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Form	JJU	

Department of the Treasury

Internal Revenue Service

EXTENDED TO NOVEMBER 15, 2016

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

Information about Form 990 and its instructions is at www.irs.gov/form990.



Α	For the	2015 calendar year, or tax year beginning and o	ending		
B	Check if applicable	c Name of organization		D Employer identifie	cation number
	Addres	DABO'S ALL IN TEAM FOUNDATION			
	Name change			26-4	097429
	Initial	, , , , , , , , , , , , , , , , , , , ,	Room/suite		
	Final return/ termin	P.O. BOX 1585			669-7730
_	ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$ H(a) Is this a group re	977,954.
H	Ameno return Applic tion		CLEMSON, SC 29633		
	tion pendir	⁹ 500 SNIDER DR., CLEMSON, SC 29631		for subordinates H(b) Are all subordinates in	
<u> </u>	Tax-exe	empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) c	or 527		list. (see instructions)
		e: ► WWW.DABOSALLINTEAM.COM		H(c) Group exemption	
ĸ	Form of	organization: 🚺 Corporation 🔄 Trust 🔄 Association 🔄 Other 🕨	L Year	of formation: 2009 N	State of legal domicile: SC
Pa		Summary			
é	1	Briefly describe the organization's mission or most significant activities:	MISSIO	N IS TO RAI	SE
Activities & Governance		AWARENESS OF CRITICAL EDUCATION AND HEALT			
'ern		Check this box 🕨 📖 if the organization discontinued its operations or dispos			
ğ		Number of voting members of the governing body (Part VI, line 1a)		8	
8		Number of independent voting members of the governing body (Part VI, line 1b)		0	
ities		Total number of individuals employed in calendar year 2015 (Part V, line 2a)			40
ž	72	Total unrelated business revenue from Part VIII, column (C), line 12			0.
Ă		Net unrelated business taxable income from Form 990-T, line 34			0.
				Prior Year	Current Year
Ð	8	Contributions and grants (Part VIII, line 1h)		477,082.	505,900.
nue		Program service revenue (Part VIII, line 2g)		0.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		150.	471.
ш		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-34,267.	85,876.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) $$.		442,965.	592,247.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		330,042.	461,337.
	I	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
oen	168	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25)	50.	0.	0.
Ĕ	17	Total fundraising expenses (Part IX, column (D), line 25) ► Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		54,032.	20,230.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		384,074.	481,567.
	19	Revenue less expenses. Subtract line 18 from line 12		58,891.	110,680.
Net Assets or Fund Balances	8			ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		53,570.	164,250.
tAS	21	Total liabilities (Part X, line 26)		49,500.	19,500.
Fun	22	Net assets or fund balances. Subtract line 21 from line 20		4,070.	144,750.

Part II Signature Block

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

	Signature of officer			Date		
Sign				Dale		
Here	📐 RICHARD M DAVIES, PRES	SIDENT				
	Type or print name and title					
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN		
Paid	MATTHEW MADDEN			self-employed P01066228		
Preparer	Firm's name 🕒 ELLIOTT DAVIS DE	COSIMO, LLC/PLLC		Firm's EIN 57-0381582		
Use Only	Firm's address PO BOX 6286					
	GREENVILLE, SC 2		Phone no. $864 - 242 - 3370$			
May the I	Aay the IRS discuss this return with the preparer shown above? (see instructions)					
532001 12-	6-15 LHA For Paperwork Reduction Act Noti	ce, see the separate instructions.		Form 990 (2015)		

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	m 990 (2015) DABO'S ALL IN TEAM FOUNDATION	26-4097429 Page 2
	art III Statement of Program Service Accomplishments	· ~ 50
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission: THE MISSION IS TO RAISE AWARENESS OF CRITICAL EDU ISSUES IN ORDER TO CHANGE LIVES OF PEOPLE ACROSS	CATION AND HEALTH
	CAROLINA.	
2	Did the organization undertake any significant program services during the year which were not list the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any progra	m services?Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and alloca revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 476,681. including grants of \$ 461,33	7 •) (Revenue \$)
	THE FOUNDATION PAID GRANTS TOTALING \$461,337 TO P	
	SOUTH CAROLINA WITH A FOCUS ON BREAST CANCER RESE.	
	EFFECT, AN ORGANIZATION WORKING TO REDUCE ADDICTI	
	OF FAMILY COLLAPSE AND HARM TO CHILDREN; CALL ME	
	TO INCREASE THE POOL OF AVAILABLE TEACHERS FROM A	
	BACKGROUND, PARTICULARLY AMONG SOUTH CAROLINA'S L	
	ELEMENTARY SCHOOLS; AND THE RISE PROGRAM, A PRESC THE SPECIAL NEEDS CHILDREN OF SOUTH CAROLINA.	HOOL PROGRAM SERVING
	THE SPECIAL NEEDS CHILDREN OF SOUTH CAROLINA.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 476,681.	- 000 /
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 DABO'S ALL IN TEAM FOUNDATION

 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i>	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		х
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete Schedule D, Part III</i>	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		x
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VII</i>	11b		x
с	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X X
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			х
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			37
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		X X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
a	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			<u> </u>
-	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," complete Schedule G, Part III	19		x

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 Part IV
 Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			37
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		x
L	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schodula I. Part I	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	230		
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26	х	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			x
~~	If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
54		34		x
35a	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			<u> </u>
2	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

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Pa					uge -		
	Check if Schedule O contains a response or note to any line in this Part V						
				Yes	No		
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a C		100			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable						
c	Did the organization comply with backup withholding rules for reportable payments to vendors and r						
•	(gambling) winnings to prize winners?		1c				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		10				
	filed for the calendar year ending with or within the year covered by this return	2a 0					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu		2b				
~	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instruction						
3a		-,	3a		x		
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule		3b				
	At any time during the calendar year, did the organization have an interest in, or a signature or other						
	financial account in a foreign country (such as a bank account, securities account, or other financial		4a		x		
b	If "Yes," enter the name of the foreign country:						
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	Accounts (FBAR).					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X		
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5b		X		
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c				
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did t						
	any contributions that were not tax deductible as charitable contributions?		6a		x		
b	If "Yes," did the organization include with every solicitation an express statement that such contribu						
	were not tax deductible?		6b				
7	Organizations that may receive deductible contributions under section 170(c).						
а							
b							
	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required						
	to file Form 8282?		7c		X		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d					
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	contract?	7e		X		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont	ract?	7f		X		
g	If the organization received a contribution of qualified intellectual property, did the organization file F	orm 8899 as required?	7g				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz	ation file a Form 1098-C?	7h				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	d by the					
	sponsoring organization have excess business holdings at any time during the year?		8				
9	Sponsoring organizations maintaining donor advised funds.						
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a				
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b				
10	Section 501(c)(7) organizations. Enter:						
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	-				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	-				
11	Section 501(c)(12) organizations. Enter:	1 1					
а	Gross income from members or shareholders	11a	-				
b	Gross income from other sources (Do not net amounts due or paid to other sources against						
	amounts due or received from them.)	11b					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1 1	12a				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	-				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.						
а	Is the organization licensed to issue qualified health plans in more than one state?		13a				
	Note. See the instructions for additional information the organization must report on Schedule O.						
b	Enter the amount of reserves the organization is required to maintain by the states in which the						
_	organization is licensed to issue qualified health plans	13b	-				
	Enter the amount of reserves on hand	13c	44-		x		
14a h	Did the organization receive any payments for indoor tanning services during the tax year?		14a 14b				
u	IN TES, HAS IL HEY A FUTH 720 TO TEDULT THESE DAVINETILS (11 IND. DIOVIGE AN EXDIATIATION IN SCHEDU		140		1		

State th	ne name, addr	ess, and telep	hone numbe	er of the p	erson who possesses th	e organ	ization's books
FREI) GILMEF	२ - 864-	-679-90	000			
100	VERDAE	BLVD.,	SUITE	100,	GREENVILLE,	SC	29607

b Describe in Schedule O the process, if any, used by the organization to review this Form 990.

