EXTENDED TO NOVEMBER 15, 2017

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

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ 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.

Inspection

Α	For the	2016 calendar year, or tax year beginning and	ending	_									
В	Check if applicable	C Name of organization		D Employer identifie	cation number								
	Addres	DABO'S ALL IN TEAM FOUNDATION											
Ē	Name change	Doing business as			097429								
	Initial return Final return/	Number and street (or P.0. box if mail is not delivered to street address) P.O. BOX 1585	Room/suite		669-7730								
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,381,147.								
	Amendoreturn	CLEMSON, SC 29633		H(a) Is this a group re	eturn								
	Application			for subordinates	? Yes X No								
	pending	500 SNIDER DR., CLEMSON, SC 29631		H(b) Are all subordinates in	ncluded? Yes No								
<u></u>	Tax-exe	mpt status: X 501(c)(3) 501(c)()◀ (insert no.) 4947(a)(1)	or 527	If "No," attach a	list. (see instructions)								
		E: ► WWW.DABOSALLINTEAM.COM		H(c) Group exemption									
		organization: X Corporation Trust Association Other	∟ Year	of formation: 2009 N	1 State of legal domicile; SC								
P		Summary											
ø	1 5	Briefly describe the organization's mission or most significant activities:	MISSIC	N IS TO RAI	SE								
and	4	AWARENESS OF CRITICAL EDUCATION AND HEAL	TH ISS	SUES IN ORDE	R TO CHANGE								
Governance	2 (
્ટ્રે	3 1	Number of voting members of the governing body (Part VI, line 1a)			8								
<u>«</u>	+ '	Number of independent voting members of the governing body (Part VI, line 1b)			8								
ties		otal number of individuals employed in calendar year 2016 (Part V, line 2a)			<u>0</u> 50								
Activities &		otal number of volunteers (estimate if necessary)			0.								
Ą		Total unrelated business revenue from Part VIII, column (C), line 12			0.								
_	l d	Net unrelated business taxable income from Form 990-T, line 34	·····										
		Contributions and greats (Part VIII line 1b)		Prior Year 505,900.	Current Year 722, 319.								
Revenue		Contributions and grants (Part VIII, line 1h)		0.	0.								
Ver		Program service revenue (Part VIII, line 2g) nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		471.	604.								
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		94,201.	195,364.								
	1	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		600,572.	918,287.								
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		516,337.	647,788.								
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.								
S	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.								
Expenses	16a F	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.								
ē	b 7		50.										
ũ	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		41,335.	56,427.								
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		557,672.	704,215.								
	19 F	Revenue less expenses. Subtract line 18 from line 12		42,900.	214,072.								
Net Assets or			Ве	eginning of Current Year	End of Year								
sets	20 1	otal assets (Part X, line 16)		134,249.	265,542.								
t As	21 7	otal liabilities (Part X, line 26)		87,279.	4,500.								
캺	22 1	let assets or fund balances. Subtract line 21 from line 20		46,970.	261,042.								
	art II	Signature Block											
		ties of perjury, I declare that I have examined this return, including accompanying schedule			y knowledge and belief, it is								
true	e, correct	, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparer	r has any knowledge.									
		Signature of officer		I Date									
Sig		,		Date									
He	re	RICHARD M DAVIES, PRESIDENT Type or print name and title											
_			П	Date Check	II PTIN								
Pai		Print/Type preparer's name IATTHEW MADDEN PMarer's signature Matthew 1- Mat	I	1/15/17 if self-employe	1 1								
		Firm's name ELLIOTT DAVIS, LLC /PLLC	J	Firm's EIN	57-0381582								
	· +	Firm's address P.O. BOX 6286		I IIIII S EIIV	37 0301302								
500	· •,	GREENVILLE, SC 29606-6286		Phone no 86	4-242-3370								
— Ma	v the IR	S discuss this return with the preparer shown above? (see instructions)		11 110110 110.50	X Yes No								

