	and
h	stop here. The organization qualifies a	s a publicly suppo	orted organization			***************************************	
72	and <b>stop here.</b> The organization qualifi	es as a publicly si	upported organiza	tion			
	in a second and an administrations feet	<b>- 20 io.</b> ii tile orga	unzation did not cr	neck a box on line.	13 16a or 16b d	and line 14 in 100/	
	and it the organization meets the Tacts	s-and-circumstand	es" test, check thi	e hav and atom be	ma Evalaia in D		
	mooto the lacts and circumstances to	est. The organizat	ion qualifies as a p	ublicly supported.	organization		
	india and on outlistances test	- <b>2017.</b> II tile orga	illization did not ch	ieck a hox on line i	13 16a 16b or 1	170 and line 15 :- 10	% or
	more, and it the organization meets the	Tacts-and-circun	nstances" test iche	ack this hav and a	to make the Constant	5- D 1301	
,	organization meets the Tacts-and-circu	imstances" test. T	he organization or	ialifies as a publici	V supported orga	pization	
<u> </u>	Private foundation. If the organization	aid not check a b	ox on line 13, 16a,	16b, 17a, or 17b,	check this box a	nd 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	ection A. Public Support	below, please com	ipiete Part II.)				
Cal	endar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(-) 2010		1	
	Gifts, grants, contributions, and	12/	(b) 2013	(c) 2016	(d) 2017	(e) 2018	(f) Total
	membership fees received. (Do not			1			
	include any "unusual grants.")						
2					1		
_	merchandise sold or services per-						
	formed, or facilities furnished in						li li
	any activity that is related to the						
_	organization's tax-exempt purpose					Maria M	l)
3	tilat						
	are not an unrelated trade or bus-					1	
	iness under section 513					ly .	
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to			1		3	
	or expended on its behalf			)			
5							
	furnished by a governmental unit to						
	the organization without charge		ľ				
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
7 6							
	3 received from disqualified persons						
	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					1	
C	: Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🖊	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(=) 2010	
9	Amounts from line 6	1 1	12/20,0	(0) 2010	(a) 2017	(e) 2018	(f) Total
10a	Gross income from interest.	FE-1					
	dividends, payments received on					l l	
	securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
_	(less section 511 taxes) from businesses	1					
	acquired after June 20, 1075			1			
	acquired after June 30, 1975						
_ C 11	Add lines 10a and 10b						
• •	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is				1		
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for t	the organization's	first seemed thind	f III est			
	First five years. If the Form 990 is for t check this box and stop here	no organization s	ilist, second, third	, tourth, or fifth tax	k year as a sectior	n 501(c)(3) organiza	tion,
Sec	tion C. Computation of Public	Support Por	contago				<b>&gt;</b>
15	Public support percentage for 2018 (lin	o 8 column (f) di	centage				
16	Public support percentage from 2017 S	e o, column (I), an				15	%
ec	tion D. Computation of Invest	ment Incomo	Dorgontono			16	%
17	Investment income percentage for 201	9 /line 10s salves	rercentage				
ıs i	Investment income percentage for 201	s (line Toc, column	n (t), divided by line	e 13, column (f))		17	%
	mivestifient income percentage from 20	717 Schedule A. P.	art III. line 17			18	
	oo 17070 Support tests - 2018. If the 0	rganization did no	t check the box or	line 14 and line	15 is more than 20	3 1/3%, and line 17	is not
	more triain do 17570, check this box and	istop here. The o	rganization qualifie	s as a publicly sur	prorted ergenizet	ia-	
Ю.	o 1/3% support tests - 201/. If the or	rganization did no	t check a box on li	ne 14 or line 10e	and line 40 !-		
•	me to is not more than 35 1/3%, theth	K this box and stor	<b>o here</b> . The organi	ration qualifies as	a publish a	41	
U	Private foundation. If the organization	did not check a be	ox on line 14, 19a,	or 19b, check this	box and see inst	ructions	

### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

	A B CO		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing		res	NO
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
^	class of purpose, describe the designation. If historic and continuing relationship, explain	1		
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			
2-	organization was described in section 509(a)(1) or (2).	2		
Зa	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	-		
	(b) and (c) below.	3a		
D	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.	3b		
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If tes, explain in Part VI what controls the organization put in place to ensure such use	3с		
ła	was any supported organization not organized in the United States ("foreign supported organization")? If			
	res, and it you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	and discretion in deciding whether to make grants to the foreign	- 14		
	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	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination	40		_
	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 an support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes.	4c		
3	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"	70		_
	answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and FIN			
	numbers of the supported organizations added, substituted, or removed: (ii) the reasons for each such action:	V		
	(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).	F-0		
)	Type I or Type II only. Was any added or substituted supported organization part of a class already	5a		-
	designated in the organization's organizing document?			
;	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5b		
	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	5c	-	-
	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.			
	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor	6		
	(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 or 990-EZ).	-		
	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	7		
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).			
1	Was the organization controlled directly or indirectly at any time during the tax year by one or more	8		
	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.			
)	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which	9a		
	the supporting organization had an interest? If "Yes," provide detail in Part VI.			
;	Did a disqualified person (as defined in line 9a) baye on average in the second	9b		
8	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
י ינ	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
	Was the organization subject to the excess business holdings rules of section 4943 because of section			- 30.
•	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.			
	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	10a		
ו (ו				

10b

Scl	art IV   Supporting Organizations (continued)	81-12719	/ E	
- 50	art IV Supporting Organizations (continued)	01 12/19	#3 I	age 5
11	Has the organization accepted a site		Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls gither along automatic.			1.10
	of inductive controls, elitier alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?  A family member of a person described in (a) above?	11a		
	A 35% controlled entity of a person described in (a) above?	11b		
Se	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.  Ction B. Type I Supporting Organizations	11c		
	Je supporting organizations			
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		Yes	No
	regularly appoint or elect at least a majority of the organization's 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,	*.0		
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year			
2	Did the organization operate for the benefit of any supported organization other than the supported	1	-	-
	organization(s) that operated, supervised, or controlled the supporting organization? If "Von " explain in	No.	1	
	Fait VI now providing such benefit carried out the purposes of the supported organization(s) that operated			
_	supervised, or controlled the supporting organization.			
Sec	tion C. Type II Supporting Organizations	2	-	
			Vac	
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		Yes	No
	of 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			
200	the supported organization(s).	1		
360	tion D. All Type III Supporting Organizations	•		
1	Did the organization provide to seek at the	84 - 1	Yes	No
	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			
2	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
-	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			
3	the organization maintained a close and continuous working relationship with the supported organization(s).  By reason of the relationship described in (s).	2		
	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization is a significant voice in the organization of the organization is a significant voice in the organization of the organization			
	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.			
Sec	tion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see inst			
а	The organization satisfied the Activities Test. Complete line 2 below.	ructions).		
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 government entity.			
2	Activities Test. Answer (a) and (b) below.	' (see instructions)	).	
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		Yes	No
	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.			
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	2a		
	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.			
3	Parent of Supported Organizations. Answer (a) and (b) below.	2b	-	
	50.1.0			

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each

trustees of each of the supported organizations? Provide details in Part VI.

3a

Sch	edule A (Form 990 or 990-EZ) 2018 OPERATION TEAMMATE, IN	C.		81-1271945 Page
1	Type in Non-1 unctionally integrated 509(a)(3) Supporti	ng Orgar	ITATIONO	
	Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organization	ng trust on	Nov. 20, 1970 (explain in	Part VI.) See instructions
	The service reality integrated supporting organizations must d	complete Se	ctions A through E.	
	tion 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		1
_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)			
7	Other expenses (see instructions)	6		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	7		
C		8		
_	Aggregate fairmul 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):			
	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
<u>c</u>	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
71.25	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 1-1/2% of line 3 (for greater amount, see instructions)			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	4		
6	Multiply line 5 by .035	5		
7	Recoveries of prior-year distributions	6		
8	Minimum Asset Amount (add line 7 to line 6)	7		
ecti	on C - Distributable Amount	8		0 11
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		Current Year
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	1);	
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year			
	Distributable Amount. Subtract line 5 from line 4, unless subject to	5		
1055	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionall instructions).	y integrated	Type III supporting organ	nization (see