12a Did the organization have a written conflict of interest policy? *If* "*No*," *go to line* 13

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ther <i>(explain in Schedule O)</i> cuments, conflict of interest polic	cy, and financial
nization's books and records:	
29607	
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Check if Schedule O contains a response or note to any line in this Part VI				
Section A. Governing Body and Management				
			Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a	8		
If there are material differences in voting rights among members of the governing body, or if the governing				

та	a Enter the number of voting members of the governing body at the end of the tax year					
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.					
b	Enter the number of voting members included in line 1a, above, who are independent 1b	8				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with an	iy other				
	officer, director, trustee, or key employee?		2	Х		
3	Did the organization delegate control over management duties customarily performed by or under the direct s	supervision				
	of officers, directors, or trustees, or key employees to a management company or other person?		3		Х	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was	filed?	4		Х	
5						
6	Did the organization have members or stockholders?		6		Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint or	ne or			Х	
	more members of the governing body?					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockhold					
	persons other than the governing body?		7b		X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the for	ollowing:				
а	The governing body?		8a	Х		
b			8b	Х		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at a	the				
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		Х	
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue C	Code.)				
				Yes		
10a	Did the organization have local chapters, branches, or affiliates?		10a		Х	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, a	affiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b	x		
11a	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form'					

13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
b	b Other officers or key employees of the organization			Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright SC , NC , GA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990 T (Section 501(c)(3)s only)	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finan	cial	
	statements available to the public during the tax year.			

b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

in Schedule O how this was done

c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe

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to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

26 - 4097429Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

37

Х

Х

Х

12a

12b

12c

Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated
	Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

 List all of the organization is former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average	(do	not c	Pos heck) than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week		cer ar	ia a a I	recto	or/trus	itee)	from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation
	hours for related	e or di	ee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	rustee	l trust		ee	npen		(00-2/1099-00130)		and related
	below	dual ti	tiona		nploy	st cor	<u> </u>			organizations
	line)	ndivid	Institutional trustee	Officer	Key employee	Highest compensated employee	orme			
(1) KATHLEEN C SWINNEY	0.00		_		-		<u> </u>			
VICE CHAIRPERSON	0.00	x		x				0.	0.	0.
(2) WILLIAM C SWINNEY	0.00									
CHAIRMAN	0.00	x		x				0.	0.	0.
(3) RICH DAVIES	0.00									
PRESIDENT	0.00	X		X				0.	0.	0.
(4) JEANIE GILMER	0.00									
VICE PRESIDENT	0.00	X		Х				0.	0.	0.
(5) ROBIN WILSON	0.00									
SECRETARY	0.00	Х		Х				0.	0.	0.
(6) FRED GILMER	0.00									
TREASURER	0.00	Х		Х				0.	0.	0.
(7) THAD TURNIPSEED	0.00									_
DIRECTOR	0.00	X						0.	0.	0.
(8) CJ SPILLER	0.00									
DIRECTOR	0.00	X						0.	0.	0.
						-				
							-			
		1								
		1								
						1				

	990 (2015) DABO'S AI	LL IN TH	EAI	M I	TO	JNI	DAT	'I(ON	26-40	974	129	Pa	ige 8
Pa	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	vees	, and	d Hi	ghe	st C	Compensated Employe	es (continued)				
	(A) Name and title	(B) Average hours per week	box	not c , unle	ss pe	ition more rson i	than o is both pr/trust	n an	(D) Reportable compensation from	(E) Reportable compensatior from related	ı	am	(F) imate ount c other	
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS0		frc orga and	ensat m the nizati relate nizatio	e on ed
											+			
											+			
	Sub-total								0.		0.			0.
	Total from continuation sheets to Part VI Total (add lines 1b and 1c)								0.		0.			0.
2	Total number of individuals (including but n compensation from the organization							io r),000 of reportable	-			0
													Yes	No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s				-	·			highest compensated e			3		Х
4	For any individual listed on line 1a, is the su	im of reportab	le co	omp	ensa	atior	n and	l ot	her compensation from	the organization				
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a									idual for services		4		X
	rendered to the organization? If "Yes," com	-				-			-			5		Х
<u>Sec</u>	tion B. Independent Contractors Complete this table for your five highest co	mpensated inc	dene	ende	ent c	ontr	racto	rs t	that received more than	\$100 000 of com	oensa	ntion fr	om	
	the organization. Report compensation for	-												
	(A) Name and business	address	N	ONE	3				(B) Description of s	ervices	Co	(C) ompen		า
								_						
								_						
2	Total number of independent contractors (i \$100,000 of compensation from the organic	e e	ot li	mite	d to		se lis)	stec	d above) who received n	nore than				

Ра	rt VII	Check if Schedule O cont		or noto to any lin	o in this Part VIII			
			lains a response		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts	b c d e f	All other contributions, gifts, gran similar amounts not included abo	1b 1c 1d tions) 1e its, and ive 1f	429,451. 76,449. Business Code	505,900.			
n Se renu	с							
graı Rev	d							
Pro	e f	All other program service reve						
		Total. Add lines 2a-2f						
	3 4 5	Investment income (including other similar amounts) Income from investment of ta Royalties	dividends, inter x-exempt bond p	est, and proceeds	471.			471.
	b c	Gross rents Less: rental expenses Rental income or (loss) Net rental income or (loss)		(ii) Personal				
	b c	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss)		(ii) Other				
Other Revenue	8 a	Net gain or (loss) Gross income from fundraisin including \$ 429,4 contributions reported on line Part IV, line 18 Less: direct expenses	eg events (not 151 • of 1c). See a	4 71,583. 385,707.				
0	с	Net income or (loss) from fund	draising events	>	85,876.			85,876.
	b	Gross income from gaming ad Part IV, line 19 Less: direct expenses Net income or (loss) from gam	a b					
	10 a b	Gross sales of inventory, less and allowances Less: cost of goods sold	a a					
	С	Net income or (loss) from sale Miscellaneous Revenu		Business Code				
	11 a b c d	All other revenue						
		Total. Add lines 11a-11d Total revenue. See instructions.			592,247.	0.	0.	86,347.

DABO'S ALL IN TEAM FOUNDATION

Form 990 (2015)

DABO'S ALL IN TEAM FOUNDATION

De	Check if Schedule O contains a respons	e or note to any line in t	(B) I	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	461,337.	461,337.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
0	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
b	Legal	220.		220.	
С	Accounting	2,280.		2,280.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion				
13	Office expenses	1,126.	1,126.		
4	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	3,423.	3,423.		
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
0	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)				
а	MERCHANT FEES	10,795.	10,795.		
b	POSTAGE	2,075.		2,075.	
с	MISCELLANEOUS	311.		261.	50
d					
е	All other expenses				
5	Total functional expenses. Add lines 1 through 24e	481,567.	476,681.	4,836.	50
6	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

33

34

					=
	n 990 (; rt X	DABO'S ALL IN TEAM FOUNDATION Balance Sheet		26-	4097429 _{Ра}
ľ		Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	53,570.	2	164,2
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
ets		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
4	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a		40	
		Less: accumulated depreciation 10b		10c	
	11 12	Investments - publicly traded securities		11 12	
	12	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	53,570.		164,2
	17	Accounts payable and accrued expenses	15,000.		15,0
	18	Grants payable	30,000.		
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ties	22	Loans and other payables to current and former officers, directors, trustees,			
liti		key employees, highest compensated employees, and disqualified persons.			
Liabilit		Complete Part II of Schedule L	4,500.	22	4,5
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D	40 500	25	10
	26	Total liabilities. Add lines 17 through 25	49,500.	26	19,5
		Organizations that follow SFAS 117 (ASC 958), check here and and			
ces	07	complete lines 27 through 29, and lines 33 and 34.			
Fund Balances	27	Unrestricted net assets		27	
I Ba	28	Temporarily restricted net assets		28 29	
pun	29	Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here		29	
ř		and complete lines 30 through 34.			
Net Assets or	30	Capital stock or trust principal, or current funds	0.	30	
sse	31	Paid-in or capital surplus, or land, building, or equipment fund	0.	31	
ît A:	32	Retained earnings, endowment, accumulated income, or other funds	4,070.	32	144,5
Ř	22	Tatel net essets or fund belences	4 070	22	111

Total net assets or fund balances

Total liabilities and net assets/fund balances

144,750. 144,750. 164,250.