Page **2**

Pa	Statement of Program Service Accomplishments	1
	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 EDUCATION AND HEALTH	
	ISSUES IN ORDER TO CHANGE LIVES OF PEOPLE ACROSS THE STATE OF SOUTH	_
	CAROLINA.	_
	CAROLINA.	_
	Diddle and the second state of the second se	_
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes X No	
		1
_	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No	
3	3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	1
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	_
4a	(Code:) (Expenses \$ 682,515 · including grants of \$ 647,788 ·) (Revenue \$)
	THE FOUNDATION PAID GRANTS TOTALING \$647,788 TO PUBLIC CHARITIES IN	_
	SOUTH CAROLINA WITH A FOCUS ON BREAST CANCER RESEARCH; THE FAMILY	_
	EFFECT, AN ORGANIZATION WORKING TO REDUCE ADDICTION AS A LEADING CAUSE	_
	OF FAMILY COLLAPSE AND HARM TO CHILDREN; CALL ME MISTER, AN INITIATIVE	
	TO INCREASE THE POOL OF AVAILABLE TEACHERS FROM A BROADER, MORE DIVERSE	_
	BACKGROUND, PARTICULARLY AMONG SOUTH CAROLINA'S LOWEST PERFORMING	_
	ELEMENTARY SCHOOLS; AND THE RISE PROGRAM, A PRESCHOOL PROGRAM SERVING	
	THE SPECIAL NEEDS CHILDREN OF SOUTH CAROLINA.	
4b	(Code:) (Expenses \$)
		_
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 ► 682,515.	_

Form 990 (2016) 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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		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			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i> Schedule D, Part III	8		Х
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		Х
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
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		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
~	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			77
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	المرا	_v	
40	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? If "Yes," complete Schedule G, Part III	19		х

Form 990 (2016) Part IV Checklist of Required Schedules (continued)

			Yes	No
20 a	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	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			l
	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			l
	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			
	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	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		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
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		Х
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?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	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			
	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," 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		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form 990 (2016) DABO'S ALL IN TEAM FOUNDATION Part V Statements Regarding Other IRS Filings and Tax Compliance