Schedule A (Form 990 or 990-EZ) 2018

Sch	adula A /Farm 000 - 000 FT and a OP TT			
Pa	edule A (Form 990 or 990-EZ) 2018 OPERATION TE.	AMMATE, INC.		81-1271945 Page 7
Mark Ser	art V Type III Non-Functionally Integrated 50	9(a)(3) Supporting Org	janizations (continued)	)
1	don b bistributions			Current Year
2	Amounts paid to supported organizations to accomplish ex	kempt purposes		
_	Amounts paid to perform activity that directly furthers exen organizations, in excess of income from activity	npt purposes of supported		
3	Administrative expenses poid to			
4	Administrative expenses paid to accomplish exempt purpo	ses of supported organizatio	ns	
5	Amounts paid to acquire exempt-use assets			
6	Qualified set-aside amounts (prior IRS approval required)			
7	Other distributions (describe in Part VI). See instructions.			
8	Total annual distributions. Add lines 1 through 6.			
0	Distributions to attentive supported organizations to which	the organization is responsiv	е	
9	(provide details in Part VI). See instructions.			
	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	tion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7:			
а	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
	Breakdown of line 7:			
	Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2018

b Excess from 2015
 c Excess from 2016
 d Excess from 2017
 e Excess from 2018

Schedule A	(Form 990 or 990-EZ) 2018 OPERATION TEAMMATE, INC.		
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a of Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional complete this part for any additional complete this part for any additional complete the part for any additional complete t	T and Z. Part IV. Section	
	Lose instructions.)	onai inoimation.	
			,

#### Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

# **Schedule of Contributors**

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Organization type (chec	OPERATION TEAMMATE, INC.	81-1271945				
o gameadon type (chec	N 011 <del>0</del> ).					
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization					
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private f	oundation				
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private found	dation				
	501(c)(3) taxable private foundation					
Check if your organization	n is covered by the <b>General Rule</b> or a <b>Special Rule</b> .					
Note: Only a section 501	c)(7), (8), or (10) organization can check boxes for both the General Rule a	and a Special Rule. See instructions.				
General Rule						
X For an organizati	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contr ny one contributor. Complete Parts I and II. See instructions for determinir	ributions totaling \$5,000 or more (in money or ng a contributor's total contributions.				
Special Rules						
any one contribu	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Partor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2, line 1. Complete Parts I and II.	t II line 10 10 10-				
), 101di 0011ti12	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.					
is checked, enter purpose. Don't co religious, charitab	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that is exclusively for religious, charitable, etc., purposes, but no such contributions that were received during the year for an exclusively of the parts unless the <b>General Rule</b> applies to this organizatile, etc., contributions totaling \$5,000 or more during the year	tions totaled more than \$1,000. If this box usively religious, charitable, etc., ion because it received nonexclusively				
certify that it doesn't meet	nat isn't covered by the General Rule and/or the Special Rules doesn't file n Part IV, line 2, of its Form 990; or check the box on line H of its Form 990 the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	e Schedule B (Form 990, 990-EZ, or 990-PF), D-EZ or on its Form 990-PF, Part I, line 2, to				
LHA For Paperwork Reduct	ion Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.	Schedule B (Form 990, 990-FZ, or 990-PE) (2011				

Employer identification number

#### OPERATION TEAMMATE,

81-1271945

Part I	Contributors (see instructions). Use duplicate copies of Part I if ad	Iditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	TIMOTHY MONTJOY  804 OCEAN FOREST LANE, SUITE 321  AUGUSTA, GA 30907	\$\$.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
(a)		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		<b>\$</b>	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) 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
3452 11-08-	0.	<b>\$</b>	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

### OPERATION TEAMMATE, INC.

81-1271945

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	12/1/45
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<b>\$</b>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<b>\$</b>	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<b>\$</b>	1-
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1-1 			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
3453 11.08.18			