0.

0.

Form 990 (2015)

> 32 33

34

4,070. 4,070.

53,570.

,250.

,250. ,000.

,500.

,500.

0.

532012 12-16-15		

6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9	3	0,0	00.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	14	4,7	50.	
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
				Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.				
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?					
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	b Were the organization's financial statements audited by an independent accountant?					
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,				
	review, or compilation of its financial statements and selection of an independent accountant?					
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit				
	Act and OMB Circular A-133?		3a		Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u></u>	3b			
			Form	990	(2015)	

Form	DABO'S ALL IN TEAM FOUNDATION	26-4097429	Page 12
Pa	rt XI Reconciliation of Net Assets		
	Check if Schedule O contains a response or note to any line in this Part XI		X
1	Total revenue (must equal Part VIII, column (A), line 12)		2,247.
2	Total expenses (must equal Part IX, column (A), line 25)	2 48	1,567.
3	Revenue less expenses. Subtract line 2 from line 1	3 11	0,680.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,070.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9 3	0,000.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,		
	column (B))	10 14	4,750.
Pa	rt XII Financial Statements and Reporting		
			1 1

DABO'S	ALT	ΤN	TEAM	FOUNDA	TON

SCHEDUL	E A
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Department of the Treasury Internal Revenue Service

(Form	990	or	990-	·EZ)
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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.

🕨 ir	nformation about Schedule A (Form 990 or 990-EZ) and its instructions is at WWW.irs.gov/form990.

2015
Open to Public Inspection

OMB No. 1545-0047

Name	of the	organizati	ior

Nan	Name of the organization Emplo DABO'S ALL IN TEAM FOUNDATION								identification number 6-4097429
Pa	rt I	Reason for Public				is part) Se	ee instruction		0-4097429
		ization is not a private found							
1		A church, convention of ch		. .		,			
2	H	A school described in sect					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
3	H	A hospital or a cooperative					;;)		
4	\square	A medical research organiz						Viiii) Entor	the bosnital's name
-		city, and state:			li describer	a in Sectio			the hospital s hame,
5			or the benefit of a co	llege or university owne	d or opera	ted by a d	overnmental	unit describ	ned in
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)							
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).							
7	H	An organization that norma	-					he general	nublic described in
'		section 170(b)(1)(A)(vi). (C		initial part of its support	nom a gov	erninentai		ine general	public described in
8		A community trust describe			+ 11)				
	X	An organization that norma				contributi	one mombor	shin foos	and gross receipts from
5		activities related to its exen	•		•			•	•
		income and unrelated busin		-					-
		See section 509(a)(2). (Con				.5505 2040		gamzation	
10		An organization organized a	, ,	ively to test for public s	afety See	section 50)9(a)(4).		
11	\square	An organization organized a	•	•				arry out the	e purposes of one or
		more publicly supported or							
		lines 11a through 11d that							
а		Type I. A supporting orga							/ aivina
		the supported organization	•	•					
		organization. You must c							
b		Type II. A supporting org			tion with it	ts support	ed organizatio	on(s), by ha	ivina
-		control or management o							
		organization(s). You mus						-90o oo.p	.p
с		Type III functionally inte	•		in connec	tion with.	and functiona	llv integrate	ed with.
-		its supported organizatio							,
d		Type III non-functionally						rted organi	zation(s)
		that is not functionally int							
		requirement (see instruct			-		-		
е		Check this box if the orga						II. Type III	
		functionally integrated, or						, .,	
f	Ente	er the number of supported of	• •	, ,	0 0				
g		vide the following informatior							
		i) Name of supported	(ii) EIN	(iii) Type of organization		rganization	(v) Amount of	f monetary	(vi) Amount of
		organization		(described on lines 1-9 above (see instructions))	governing	in your document?	support	-	other support (see
					Yes	No	instruct	ions)	instructions)
			1		1	1			1

Total

Schedule A (Form 990 or 990-EZ) 2015 DABO'S ALL IN TEAM FOUNDATION Part II Support Schedule for Organizations Described in Sections 170(b)

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge \dots						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	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)						
6	Public support. Subtract line 5 from line 4.						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	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						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instructi	ons)			12	
13	First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth t	tax year as a sectio	on 501(c)(3)	
	organization, check this box and stop	here					▶∟
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2015 (I					14	%
15	Public support percentage from 2014	Schedule A, Part	II, line 14			15	%
16 a	33 1/3% support test - 2015. If the c	organization did no	ot check the box o	on line 13, and line	14 is 33 1/3% or r	nore, check this bo	ox and
	stop here. The organization qualifies						
b	33 1/3% support test - 2014. If the c						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes	t - 2015. If the org	anization did not	check a box on lin	ie 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstar	nces" test, check	this box and stop l	here. Explain in Pa	rt VI how the orgar	nization
	meets the "facts-and-circumstances"	-	-				
b	10% -facts-and-circumstances tes	t - 2014. If the org	anization did not	check a box on lin	ne 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circu	umstances" test, o	check this box and	l stop here. Explair	n in Part VI how the	e
	organization meets the "facts-and-circ	cumstances" test.	The organization	qualifies as a publ	licly supported orga	anization	▶∐
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16	6a, 16b, 17a, or 17	b, check this box a	and see instruction	Is ►

Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015 DABO'S ALL IN TEAM FOUNDATION Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 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.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")	353,521.	342,363.	342,953.	483,382.	508,175.	2030394.
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, or facilities furnished in any activity that is related to the						
organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5	353,521.	342,363.	342,953.	483,382.	508,175.	2030394.
7a Amounts included on lines 1, 2, and						
3 received from disgualified persons				50,000.		50,000.
b Amounts included on lines 2 and 3 received						
from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b				50,000.		50,000.
8 Public support. (Subtract line 7c from line 6.)						1980394.
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6	353,521.	342,363.	342,953.	(d) 2014 483,382.	508,175.	2030394.
10a Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties and income from similar sources				150.	471.	621.
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b				150.	471.	621.
11 Net income from unrelated business						-
activities not included in line 10b,						
whether or not the business is regularly carried on						
12 Other income. Do not include gain						
or loss from the sale of capital						
assets (Explain in Part VI.) 13 Total support. (Add lines 9, 10c, 11, and 12.)	353,521.	342,363.	342,953,	483,532.	508,646.	2031015.
14 First five years. If the Form 990 is fo	11					
	0			2		
Section C. Computation of Publ	lic Support Pe					
15 Public support percentage for 2015 (column (f))		15	97.51 %
16 Public support percentage for 2014					16	97.32 %
Section D. Computation of Inve						<u> </u>
17 Investment income percentage for 20			e 13 column (f))		17	.03 %
18 Investment income percentage from		B			18	.01 %
19a 33 1/3% support tests - 2015. If the			on line 14 and line			,-
more than 33 1/3%, check this box a						► X
b 33 1/3% support tests - 2014. If the						
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organization	JIT UIU HOL CHECK A	JUX UIT IIITIE 14, 19	a, or 190, check th	IIS DUX AND SEE INS		🟲 📖

Schedule A (Form 990 or 990-EZ) 2015

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer* (*b*) *and* (*c*) *below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If* "Yes," *describe in Part VI when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked 11a or 11b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "*Yes*," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in Part VI.*
- **c** Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in Part VI.*
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
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10a		
401		
10b		

Schedule A (Form 990 or 990-EZ) 2015 DABO'S ALL IN TEAM FOUNDATION Part IV Supporting Organizations (continued)