Enter the number reported in Box 3 of Form 1096. Enter 0- if not applicable 1a 0 0 0 0 0 0 0 0 0		Check if Schedule O contains a response of note to any line in this part v					Ш
b Enter the number of Forms W/20 included in line 1a. Enter-0-if not applicable 1b lab 0 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) withmy mings to prize winners? 2a Enter the number of employees reported on Form W.3. Transmittal of Wage and Tax Statements. [2a 0] b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b If the calendary pare androing with or within the year covered by this return 2a of the organization have unrelated business gross income of \$1,000 or more during the year? 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b If 1**es, * in stell a Form 980-71 for this year? If 1*%, * for line 3b, provide an explanation in Schedule 0 3b If **es, * in stell a Form 980-71 for this year? If 1*%, * for line 3b, provide an explanation in Schedule 0 3c If **es, * order the name of the foreign country.} ► See instructions of intigin requirements for FinCEN Form 114, Report of Foreign Bank and Financial accounts (FBAF). 5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5b If **es,* enter the name of the foreign country.} ► 5c If **es,* enter the name of the foreign country.} ► 5c If **es,* enter the name of the foreign country.} ► 5c If **es,* enter the name of the foreign country.} ► 5c If **es,* enter the name of the foreign country.} ► 5c If **es,* enter the name of the foreign country.} ► 5c If **es,* enter the name of the foreign country.} ► 5c If **es,* enter the name of the foreign country.} ► 5c If **es,* enter the name of the foreign country.} ► 5c If **es,* enter the name of the foreign country.} ► 5c If **es,* enter the name of the foreign country.} ► 5c If **es,* enter the name of the foreign country.} ► 5c If **es,* enter the name of the foreign country.} ► 5c If **es,* enter the name of the foreign country.} ► 5c If **es,* en			ı	1 0		Yes	No
Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2 Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 5 If all can be in the provide on the 2d, did the organization file all required federal employment tax returns? 2 Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3 Did the organization have unreated business gross income of \$1,000 or more during the year? 3 A any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4 A any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 5 Did in the state of the organization that it was or is a party to a prohibitories of file grequitements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF). 5 Was the organization a party to a prohibitories that see or is a party to a prohibitories that shelter transaction? 5 Did The organization shell organization file Form 8898-877 5 Did If Yes, "did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 Diff the organization receive aphyment in exists of \$75 made party is a combination and party for goods and services provided to the payor? 7 To Bid If Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 9 Did the organization receive any f			-	-			
Gamblingly winnings to prize winners? a Flote the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization life all required federal employment tax returns? Abote. If the sum of lines 1 and 2a is greater than 250, you may be required to e-file (see instructions) b If If Yes, I saw in dile line 1 and 2 is greater than 250, you may be required to e-file (see instructions) b If If Yes, I saw in the cale and 2 is greater than 250, you may be required to e-file (see instructions) b If Yes 1 and 1 the da Form 900 Tho this year If 17%, 1 for line 83, provide an explanation in Schedule 0 b If Yes, I enter the name of the foreign country: Implication in the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account is a foreign country (such as a bank account, securities account, or other financial accounts (FBAF). b If Yes, I enter the name of the foreign country: Implication in the foreign country: Implication in the same of the organization in the same of the same of the same of the same of the organization in the same of the same of the same of th							
2a Enter the number of employees reported on Form W.S. Transmittal of Wage and Tax Statements, fleed for the calendar year ending with or within the year covered by this return Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a	С				4.		
tilled for the calendary year endring with or within the year covered by this return.	0-		 I	I	10		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 3a Did the organization have unrelated business gross income of 7file (see instructions) 3b Did the organization have unrelated business gross income of 7file (see instructions) 3c Did the organization have unrelated business gross income of 7file (see instructions) 3d Did The organization have unrelated business gross income of 7file (see instructions) 3d Did The organization have unrelated business gross income of 7file (see instructions) 3d Did The Vest, * has it filed a Form 990 T for this year? If * No.* * to file 3b, provide an explanation in Schedule 0 3d At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4d At any time and the foreign country. 5d If *Yes,* * enter the name of the foreign country. 5ee instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5d Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5d Did any capanization a party to a prohibited tax shelter transaction at any time during the tax year? 5d Did was the organization related a party to a prohibited tax shelter transaction at the foreign country (see that the such a file of the organization shelt were not tax deductible? 5d Did the organization shelt were not tax deductible? 6d Did the organization related a party to a prohibited tax shelter transaction and the file of the organization related and party to groods and services provided to the payor? 7d Did the organization related a payment in excess of \$5 / \$made party as a contribution of the value of the goods or services provided? 7d Did the organization related a payment in excess of \$5 / \$made party as a contribution of the value of the goods or services provided	Za		00	0			
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3	h			1			
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year? 4b if "Yes," has it filled a Form 9907 for this year? If "No," to line 3b, provide an explanation in Schedule 0 4c At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accountify? 5c if "Yes," the inter the name of the foreign country (such as a bank account, securities account, or other financial accounts (FBAR). 5c if "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited text shelter transaction at any time during the tax year? 5c if "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited text shelter transaction? 5c if "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c if "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c if yes, the interest were not tax deductible as charitable contributions? 6a X were not tax deductible? 7b if yes, "indicate that were not tax deductible as charitable contributions? 8c if yes, "indicate that were not tax deductible contributions under section 170(c). 8c if if yes, "indicate that were not tax deductible contributions under section 170(c). 8c if if yes, "indicate that any receive deductible contributions under section 170(c). 8c if if yes, "indicate the number of Forms 8282 field during the year 8c if if yes, "indicate the number of Forms 8282 field during the year 9c if if yes, "indicate the number of Forms 8282 field during the year 9c if if yes, "indicate the number of Forms 8282 field during the year 9c if if yes, "indicate the number of Forms 8282 field during the year 9c if if yes, "indicate the number of Forms 8282 field during the year 9c if if yes	b				20		
b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a 4 financial account)? 5 If "Yes," enter the name of the foreign country; ► 5 See instructions for filing requirements for FINCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 A Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 B Was the organization aparty to a prohibited tax shelter transaction? 5 C If "Yes," to line 5 are 5b, did the organization file Form 8866:7? 5 C Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that terms on tax deductible as charitable contributions? 6 C Does the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 Did the organization shall necess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 9 Did the organization service apyment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 10 If "Yes," inclinate the number of Forms 8282 filed during the year 11 Did the organization service any funds, directly or indirectly, no apprenium on a personal benefit contract? 12 Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? 13 Sponsoring organization have excess business holdings at any time during the year? 14 Sponsoring organization make any taxable distributions under section 4966? 15 Did the sponsoring organization make any taxable distributions under section	22				22		x
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8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 b Did the sponsoring organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12	-						
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9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b Initiation fees and capital contributions included on Part VIII, line 12 Initiation fees and capital contributions included on Part VIII, line 12 B Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11a Initiation fees and capital states of club facilities 11b Initiation fees and capital contributions included on Part VIII, line 12 11a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b Initiation fees included on Form 990, Part VIII, line 12 12c Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a Initiation fees and capital feet of the surface included on Part VIII, line 12 12b Initiation fees and capital feet of the surface included on Part VIII, line 12 12c Initiation fees and capital feet of part VIII, line 12 12d Initiation fees and capital contributions included on Part VIII, line 12 12b Initiation fees and capital contributions in feet of public surface of club facilities in line of cluded on Form 990, part VIII, line 12 12d Initiation fees and capital contributions in feet of club facilities in line of cluded on Form 990, part VIII, line 12 12b Initiation fees and capital contributions in feet of club facilities in line of cluded on Form 1041? 12a Initiation fees and capital contributions in feet of club facilities in line of cluded on Form 1041? 12a Initiation fees and capital contributions in feet of club facilities in line of club facilities in line of club facilities in	8		by th	ne			
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b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12							
10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12							
a Initiation fees and capital contributions included on Part VIII, line 12 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: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 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 c Enter the amount of reserves on hand 13c 14a X					90		
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organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X	b						
c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X			13b				
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X	С		13c				
					14a		X
			e O		14b		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a. 8b. or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