Employer identification number

completing Part III, enter the total of exclusively religious	charitable at	81-1271945 on 501(c)(7), (8), or (10) that total more than \$1,000 for the or organizations for the year. (Enter this info. once.)		
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee		
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee		
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
Transferee's name, address, an	(e) Transfer of gift	Relationship of transferor to transferee		
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	Use duplicate copies of Part III if additions  (b) Purpose of gift  Transferee's name, address, a  (b) Purpose of gift  Transferee's name, address, a  (b) Purpose of gift  Transferee's name, address, and address, address, and address, a	Use duplicate copies of Part III if additional space is needed.  (b) Purpose of gift  (c) Use of gift  (e) Transfer of gift  Transferee's name, address, and ZIP + 4  (e) Transfer of gift  (e) Transfer of gift  (e) Transfer of gift  Transferee's name, address, and ZIP + 4  (b) Purpose of gift  (c) Use of gift  (c) Use of gift  Transferee's name, address, and ZIP + 4		

#### SCHEDULE L

(Form 990 or 990-EZ)

### **Transactions With Interested Persons**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open To Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

Employer identification

Complete if the organization answered "Yes" on Form 990-Ez, Part V, line 25a or 25b, or Form 990-Ez, Part V, line 40b.    (a) Name of disqualified person   (b) Relationship between disqualified person and organization   (c) Description of transaction   (d) Corrected   Yes   No   No   No   No   No   No   No   N	Part I	Excess Bon	OPERATION	ON TEAMMA	ΓE,	INC	C				2719		lion n	umbe
(a) Name of disqualified person  (b) Relationship between disqualified person and organization  (c) Description of transaction  (d) Corrected Yes No		Complete if the	ent Transa	ctions (section 5	501(c)	(3), sec	tion 501(c)(4), and 5	01(c)(29) organizatio	ons onl	y).		745		
(a) Name of disqualified person  (b) Person and organization  (c) Description of transaction  (d) Corrected  Yes No  Yes No  2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958  3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization  Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.  (a) Name of interested person  (b) Relationship with organization  (c) Description of transaction  (d) Corrected Yes No  S  Part III Loans to and/or From Interested Persons.  (e) Original principal amount on Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.  (a) Name of interested person  (b) Relationship of loan  (c) Description of transaction  (d) Important of Important Importan	1	somplete ii trie	organization a	nswered "Yes" on	Form	990, F	art IV, line 25a or 25	b, or Form 990-EZ, I	⊃art V,	line 4	0b.			
2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization reported an amount on Form 990, Part X, line 5, 6, or 22 (a) Name of (b) Relationship between (b) Relationship land or from 900, Part IV, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22 (a) Name of (b) Relationship land or from 900, Part IV, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part IV, line 38a or Form 990, Part IV, line 26; or if the organization from the organization of land principal amount or from 900, Part IV, line 26; or if the organization of land principal amount or from 900, Part IV, line 26; or if the organization or land principal amount or from 900, Part IV, line 26; or if the organization or land principal amount or from 900, Part IV, line 26; or if the organization or land principal amount or from 900, Part IV, line 26; or if the organization or land principal amount or from 900, Part IV, line 26; or if the organization or land principal amount or from 900, Part IV, line 26; or if the organization or land principal amount or from 900, Part IV, line 27.  (a) Name of interested person (b) Relationship between (c) Amount of (d) Type of (e) Purpose of land principal amount or from 900, Part IV, line 27.	(a) Name of disqualified person		person (t	(b) herationship between disqualified			alified							ected
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization  Part II Loans to and/or From Interested Persons.  Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.  (a) Name of interested person with organization of loan or organization of loan organization of loan organization of loan principal amount principal amount on Form 990, Part X, line 38a or Form 990, Part IV, line 26; or if the organization (i) Written default?  (b) Relationship between organization (c) Purpose of loan organization organizati				,	- guin	Zation	·		iisactic	лı ——		1000	wa 11	No
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(a) Name of interested person  (b) Relationship with organization  (c) Purpose of loan  (d) Loan to or from the organization?  To From  (e) Original principal amount  (f) Balance due default?  (g) In default?  (h) Approved by board or committee?  (i) Written agreement?  Yes No Yes No Yes No  (ii) Written agreement?  (iv) From  (		complete if the	organization ar	reword "Vee" +=	50113	».								
(a) Name of interested person  (b) Relationship with organization  (c) Purpose of loan  (d) Loan to or from the organization?  To From  (e) Original principal amount  (f) Balance due (g) In default?  Yes No Yes N	re	ported an amo	ount on Form 9	90 Part Y line 5	Form	990-EZ	., Part V, line 38a or I	Form 990, Part IV, Iir	ne 26; d	or if th	ne orga	anizati	on	
interested person with organization of loan from the organization?  TIMOTHY MONTJOYPRESIDENTO ASSIS X 5,500. 5,174. X X X X X X X X X X X X X X X X X X X	(a) Na	ame of					(e) Original	(A D )	2000	0.00	/b) An	Drovos		
To From Yes No Y	intereste	ed person	with organization	zation of loan	from the		(e) Oliginal	(f) Balance due			by bo	ard or	(i) ANTITUELL	
PATH MONTJOYPRESIDENTO ASSIS X 5,500. 5,174. X X X X X X X X X X X X X X X X X X X					To	_			1000000000	PERSONAL I			-	1
Data Scriptor State Senefiting Interested Persons.  Complete if the organization answered "Yes" on Form 990, Part IV, line 27.  (a) Name of interested person  (b) Relationship between (c) Amount of (d) Type of (e) Purpose of interested person (b) Relationship between (c) Amount of (d) Type of (e) Purpose	YHTOMI	YOUTHOM	PRESIDE	NTO ASSIS	X		5,500.	5 174	Yes			No	Yes	
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Part III Grants or Assistance Benefiting Interested Persons.  Complete if the organization answered "Yes" on Form 990, Part IV, line 27.  (a) Name of interested person  (b) Relationship between interested person (c) Amount of (d) Type of (e) Purpose of (e) Purpose of (f) Purp														-
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interested person and confidence (c) talpose of	(a) Name	of interested p	erson				ACCUPATION OF THE CO.	(d) Type	of		(0)	Durne		
interested person and assistance assistance assistance				interested person and		assistance		(0)						
the organization				u le organiza	lion									
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2018