11 Has the organization accepted a gift or contribution from any of the following persion? 11 1 2 A person who directly or indicative controls, either adue or together with persons described in (b) and (c) below, the governing body of a supported organization? 11 1 1 5 A target member of a person described in (b) or (b) asov?!! Yes: 'to a, b, or o, provide detail in Part V. 11 1 Section B. Type I Supporting Organizations Yes: 'to a, b, or o, provide detail in Part V. 11 1 1 Dot the directors, trustees, or membership of one or more supported organization have the power to controlled the organization is activities. If the organization's directors or trustees were allocated arong the supported organization, directors or trustees of the supported organization's directors or trustees of the supported organization's directors or trustees are allocated arong the supported organization's directors or trustees of the supported organization's directors or trustees of the supported organization's directors or trustees of the supported organization's directors or trustees or trustees or trustees or trustees are persons that controlled or managed the supporting organization's directors or trustees or trustees or the supported organization's directors or trustees or trustees or trustees are persons that controlled or managed the supported organization's directors or trustees or trustees or trustees directors or trustees or trus				Yes	No
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trustees of each of the supported organizations? Provide details in <i>Part VI</i> . 3a b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each Image: Comparison of the support of the s					
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			3a		
	b		-		
			3b		

Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015 DABO'S ALL IN TEAM FOUNDATION Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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

Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	vintearate	d Type III supporting or	anization (see

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

Schedule A (Form 990 or 990-EZ) 2015

1

Schedule A (Form 990 or 990-EZ) 2015 DABO'S ALL IN TEAM FOUNDATION

Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Sect	on D - Distributions		\	Current Year				
1	Amounts paid to supported organizations to accomplish exe	empt purposes						
2	Amounts paid to perform activity that directly furthers exemption							
	organizations, in excess of income from activity							
3	Administrative expenses paid to accomplish exempt purpose	ninistrative expenses paid to accomplish exempt purposes of supported organizations						
4	Amounts paid to acquire exempt-use assets							
5	Qualified set-aside amounts (prior IRS approval required)							
6	Other distributions (describe in Part VI). See instructions.							
7	Total annual distributions. Add lines 1 through 6.							
8	Distributions to attentive supported organizations to which the	he organization is responsive	9					
	(provide details in Part VI). See instructions.							
9	Distributable amount for 2015 from Section C, line 6							
10	Line 8 amount divided by Line 9 amount	· · · · · · · · · · · · · · · · · · ·						
		(i)	(ii)	(iii)				
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2015	Distributable Amount for 2015				
			110 2010					
1	Distributable amount for 2015 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2015							
	(reasonable cause required-see instructions)							
3	Excess distributions carryover, if any, to 2015:							
a								
b								
<u> </u>								
	From 2013							
-	From 2014							
-	Total of lines 3a through e							
	Applied to underdistributions of prior years							
	Applied to 2015 distributable amount							
	Carryover from 2010 not applied (see instructions)							
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.							
4	Distributions for 2015 from Section D,							
	Applied to underdictributions of prior voors							
-	Applied to underdistributions of prior years Applied to 2015 distributable amount							
	Remainder. Subtract lines 4a and 4b from 4.							
5	Remaining underdistributions for years prior to 2015, if							
5	any. Subtract lines 3g and 4a from line 2 (if amount							
	greater than zero, see instructions).							
6	Remaining underdistributions for 2015. Subtract lines 3h							
J	and 4b from line 1 (if amount greater than zero, see							
	instructions).							
7	Excess distributions carryover to 2016. Add lines 3j							
•	and 4c.							
8	Breakdown of line 7:							
a								
b								
-	Excess from 2013							
	Excess from 2014							
-	Excess from 2015							
-								

Schedule A (Form 990 or 990-EZ) 2015

Schedule A	(Form 990 or 990-EZ) 2015 DABO'S ALL IN TEAM FOUNDATION	26-4097429 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, I Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for an (See instructions.)	B, lines 1 and 2; Part IV, Section C, 1; Part V, Section B, line 1e; Part V,

Department of the Treasury Internal Revenue Service

(Form 990)

532051 11-02-15

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.



Name of the organization DABO'S ALL IN TEAM FOUNDATION Employer identification number 26 - 4097429

Pa	t I Organizations Maintaining Donor Advised	Funds or Other Similar Funds of	or Accounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor advised	d funds
	are the organization's property, subject to the organization's e	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ad	lvisors in writing that grant funds can be us	sed only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose co	onferring
			Yes No
Pa	t II Conservation Easements. Complete if the orga	anization answered "Yes" on Form 990, Pa	rt IV, line 7.
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).	
	Preservation of land for public use (e.g., recreation or ed	lucation)	cally important land area
	Protection of natural habitat	Preservation of a certifie	ed historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form of	a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		2a
	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired a		
	listed in the National Register		
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the c	organization during the tax
	year ►		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the peri		
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting, H	handling of violations, and enforcing conse	rvation easements during the year
7	Another of our open in our of its monitorian increasting handl		
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and enforcing conservation	on easements during the year
0	\$	action the requirements of eaction 170/b	
8			
9	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation		
9	include, if applicable, the text of the footnote to the organization		
	conservation easements.	on s intancial statements that describes th	e organization s accounting for
Pa		Art. Historical Treasures, or Oth	ner Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		ent and balance sheet works of art
	historical treasures, or other similar assets held for public exh		
	the text of the footnote to its financial statements that describ		
b	If the organization elected, as permitted under SFAS 116 (AS		nd balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed		
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		• •
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical trea		
	the following amounts required to be reported under SFAS 11		
а	Revenue included on Form 990, Part VIII, line 1		> \$
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2015