				X						
<u> </u>	Check if Schedule O contains a response or note to any line in this Part VI			Λ						
Sec	tion A. Governing Body and Management		.,							
4.	Enter the number of voting members of the governing body at the end of the tax year		Yes	No						
та	Enter the number of voting members of the governing body at the end of the tax year 1a	-								
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0. Enter the number of voting members included in line 1a, above, who are independent.									
b	Enter the manuscript retaining members included in line ra, above, who are independent	-								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	2	Х							
2	officer, director, trustee, or key employee?		21							
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	,		x						
4	of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<u>3</u> 4		X						
4		5		X						
6	5 Did the organization become aware during the year of a significant diversion of the organization's assets?									
о 7а	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	6		Х						
1 a		7a		x						
h	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	/ a								
b		7b		x						
8	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	75								
	The governing body?	8a	Х							
a h		8b	X							
9	Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	00								
3	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)									
	tion and the control of the control		Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?	10a		X						
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,									
-	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b								
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х							
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.									
12a										
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a 12b	Х							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe									
	in Schedule O how this was done	12c	Х							
13	Did the organization have a written whistleblower policy?	13	Х							
14	Did the organization have a written document retention and destruction policy?	14	Х							
15	Did the process for determining compensation of the following persons include a review and approval by independent									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
а	The organization's CEO, Executive Director, or top management official	15a		Х						
	Other officers or key employees of the organization	15b		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 ► 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.									
	Own website Another's website X Upon request Other (explain in Schedule O)									
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.									
20	State the name, address, and telephone number of the person who possesses the organization's books and records:									
	FRED GILMER - 864-679-9000									
	100 VERDAE BLVD., SUITE 100, GREENVILLE, SC 29607									

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's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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 n	or any related	orga	aniza	ation	cor	npei	nsat	ed any current officer, o	director, or trustee.	
(A)	(B)		(C)					(D)	(E)	(F)
Name and Title	Average	Posit			ition more than one			Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot or/trus	h an	compensation	compensation	amount of
	week				recio)/ ii us	lee)	from	from related	other
	(list any hours for	Individual trustee or director				_		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	9e Or (stee			nsated		(W-2/1099-MISC)	(***2/1099-141100)	organization
	organizations	trust	Institutional trustee		yee	Highest compensated employee		,		and related
	below	vidual	tution	Je.	Key employee	nest co	ner			organizations
	line)	lndi	Insti	Officer	Key	High	Former			
(1) KATHLEEN C SWINNEY	0.00									•
VICE CHAIRPERSON		Х		Х				0.	0.	0.
(2) WILLIAM C SWINNEY	0.00									
CHAIRMAN		Х		Х				0.	0.	0.
(3) RICH DAVIES	0.00									•
PRESIDENT		Х		Х				0.	0.	0.
(4) JEANIE GILMER	0.00								_	0
VICE PRESIDENT	0 00	Х		Х				0.	0.	0.
(5) ROBIN WILSON	0.00	,,		,,				0	_	0
SECRETARY	0 00	Х		Х				0.	0.	0.
(6) FRED GILMER	0.00	٦,		,,				_	_	0
TREASURER	0.00	Х		Х				0.	0.	0.
(7) THAD TURNIPSEED	0.00	х						0.	0.	0
DIRECTOR	0.00	^						0.	0.	0.
(8) CJ SPILLER DIRECTOR	0.00	х						0.	0.	0.
DIRECTOR		^						0.	0.	0.
		1								