Schedule L (Form 990 or 990-EZ) 2018 OPER Part IV Business Transactions Inv	olving Interested Persons.		81-127	1945	Page :	
Complete if the organization answe  (a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?		
			1	Yes	No	
					.,,	
Part V Supplemental Information. Provide additional information for re	esponses to questions on Schedule L (see in	nstructions)				
SCHEDULE L, PART II, LOA		- 100	IQ.			
(A) NAME OF PERSON: TIMO		TES TERROOF	10.			
	GANIZATION: PRESIDENT					
	ASSIST THE ORGANIZATIO	N WITH MAN	AGEMENT AND			
GENERAL COSTS			TOTAL TIME			
		ÿ				

#### **SCHEDULE 0** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047 Inspection

Name of the organization

OPERATION TEAMMATE TNC Employer identification number

OPERATION TEAMMATE, INC.	81-1271945
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:	
DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
ADVERTISING & MARKETING	
RANK FFFG	
BRANDING	
EVENT SUPPLIES	
EVENU UICKEUG	
PINDPATCING PROC	
	5.
GEAR/MERCHANDISE FOR EVENTS	2,144.
INFORMATION TECHNOLOGY	102.
LICENSES & TAXES	439.
MEALS & ENTERTAINMENT	2,637.
OFFICE SUPPLIES	
TRAVEL	
TOTAL TO FORM 990-EZ, LINE 16	
FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:	
DESCRIPTION	EG. OF YEAR END OF YEAR
LOAN PAYABLE	
	<u> </u>
FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - OP	ERATION TEAMMATE
PROVIDES MEMORABLE SPORTING EXPERIENCES TO MILITAR	
IMPACTFUL ATHLETE INTERACTION. THEIR MISSION IS SU	
MOTIVATIONAL STORIES OF THESE ATHLETES DURING VARIONATION. WHILE HELDING THESE HAMILIES TORING VARIONAL TORING THESE HAMILIES	
NATION. WHILE HELPING THESE FAMILIES THROUGH DIFFIC	
DEPLOYMENTS, THE OPERATION TEAMMATE SPORTING EXPERIBLE LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.	
892211 10-10-18	Schedule O (Form 990 or 990-EZ) (2018)

Schedule O (Form 990 or 990-EZ) (2018)	Page
Name of the organization  OPERATION TEAMMATE, INC.	Employer identification number 81-1271945
INSPIRE MILITARY CHILDREN.	01 11/1/19
FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEF	
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FU	NDS, DIRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONT	
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMI	UMS, DIRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.	