Part IIII Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets(continued) Gueda that apply: Lean the organization accession, and other records, check any of the following that are a significant use of its collection items B Proble schedation Lean or exchange programs B Provide schedation in thure generations Collection in the organization scollections and explain how they further the organization's exempt purpose in Part XIII. D Proble schedation Collection: Collection: Colling the year, did the organization scollection? Collection: Provide schedation in than to be maintained as part of the organization asserted "Yes" on Form 990, Part XIII. Part V Encore and Custodial Arrangements. Complete the organization asserted "Yes" on Form 990, Part XIII. Prose: accelection? Ta is the organization and agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 900, Part XIII. Prose: accelection? C Beginning balance Lean description of the organization accelection? Prose: accelection Part XIII C Betrobutions during the year Lean descr	Sche	dule D (Form 990) 2015 DABO'S	ALL IN TEA	M FOUNDAT	ION	26-	4097429 Page 2
check all that apply): d Loan or exchange programs a Police exhibition d Loan or exchange programs b Scholarly research e Other	Par	t III Organizations Maintaining C	collections of A	rt, Historical T	reasures, or Oth	ner Similar As	ssets(continued)
a Public schibtion during the generations and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, dd the organization scollections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, dd the organization scollections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, dd the organization scollection of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization answered "Yes" on Form 990, Part XI. Ine 21. 1 Is the organization angent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XI. Ine 21. 1 Is the organization angent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XI. Ine 21. 1 Is the organization angent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XI. Ine 21. 1 Is the organization angent in Part XIII and complete the following table: 1 C Beginning balance 1 C Beginning of year balance 1 C During the year 1 C Beginning of year balance 1 C During the program of the current year end balance (Ine 1g, column (a)) held as: 1 Beginning of year balance 1 C During the trust or the possession of	3	Using the organization's acquisition, accessi	on, and other record	ls, check any of th	e following that are a	significant use of	f its collection items
b Scholary research e Other 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of air, historical treasures, or other similar assets to be solid to raise hunds rather than to be maintained as part of the organization answered 'Yes' on Form 990, Part IV, line 9, or responded an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization include an amount on Form 990, Part X, line 21. 2a Did the organization include an amount on Form 990, Part X, line 21. for secrew or custodial account liability? Isolation include an amount on Form 990, Part X, line 21. Isolation include an amount on Form 990, Part X, line 21. 2b If the organization include an amount on Form 990, Part X, line 21. Isolation include an amount on Form 990, Part X, line 21. 2a If the organization include an amount on Form 990, Part X, line 21. Isolation include an amount on Form 990, Part X, line 21. 2b If the organization include an amount on Form		(check all that apply):					
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization answered "Yes" on Form 590, Part IV, line 9, or reported an amount on Form 590, Part X, line 21. 1a Is the organization angent, trustee, custodian or other intermediary for contributions or other assets not included on Form 590, Part X, line 21. 1a Is the organization angent, trustee, custodian or other intermediary for contributions or other assets not included on Form 590, Part X, line 21. 1b If 'Yes, 'explain the arrangement in Part XIII and complete the following table: C Beginning balance C Beginning of year balance C Beginning balance C Beginning of year balance C Beginning balance C Beginning balance C Beginning balance C Beginning of year balance C Beginning balance C Beginning balance C Beginning balance	а	Public exhibition	d				
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solic or receive donations of art, historical ressures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization soluction? Part W Escrow and Custodial Arrangements. Complete if the organization arevered "Yes" on Form 980, Part X, line 21. Beginning balance C Beginning balance Distributions during the year Tel Distributions during the year Tel Distributions during the year Tel Distributions Distr	b	Scholarly research	е	Other			
S During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise funds rather than to be maintained as part of the organization's collection? Part V Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part V, line 9, or reported an amount on Form 980, Part X, line 21. Is the organization an agement in Part XIII and complete the following table:	С	-					
To be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Fom 990, Part N, line 9, or reported an amount on Form 980, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X, line 21. Is the organization include an amount on Form 980, Part X, line 21, for escrow or custodial account liability? Yes No b If 'Yes, 'explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Image: State	4	Provide a description of the organization's co	ollections and explai	n how they further	the organization's ex	empt purpose in	Part XIII.
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X // Image agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X // Image agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X // Image agent, trustee, custodian or other intermediary for contributions or other assets not included an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ves No b If "Yes", explain the arrangement in Part XII. Image agent, trustee, custodian answered "Yes" on Form 990, Part IV, line 10. Image agent, trustee, custodian answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Image agent in the arrangement in Part XII. 1a Beginning of year balance [a] Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance [a] Current year (b) Prior year (c) Two years back (d) Four years back (e) Four years back 1a Beginning of year balance [a] Current year (b) Prior year (c) Two years back (d) Four years back (e) Four years back (e) F	5						
reported an amount on Form 990, Part X, line 21. 1a is the organization an agent, truste, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Ves No b If 'Yes, 'explain the arrangement in Part XIII and complete the following table: Amount Ic Amount c Beginning balance 1d Id Id Id Id d Additions during the year 1d Id Id<	Der						
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Porm 990, Part X? Yes No b If "Ves," explain the arrangement in Part XIII and complete the following table:	Par			ete if the organizati	ion answered "Yes" c	n Form 990, Part	: IV, line 9, or
on Form 990, Part X? Yes No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1d d Additions during the year 1d e Distributions during the year 1d d Additions during the year 1d d Distributions during the year 1d e Other expenditures for during the year 1d d Distributions 1d 1d e Other expenditures for facilities and programs 1d 1d e Other expenditures for facilities and programs 1d 1d f Administ				lion (for contributio	no or other ecosts of	tipoludod	
b If "Yes," explain the arrangement in Part XII and complete the following table: Amount a dditions during the year Id If 'ters way and non- Id Id	1a			•			
c Beginning balance Id d Additions during the year Id e Distributions during the year Id f Ending balance If a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided or Part XIII Image: Check here if the organization answered "Yes" on Form 990, Part X, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 10. Image: Check here if the explanation on the provided or part back if the organization answered "Yes" on Form 990, Part X, line 10. a Beginning of year balance Image: Check here if the explanation has been provided or part back if the organization answered "Yes" on Form 990, Part X, line 10. a Contributions Image: Check here if the explanation has been provided or part back if the organization answered "Yes" on Form 990, Part X, line 10. b Contributions Image: Check here if the explanation the provided here organization back if the organizations g End of year balance Image: Check here if the explanation or part back if the organization is the dasc explanation or part back if the organizations Image: Check here if the organizations g E	h						
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d Additions during the year 1d e Distributions during the year 1d 1 1 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Three years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (e) Four years back 6 Grants or scholarships (a) Current year (b) Prior year (c) Two years back (e) Two years back 9 End of year balance (a) Current year end balance (line 1g, column (a)) held as: (a) Current year end balance (line 1g, column (a)) held as: 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: (a) Current year % 9 End of year balance % % (b) Proventages on lines 2a, 2b, and 2c should equal 100%. (a) Casiendowment } (b) (a) (a) (a) (a) (a) (a) (a) (a) (a) (a	~	Beginning balance				10	Amount
e Distributions during the year 1e f Ending balance 1f 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ves No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Image: Comparison on Part XIII Image: Comparison on Part XIII Image: Comparison on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Image: Comparison on Part XIII Image: Comparison on Part XIII Image: Comparison on Part XIII a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back a Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back a Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back a Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back a Contributions (b) Prior year (c) Two years back							
f Ending balance							
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If 'Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Yes No Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part K, line 10. Image: Complete if the organization answered 'Yes' on Form 990, Part K, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back c No Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back d Grants or scholarships (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years g End of year balance (a) Current year (b) Column (a) held as: (a) Column (a) held as: (a) Column (a) held as: (b) Permanent endowment ▶	-						
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 390, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back c Net investment earnings, gains, and losses (a)							Yes No
ia Beginning of year balance (a) Current year (b) Prior year (c) Two years back (c) Two years back back Two years back back (c) Two years back back (c) Two years back back back back back back back back							
1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs	Par	t V Endowment Funds. Complete i	f the organization ar	swered "Yes" on I	Form 990, Part IV, line	e 10.	
b Contributions			(a) Current year	(b) Prior year	(c) Two years back	(d) Three years b	ack (e) Four years back
c Net investment earnings, gains, and losses	1a	Beginning of year balance					
d Grants or scholarships	b	Contributions					
e Other expenditures for facilities and programs	С	Net investment earnings, gains, and losses					
and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % c Temporarily restricted endowment ▶ % d f Are there endowment ▶ % the percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment thuds not in the possession of the organization that are held and administered for the organization by: (i) (ii) urelated organizations (iii) related organizations 3a(ii) 3a(iii) 3b d Land, Buildings, and Equipment. Complete if the organization answerd "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other b Buildings c Leasehold improvements c Leasehold impr	d	Grants or scholarships					
f Administrative expenses	е	Other expenditures for facilities					
g End of year balance		and programs					
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶% b Permanent endowment ▶% c Temporarily restricted endowment ▶% mthe percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment thunds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (ii) related organizations (ii) related organizations 3a(ii) 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other (b) Cost or other (c) Accumulated b Buildings	f	Administrative expenses					
a Board designated or quasi-endowment ▶% b Permanent endowment ▶% c Temporarily restricted endowment ▶% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:	g	•					
b Permanent endowment ▶ % c Temporarily restricted endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:			-	e (line 1g, column	(a)) held as:		
c Temporarily restricted endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:		-		_%			
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Part VI Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment e Other							
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: Yes No (i) unrelated organizations 3a(i) 3a(i) 3a(i) 3a(i) 3a(i) 1 b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 3b 1 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. 3b 1 Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value 4 Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation b Buildings	с						
by: (i) unrelated organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) basis (other) c Leasehold improvements c Leasehold improvements d Equipment e Other							
(i) unrelated organizations 3a(i) (ii) related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements d Equipment e Other	3a		ession of the organiz	ation that are held	and administered for	the organization	
(ii) related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 3c		-					
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land							
4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land	h						
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land					۲		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land			0	Jointent funds.			
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land). Part IV. line 11a.	See Form 990, Part)	K. line 10.	
Image: state of the state o							(d) Book value
1a Land				• • • •			
b Buildings	1 a	Land			· .		
c Leasehold improvements							
d Equipment							
e Other							
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)							
	Tota	Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, column (B), line	10c.)	▶	0.