632007 11-11-16 Form **990** (2016)

Part VII Section A	. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)			
	(A) e and title	Average hours per week (list any hours for related organizations below line)	tee or director oppoor opposed	not c	Pos check ess pe	c) ition more erson		one h an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensatie from relatee organizatior (W-2/1099-MI	on d ns	Estin amo of compe fror organ and	mated bunt of ther ensation m the hization related izations
			-										
			-										
c Total from cont d Total (add lines Total number of	inuation sheets to Part V 1b and 1c) individuals (including but rom the organization	II, Section A						<u> </u>	0. 0. 0. eceived more than \$100	0,000 of reportab	0. 0. 0. ole		0.
line 1a? If "Yes," 4 For any individua and related orga 5 Did any person I	tion list any former officer, complete Schedule J for sal listed on line 1a, is the substantial stream st	such individual um of reportab 0,000? If "Yes, accrue compe	le co " <i>co</i> nsat	omp mple	ensa ete S from	atior S <i>che</i> any	n and edule unr	d otl e <i>J f</i> elat	her compensation from for such individual	the organization		3 4 5	X X X
	ble for your five highest co . Report compensation for (A) Name and business	the calendar y	ear		ing v					year.		(C)	
	independent contractors (not lii	mite	ed to	tho (se li:	stec	d above) who received m	nore than			00 (22.42)

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (**D)** Revenue excluded (C) Related or Unrelated Total revenue from tax under exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns **b** Membership dues 1b 603,792. c Fundraising events d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and 118,527. similar amounts not included above ____ | 1f g Noncash contributions included in lines 1a-1f: \$ 722,319. h Total. Add lines 1a-1f **Business Code** Program Service Revenue 2 a f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 604. 604 other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses c Rental income or (loss) d Net rental income or (loss) ... 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Revenue including \$ 603,792. of contributions reported on line 1c). See Part IV, line 18 a 658, 224 Other b Less: direct expenses b 462,860. 195,364. 195,364. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a **b** Less: direct expenses **b** c Net income or (loss) from gaming activities **10 a** Gross sales of inventory, less returns and allowances _____a b Less: cost of goods sold _____ b c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a b **d** All other revenue e Total. Add lines 11a-11d 918,287. 0. 195,968 **Total revenue.** See instructions.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (B) (D) (C) Do not include amounts reported on lines 6b. Program service expenses Total expenses Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 647,788. 647,788. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 Payroll taxes 10 Fees for services (non-employees): 11 a Management 1,333. 1,333. Legal 4,000. 4,000. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other, (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) 4,022. 4,022. Advertising and promotion 12 150. 150. Office expenses 13 6,825. 6,825. 14 Information technology 15 Royalties 16 Occupancy 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 Interest 20 Payments to affiliates 21 Depreciation, depletion, and amortization 22 2,039. 2,039. 23 Other expenses. Itemize expenses not covered 24 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 O.) MERCHANT FEES 34,727. 34,727. 0. POSTAGE 3,121. 3,121. BANK SERVICE CHARGE 128. 128. COUNTY TAXES 65. 15. 50. 17. 17. e All other expenses Total functional expenses. Add lines 1 through 24e 704,215 682,515. 21,650. 50. 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2016) Part X Balance Sheet

Pai	π λ	Balance Sneet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	-	Cook non interest heaving	0.	4	250 •
	1 2	Cash - non-interest-bearing	134,249.	2	265,292.
		Savings and temporary cash investments	131,217.	3	203,232.
	3	Pledges and grants receivable, net		4	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete		5	
	6	Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under		3	
	"				
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
"		employers and sponsoring organizations of section 501(c)(9) voluntary		6	
Assets	_	employees' beneficiary organizations (see instr). Complete Part II of Sch L		7	
As	7	Notes and loans receivable, net		8	
	8	Inventories for sale or use		9	
	9	Prepaid expenses and deferred charges		9	
	IUa	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a			
				100	
	11	Less: accumulated depreciation 10b		10c	
	12	Investments - publicly traded securities Investments - other securities. See Part IV, line 11		12	
	13	Investments - orner securities, 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)	134,249.	16	265,542.
	17	Accounts payable and accrued expenses	27,779.	17	0.
	18	Grants payable	55,000.	18	0.
	19	Deferred revenue		19	-
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ω	22	Loans and other payables to current and former officers, directors, trustees,			
Liabilities		key employees, highest compensated employees, and disqualified persons.			
abil		Complete Part II of Schedule L	4,500.	22	4,500.
ĩ	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		25	
	26	Total liabilities. Add lines 17 through 25	87,279.	26	4,500.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and			
es		complete lines 27 through 29, and lines 33 and 34.			
ũ	27	Unrestricted net assets		27	
Fund Balances	28	Temporarily restricted net assets		28	
βE	29	Permanently restricted net assets		29	
Ξ		Organizations that do not follow SFAS 117 (ASC 958), check here			
ō		and complete lines 30 through 34.			_
ets	30	Capital stock or trust principal, or current funds	0.	30	0.
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund	0.	31	0.
Net Assets or	32	Retained earnings, endowment, accumulated income, or other funds	46,970.	32	261,042.
Z	33	Total net assets or fund balances	46,970.	33	261,042.
	34	Total liabilities and net assets/fund balances	134,249.	34	265,542.

Ра	Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1				<u>87.</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2				15.		
3	Revenue less expenses. Subtract line 2 from line 1	3				72.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		4	5,9	70.		
5	Net unrealized gains (losses) on investments	5						
6								
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,							
	column (B)) 10							
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	Ο.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a						
	separate basis, consolidated basis, or both:					1		
	Separate basis Consolidated basis Both consolidated and separate basis					1		
b	Were the organization's financial statements audited by an independent accountant?			2b	Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat							
	consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis					1		
С	the second of th	e audit	t,			1		
	review, or compilation of its financial statements and selection of an independent accountant?			2c		Х		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch							
За	3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit							
	Act and OMB Circular A-133?	5		За		Х		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	ıdit					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b				
	/ 1 / /							

Form **990** (2016)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 **2016**

Open to Public Inspection

Name of the organization

Employer identification number 26-4097429

				TEAM FOUNDAT					6-4097429				
Pa	art I	Reason for Public (Charity Status (All organizations must co	omplete th	is part.) S	ee instructions	S.					
The	organ	nization is not a private found	lation because it is: ((For lines 1 through 12, o	check only	one box.)							
1		A church, convention of ch											
2		A school described in secti	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	n 990 or 99	90-EZ).)							
3		A hospital or a cooperative	hospital service orga	anization described in s e	ection 170)(b)(1)(A)(i	ii).						
4		A medical research organiz)(iii). Enter	the hospital's name,				
		city, and state:	·										
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). (C				, ,							
6		A federal, state, or local gov	· ·	nental unit described in	section 17	70(b)(1)(A)	(v).						
7		An organization that norma	-					he general	public described in				
		section 170(b)(1)(A)(vi). (C	•		Ü			Ü	•				
8		A community trust describe		(1)(A)(vi). (Complete Par	t II.)								
9		An agricultural research org				ed in coniu	unction with a	land-grant	college				
•		or university or a non-land-g				-		-	-				
		university:	y g g			,	,,	3	,				
10	X	An organization that norma	Illy receives: (1) more	than 33 1/3% of its sur	port from	contributi	ons, members	ship fees, a	and gross receipts from				
		activities related to its exen											
		income and unrelated busin	•	•	` '			• • •	•				
		See section 509(a)(2). (Cor		(1000 coolion on really in	0111 2 4 0 1110	oooo aoqo	and by the of	garnzanon	artor dario do, 1070.				
11		An organization organized a	•	ively to test for public sa	afety. See :	section 50	09(a)(4).						
12		An organization organized a	•	•	•			arry out the	e purposes of one or				
		more publicly supported or	•	•	-			-					
		lines 12a through 12d that	-										
а		Type I. A supporting orga				-		-	, aivina				
Ī		the supported organization	· · · · · · · · · · · · · · · · · · ·	•	•	-	-						
		organization. You must o			- · · · · · · · · · · · · · · · · · · ·	oo ao	0.0.0						
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			po			.90	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
c	, [☐ Type III functionally inte	- · · · · · · · · · · · · · · · · · · ·		in connec	tion with.	and functiona	Ilv integrate	ed with.				
		its supported organization	-					,	,				
c	ı 🗆	☐ Type III non-functionally	. , .	•	-	•	•	rted organi	zation(s)				
		that is not functionally int						_	* *				
		requirement (see instruct	•	• ,	•		•						
e	,	Check this box if the orga	•					II. Type III					
		functionally integrated, or					, , , , , , , , , , , , , , , , ,	, . , , ,					
f	Ente	er the number of supported of		9	99								
ç		vide the following information	•	ed organization(s).									
		(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	inization listed ing document?	(v) Amount of	monetary	(vi) Amount of other				
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)				
Tota	al												