Schedule D (Form 990) 2015

(a) Description of security or category (including name of security)	(b) Book value	e 11b. See Form 990, I	luation: Cost or end-of-year market value
) Financial derivatives			,
) Closely-held equity interests			
) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
	on Form 000 Dart IV lin	110 Coo Form 000 F	Part V line 10
Complete if the organization answered "Yes" (a) Description of investment	(b) Book value		luation: Cost or end-of-year market valu
			ination. Cost of end-of-year market valu
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►			
		11.1 O Faire 000 I	
Complete if the organization answered "Yes"	on Form 990, Part IV, line Description	e 11d. See Form 990, I	
Complete if the organization answered "Yes"		e 11d. See Form 990, I	
Complete if the organization answered "Yes" (a) (1)		e 11d. See Form 990, I	
Complete if the organization answered "Yes" (a) (1) (2)		e 11d. See Form 990, I	
Complete if the organization answered "Yes" (a) (1) (2) (3)		e 11d. See Form 990, F	
Complete if the organization answered "Yes" (a) (1) (2) (3) (4)		e 11d. See Form 990, F	
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5)		e 11d. See Form 990, F	
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6)		e 11d. See Form 990, F	
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7)		e 11d. See Form 990, F	
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8)		e 11d. See Form 990, F	
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7)		e 11d. See Form 990, F	
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) ttal. (Column (b) must equal Form 990, Part X, col. (B) lin	Description	e 11d. See Form 990, F	
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) vtal. (Column (b) must equal Form 990, Part X, col. (B) lim	Description	e 11d. See Form 990, F	
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) ttal. (Column (b) must equal Form 990, Part X, col. (B) lin	Description		(b) Book value
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) lim Part X Other Liabilities.	Description		(b) Book value
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) ttal. (Column (b) must equal Form 990, Part X, col. (B) lim Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description	e 11e or 11f. See Form	(b) Book value
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) lim Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes	Description	e 11e or 11f. See Form	(b) Book value
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) lim Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2)	Description	e 11e or 11f. See Form	(b) Book value
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) vart X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3)	Description	e 11e or 11f. See Form	(b) Book value
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) vart X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4)	Description	e 11e or 11f. See Form	(b) Book value
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Datal. (Column (b) must equal Form 990, Part X, col. (B) lim Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	Description	e 11e or 11f. See Form	(b) Book value
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Datal. (Column (b) must equal Form 990, Part X, col. (B) lime Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4)	Description	e 11e or 11f. See Form	(b) Book value
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (9) (9) (1) Federal income taxes (2) (3) (4) (5)	Description	e 11e or 11f. See Form	(b) Book value
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	Description	e 11e or 11f. See Form	(b) Book value
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Dotal. (Column (b) must equal Form 990, Part X, col. (B) lim Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	Description	e 11e or 11f. See Form	(b) Book value

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Sche	dule D (Form 990) 2015 DABO'S ALL IN TEAM FOUNDA	ATION	26-4097	429 Page 4
	t XI Reconciliation of Revenue per Audited Financial State	ments With Reve		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.		
1	Total revenue, gains, and other support per audited financial statements			592,247.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	592,247.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b			0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			592,247.
Pa	rt XII Reconciliation of Expenses per Audited Financial State	•	enses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1		i	
1	Total expenses and losses per audited financial statements		1	481,567.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities			
b	Prior year adjustments			
С	Other losses			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d			0.
3	Subtract line 2e from line 1			481,567.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b			0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			481,567.
Pai	t XIII Supplemental Information.			

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE G (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Complete if the	ntal Information Reg organization answered organization entered more Attach to I bout Schedule G (Form 990 d	Yes" on I than \$1 Form 990	Form 9 5,000 or Fo	990, P on Foi rm 99	art IV, lines 17, 18, rm 990-EZ, line 6a. 0-EZ.	or 19, a gov/forr	or if the 1990.	OMB No. 1545-0047
Name of the organization		ALL IN TEAM F		ΨΤΟ	N			1 imployer ide	ntification number
Part I Fundraisi		Complete if the organizati				n Form 990, Part IV,			
 Indicate whether the a Mail solicitation b Internet and c Phone solicitien d In-person solicitien 2 a Did the organization key employees lister 	ons email solicitations ations icitations n have a written c ed in Form 990, P i highest paid ind	ed funds through any of the e f g or oral agreement with any art VII) or entity in connect ividuals or entities (fundrais] Solicitat] Solicitat] Special individual ion with p	tion of tion of fundra (inclue rofess	non-g gover iising ding o ional f	overnment grants nment grants events fficers, directors, tru undraising services?	stees o ?	Yes	
(i) Name and address or entity (fund		(ii) Activity		(iii) fundr have c or cor contrib	ustody trol of	(iv) Gross receipts from activity	tò (or fu	mount paid retained by) ndraiser d in col. (i)	(vi) Amount paid to (or retained by) organization
				Yes	No				
Total	ch the organizatio	n is registered or licensed	to solicit (contrik		s or has been notified	d it is e	xempt from r	egistration
or licensing.								in the second seco	

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Schedule G (Form 990 or 990-EZ) 2015

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

		of fundraising event contributions and gr	oss income on Form 990)-EZ, lines 1 and 6b. List	events with gross receip	ots greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
				LADIES		(add col. (a) through
			FANTASY CAMP	CLINIC	1	col. (c)
е			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	84,701.	216,721.	599,612.	901,034.
	2	Less: Contributions	84,701.	68,810.	275,940.	429,451.
	3	Gross income (line 1 minus line 2)		147,911.	323,672.	471,583.
	4	Cash prizes				
s	5	Noncash prizes			28,500.	28,500.
pense	6	Rent/facility costs		12,081.	69,266.	81,347.
Direct Expenses	7	Food and beverages	7,033.	12,687.	58,670.	78,390.
D	8	Entertainment			51,828.	51,828.
	9	Other direct expenses	49,878.	95,763.	0.	145,641.
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)		▶	385,706.
	11	85,877.				
Pa	rt I	II Gaming. Complete if the organization	answered "Yes" on Form	n 990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.				
evenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Ň						

enue			(a) Bingo	bingo/progressive bingo	(c) Other garning	col. (a) through col. (c))			
Revenue	1	Gross revenue							
es	2	Cash prizes							
Direct Expenses	3	Noncash prizes							
Direct I	4	Rent/facility costs							
	5	Other direct expenses							
	6	Volunteer labor	└── Yes % └── No	Yes%	└── Yes % └── No				
	7	Direct expense summary. Add lines 2 through	ז 5 in column (d)						
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)						
9	9 Enter the state(s) in which the organization conducts gaming activities:								
		he organization licensed to conduct gaming ac No," explain:				Yes No			
		ere any of the organization's gaming licenses re Yes," explain:	voked, suspended or te	erminated during the tax	year?	Yes No			

532082 09-14-15

Sch	edule G (Form 990 or 990-EZ) 2015 DABO'S ALL IN TEAM FOUNDATION 26-4	<u>1097</u>	429	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	No No
13	Indicate the percentage of gaming activity conducted in:			
a	a The organization's facility	13a		%
	An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
1 5a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	No No
r	o If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount			
	of gaming revenue retained by the third party \triangleright \$			
	s If "Yes," enter name and address of the third party:			
Ľ	in res, entername and address of the third party.			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation 🕨 \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
a	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		Vee	No No
	retain the state gaming license?		res	
k	• Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
Da	organization's own exempt activities during the tax year s Int IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, I		06 10)h 15h
Га	15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).	nes 9,	9D, TC	ю, тэ <u>р</u> ,

Part IV	Supplemental Information (continued)

SCHEDULE I	(Grants and Oth	OMB No. 1545-0047				
(Form 990)	GC Comp	2015					
Department of the Treasury Internal Revenue Service		tion about Schedule I	Attach to Form	n 990.		0.	Open to Public Inspection
Name of the organization DABO'S AL	L IN TEAN	I FOUNDATION	, j				Employer identification number $26 - 4097429$
Part I General Information on Grants a			-				
1 Does the organization maintain records criteria used to award the grants or assis	stance?						
2 Describe in Part IV the organization's pro Part II Grants and Other Assistance to		¥¥¥			anization answord "	(as" on Form 990 Par	t IV/ line 21 for any
recipient that received more than s	•			1 0	anization answered	res on Form 990, Par	t IV, III e 21, IOF any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ANDERSON UNIVERSITY	57-0324906	501(C)(3)	5,000.	0.			TO SUPPORT THE ACTIVITIES OF THE ORGANIZATION.
LET THERE BE MOM	20-8191685	501(C)(3)	5,000.	0.			TO SUPPORT THE ACTIVITIES OF THE ORGANIZATION.
CALVARY HOME FOR CHILDREN	57-1068943	501(C)(3)	7,000.	0.			TO SUPPORT THE ACTIVITIES OF THE ORGANIZATION.
BEL-AIRE COMMUNITY FELLOWSHIP	57-1109692	501(C)(3)	7,500.	0.			TO SUPPORT THE ACTIVITIES OF THE ORGANIZATION.
FEED A HUNGRY CHILD PICKENS COUNTY	27-3724307	501(C)(3)	10,000.	0.			TO SUPPORT THE ACTIVITIES OF THE ORGANIZATION.
BIG BROTHERS-BIG SISTERS	20-4243553	501(C)(3)	5,000.	0.			TO SUPPORT THE ACTIVITIES OF THE ORGANIZATION.
2 Enter total number of section 501(c)(3) a	nd government o	rganizations listed in th	ne line 1 table			·····	>
3 Enter total number of other organization	s listed in the line	1 table					

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Schedule I (Form 990) (2015)

DABO'S ALL IN TEAM FOUNDATION

		I FOUNDATION					26-4097429 Page
Part II Continuation of Grants and Othe	er Assistance to G	overnments and Orga	anizations in the U	nited States (Sche	edule I (Form 990), Pa	art II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							TO SUPPORT THE ACTIVITIE
HAPPY HOOVES	56-2288493	501(C)(3)	7,000.	0.			OF THE ORGANIZATION.
							TO SUPPORT THE ACTIVITIE:
COACHES FOR CHARACTER	57-6019318	501(C)(3)	10,000.	0.			OF THE ORGANIZATION.
							TO SUPPORT THE ACTIVITIES
RICE VINSKUS SCHOLARSHIP FUND	61-1585212	501(C)(3)	5,000.	0.			OF THE ORGANIZATION.
							TO SUPPORT THE ACTIVITIE:
EMERSON ROSE FOUNDATION	45-3047976	501(C)(3)	5,000.	0.			OF THE ORGANIZATION.
							TO SUPPORT THE ACTIVITIES
CLEMSON UNIVERSITY	57-6000254	501(C)(3)	25,000.	0.			OF THE ORGANIZATION.
							TO SUPPORT THE ACTIVITIE
HOSPICE OF THE UPSTATE	57-0859126	501(C)(3)	5,000.	0.			OF THE ORGANIZATION.
							TO SUPPORT THE ACTIVITIE:
SAFE HARBOR	57-1014137	501(C)(3)	5,000.	0.			OF THE ORGANIZATION.
							TO SUPPORT THE ACTIVITIE
ANDERSON INTERFAITH MINISTRIES	57-0896524	501(C)(3)	5,000.	0.			OF THE ORGANIZATION.
							TO SUPPORT THE ACTIVITIE
THE ARC	57-0422304	501(C)(3)	5,000.	0.			OF THE ORGANIZATION.

Schedule I (Form 990)

DABO'S ALL IN TEAM FOUNDATION Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							TO SUPPORT THE ACTIVITIES
CAMP IROCK	57-0476249	501(C)(3)	10,000.	0.			OF THE ORGANIZATION.
							TO SUPPORT THE ACTIVITIES
CANCER SURVIVOR PARK ALLIANCE	57-1085380	501(C)(3)	5,000.	0.			OF THE ORGANIZATION.
A CHILD'S HAVEN	57 0002710	F01(a)(2)	F 000	0			TO SUPPORT THE ACTIVITIES
A CHILD S HAVEN	57-0893712	501(C)(3)	5,000.	0.			OF THE ORGANIZATION.
CLEMSON CHILD DEVELOPMENT CENTER	57-0513622	501(C)(3)	5,000.	0.			TO SUPPORT THE ACTIVITIES OF THE ORGANIZATION.
							TO SUPPORT THE ACTIVITIES
CLEMSON COMMUNITY CARE	57-0868065	501(C)(3)	5,000.	0.			OF THE ORGANIZATION.
							TO SUPPORT THE ACTIVITIES
CLEMSON FREE CLINIC	73-1720431	501(C)(3)	5,000.	0.			OF THE ORGANIZATION.
							TO SUPPORT THE ACTIVITIES
COLLINS CHILDREN'S HOME	57-0689153	501(C)(3)	5,000.	0.			OF THE ORGANIZATION.
							TO SUPPORT THE ACTIVITIES
FAMILY PROMISE OF PICKENS COUNTY	45-5195142	501(C)(3)	5,000.	0.			OF THE ORGANIZATION.
FOSTERING GREAT IDEAS	27-4622960	501(C)(3)	5 000	0.			TO SUPPORT THE ACTIVITIES OF THE ORGANIZATION.
TOSIERING GREAT IDEAS	21-4022900		5,000.	υ.			OF THE ORGANIZATION.

Schedule I (Form 990)

DABO'S ALL IN TEAM FOUNDATION Schedule I (Form 990) DABO'S ALL IN TEAM FOUNDATION Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

532241 04-01-15

Schedule I (Form 990)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							TO SUPPORT THE ACTIVITIES
HARVEST HOPE FOOD BANK	57-0725560	501(C)(3)	10,000.	0.			OF THE ORGANIZATION.
							TO SUPPORT THE ACTIVITIES
HELPING HANDS	57-0722226	501(C)(3)	5,000.	0.			OF THE ORGANIZATION.
			,				
							TO SUPPORT THE ACTIVITIES
INSPIRING THE DREAM	46-3853325	501(C)(3)	8,000.	0.			OF THE ORGANIZATION.
PUZZLE PIECE	46-1588899	501(C)(3)	5,537.	0.			TO SUPPORT THE ACTIVITIES OF THE ORGANIZATION.
	40 1300055	501(0)(5)	5,557.				
RIPPLE OF ONE	80-0602523	501(C)(3)	5,000.	0.			TO SUPPORT THE ACTIVITIES OF THE ORGANIZATION.
		501(0)(5)	5,000.	••			
RONALD MCDONALD HOUSE	57-0844123	501(C)(3)	5,000.	0.			TO SUPPORT THE ACTIVITIES OF THE ORGANIZATION.
							· · ····
CANADIMAN WEALTHY CLIMIC OF DIGUTA							
SAMARITAN HEALTH CLINIC OF PICKENS COUNTY	57-0947115	501(C)(3)	5,000.	0.			TO SUPPORT THE ACTIVITIES OF THE ORGANIZATION.
	57 0947115	501(0)(5)	5,000.				
CUNTON HOUSE MINICEDIES	58-2314658	501(C)(3)	F 000	0.			TO SUPPORT THE ACTIVITIES
SHALOM HOUSE MINISTRIES	J0-2314030	501(0)(3)	5,000.	0.			OF THE ORGANIZATION.
THE DREAM CENTER OF PICKENS	45-5249542	F01/(3)/(3)	10,000.	0.			TO SUPPORT THE ACTIVITIES OF THE ORGANIZATION.

26-4097429 Page 1

DABO'S ALL IN TEAM FOUNDATION Schedule I (Form 990) Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							TO SUPPORT THE ACTIVITIES
YMCA OF PICKENS COUNTY	57-0405623	501(C)(3)	5,000.	0.			OF THE ORGANIZATION.
							TO SUPPORT THE ACTIVITIES
CANCER SOCIETY OF GREENVILLE	57-0471686	501(C)(3)	5,000.	0.			OF THE ORGANIZATION.
							TO SUPPORT THE ACTIVITIES
RISE SCHOOL	63-6001138	501(C)(3)	30,000.	0.			OF THE ORGANIZATION.
							TO SUPPORT THE ACTIVITIES
THE FAMILY EFFECT	57-1129751	501(C)(3)	85,000.	0.			OF THE ORGANIZATION.
CLENCON EGA COLE MOUDNEY	44 0610626	501(C)(3)	21 100	0.			TO SUPPORT THE ACTIVITIES
CLEMSON FCA - GOLF TOURNEY	44-0610626	501(C)(3)	21,100.	0.			OF THE ORGANIZATION.
FCA	44-0610626	501(C)(3)	8,000.	0.			TO SUPPORT THE ACTIVITIES OF THE ORGANIZATION.
	44-0010020	501(0)(5)	8,000.	0.			OF THE ORGANIZATION.
CLEMSON LIFE PROGRAM	57-0426335	501(C)(3)	35,000.	0.			TO SUPPORT THE ACTIVITIES OF THE ORGANIZATION.
CALL ME MISTER PROGRAM	57-6000254	501(C)(3)	30,000.	0.			TO SUPPORT THE ACTIVITIES OF THE ORGANIZATION.
			, ,				

Schedule I (Form 990)

26-4097429 Page 1

Schedule I (Form 990) (2015) DABO'S ALL IN TEAM FOUNDATION

 Part III can be duplicated if additional space is needed.
 (a) Type of grant or assistance
 (b) Number of recipients
 (c) Amount of cash grant
 (d) Amount of non- cash assistance
 (b) Method of valuation (book, FMV, appraisal, other)
 (f) Description of non-cash assistance

 Image: Cash grant
 Image:

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

PART I, LINE 2:

Part III

WHEN GRANTS ARE AWARDED, A GRANT AGREEMENT IS ENTERED INTO WHICH SERVES AS

A GUIDE FOR THE EXPECTATIONS RELATED TO THE GRANT. THE BOARD MAY REQUIRE A

NARRATIVE REPORT AND BASIC FINANCIAL ACCOUNTING REPORTS AFTER ISSUANCE OF

GRANT TO TRACK USE OF FUNDS.

26-4097429

Page 2

Department of the Treasury	Complete if t	the or	ganization ans 28b, or 28c, o ▶ Atta	swere or For ch to	ed "Yes m 990 Form	Interested " on Form 990, Pa EZ, Part V, line 38 990 or Form 990-E EZ) and its instruction	rt IV a or Z.	, line 25a, 25b, 2 40b.			O	Den To	15 • Pub	
Name of the organization	_									-	ident		on nu	mber
			J IN TEA								974	29		
						ion 501(c)(4), and 5								
Complete if the	organization		ered "Yes" on H elationship betv			art IV, line 25a or 25	b, 0i	r Form 990-EZ, P	art V,	line 40	JD.	(d)	Corro	cted?
(a) Name of disqualified	person		person and or			(c) De	escription of tran	sactic	n			es	No
				-										
												_		
												_		
2 Enter the amount of tax	incurred by	the or	ganization man	aders	or dis	ualified persons du	ırina	the vear under						
	-		-	-			-	-		▶ \$				
3 Enter the amount of tax,										▶ \$				
Deut II Leene te en	d/or From	Inte	weated Daw											
Part II Loans to an								- 000 Davit IV/ Ilia	- 00-					
reported an amo	-					, Part V, line 38a or	Form	n 990, Part IV, IIn	e ∠o;	or it tr	ie orga	Inizatio	on	
(a) Name of	(b) Relation			(d) La	oan to or	(e) Original	(1) Balance due	(a)	In	(h) App	proved	(i) W	ritten
interested person	with organiz		of loan		n the ization?	principal amount		,		ault?	by boa	ard or ittee?	agree	ment?
					From				Yes	No	Yes	No	Yes	
WILLIAM C SWINN	<u>CHAIRN</u>	IAN	ro suppo	X		4,500.		4,500.		Х	X			X
														<u> </u>
														<u> </u>
														<u> </u>
Total						> \$		4,500.						
Total Part III Grants or As	ssistance	Ben	efiting Inter	este	d Pe			4,500.						
Complete if the	organization	answe	ered "Yes" on f	orm :	990, P	art IV, line 27.								
(a) Name of interested	person) Relationship interested pers the organiza	on an		(c) Amount of assistance		(d) Type assistan			• • •) Purp assista		f
										-+				
		 												
										-+				
						<u> </u>								

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

Schedule L (Form 990 or 990-EZ) 2015

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(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?		
				Yes	No	

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS:

(A) NAME OF PERSON: WILLIAM C SWINNEY

(C) PURPOSE OF LOAN: TO SUPPORT CHARITABLE PURPOSE

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No 1545-0047 5 **Open to Public** Inspection

Employer identification number

26-4097429

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

DABO'S ALL IN TEAM FOUNDATION

LIVES OF PEOPLE ACROSS THE STATE OF SOUTH CAROLINA.

FORM 990, PART VI, SECTION A, LINE 2:

DIRECTORS KATHLEEN AND WILLIAM SWINNEY ARE SPOUSES. DIRECTORS JEANIE AND

FRED GILMER ARE SPOUSES.

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

NO REVIEW. THE BOARD REVIEWED THE FORM 990 CONSISTENT WITH THE FOUNDATION'S

FORM 990 REVIEW POLICY.

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

THERE WERE NO CHANGES TO THE CONFLICT OF INTEREST POLICY. THE BOARD OF

DIRECTORS COMPLETED THE ANNUAL DISCLOSURE STATEMENT WHEN CHANGES WERE MADE

TO THE POLICY IN PRIOR YEARS.

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

NO DOCUMENTS AVAILABLE TO THE PUBLIC.

COPIES OF THE FOUNDATION'S GOVERNANCE DOCUMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

ADJUSTMENT OF GRANTS PAYABLE

30,000.

Part II Additional (Not Automatic) 3-Month E	Extensio	n of Time. Only file the origination	al (no co	opies need	ed).
		Enter filer's	identifyir	ng number, s	ee instructions
ype or Name of exempt organization or other filer, see instru	uctions.		Employe	r identificatior	number (EIN) or
				06 400	F 400
ile by the DABO'S ALL IN TEAM FOUNDATI				26-409	
^{ue date for} Number, street, and room or suite no. If a P.O. box, s	see instruc [.]	tions.	Social se	curity numbe	r (SSN)
turn. See P.O. BOX 1585					
City, town or post office, state, and ZIP code. For a f CLEMSON, SC 29633	foreign add	ress, see instructions.			
nter the Return code for the return that this application is for (fi	le a separa	te application for each return)			01
pplication	Return	Application			Return
s For	Code	Is For			Code
orm 990 or Form 990-EZ	01				
orm 990-BL	02	Form 1041-A			08
Form 4720 (individual)	03	Form 4720 (other than individual)			09
form 990-PF	04	Form 5227			10
orm 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
form 990-T (trust other than above)	06	Form 8870			12
TOP! Do not complete Part II if you were not already grante FRED GILMER	d an auton	natic 3-month extension on a prev	ously file	ed Form 8868	3.
 For calendar year 2015, or other tax year beginning If the tax year entered in line 5 is for less than 12 months, on Change in accounting period State in detail why you need the extension ADDITIONAL TIME IS NECESSARY 	Group Exe and atta NOVEMI check reas	emption Number (GEN) If ich a list with the names and EINs of BER 15, 2016. , and ending on: Initial return LE A COMPLETE AND 2	this is fo all memb	r the whole gi pers the exten return	oup, check this sion is for
8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720 nonrefundable credits. See instructions.), or 6069,	enter the tentative tax, less any	8a	\$	0.
 b If this application is for Forms 990-PF, 990-T, 4720, or 6069 	9 enter an	v refundable credits and estimated	00	Ψ	
tax payments made. Include any prior year overpayment a					
previously with Form 8868.	100000 43 6	a credit and any amount paid	8b	\$	0.
 Balance due. Subtract line 8b from line 8a. Include your p 	avment wit	h this form if required by using		Ψ	
EFTPS (Electronic Federal Tax Payment System). See inst	-		8c	\$	0.
		st be completed for Part II o		. T	
Inder penalties of perjury, I declare that I have examined this form, inclu	ding accomp		•	f my knowledg	and helief
is true, correct, and complete, and that I am authorized to prepare this f	01111.				
is true, correct, and complete, and that I am authorized to prepare this f lignature	01111.		Date		

• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).