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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						
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	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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	s first, second, thi	d, fourth, or fifth t	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stop	here					>
Sec	ction C. Computation of Publi	c Support Pe	rcentage				
	Public support percentage for 2016 (li					14	%
	Public support percentage from 2015					15	%
16a	33 1/3% support test - 2016. If the o						
	stop here. The organization qualifies						
b	33 1/3% support test - 2015. If the o						
	and stop here. The organization quali						
17a	10% -facts-and-circumstances test	: - 2016. If the org	janization did not o	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstan	ices" test, check t	his box and stop I	nere. Explain in Pa	rt VI how the organ	nization
	meets the "facts-and-circumstances" $$	test. The organiza	ation qualifies as a	publicly supporte	d organization		▶□
b	10% -facts-and-circumstances test	: - 2015. If the org	anization did not	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the						-
	organization meets the "facts-and-circ	umstances" test.	The organization	qualifies as a publi	icly supported orga	anization	▶∐
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	ınd see instruction	s ▶□

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	olow, ploade comp	noto i uit ii.j				
	endar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and	. ,	, ,	·	, ,	, ,	.,
	membership fees received. (Do not						
	include any "unusual grants.")	342,363.	342,953.	483,382.	508,175.	720,029.	2396902.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or business 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	342,363.	342,953.	483,382.	508,175.	720,029.	2396902.
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons			50,000.	10,000.	10,000.	70,000.
k	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						0
	amount on line 13 for the year			50,000.	10,000.	10,000.	70,000.
	Add lines 7a and 7b			30,000.	10,000.	10,000.	2326902.
	Public support. (Subtract line 7c from line 6.) ction B. Total Support						2320302.
	endar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(a) 2014	(4) 2015	(a) 2016	(f) Total
	Amounts from line 6	342,363.	(b) 2013 342, 953.	(c) 2014 483, 382.	(d) 2015 508, 175.	(e) 2016 720, 029.	2396902.
	Gross income from interest,	312,3030	312,3331	103,3021	300/1/31	72070234	23303021
100	dividends, payments received on securities loans, rents, royalties and income from similar sources			150.	471.	604.	1,225.
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b			150.	471.	604.	1,225.
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.)	342,363.	342,953.	483,532.	508,646.	720,633.	2398127.
14	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a section	n 501(c)(3) organiz	ation,
_	check this box and stop here						>
	ction C. Computation of Publ						0.7.00
	Public support percentage for 2016 (I			olumn (f))		15	97.03 %
	Public support percentage from 2015					16	97.50 %
	ction D. Computation of Inves						0 =
17						17	.05 %
	Investment income percentage from 2					18	
198	a 33 1/3% support tests - 2016. If the						
k	more than 33 1/3%, check this box at 33 1/3% support tests - 2015. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	re than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che			·		ū	
20	Private foundation. If the organizatio	n aid not check a	box on line 14, 19a	a, or 19b, check th	us box and see ins	tructions	

Part IV | Supporting Organizations

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

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 12a or 12b 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
	1		
	2		
	За		
	3b		
	3с		
	4-		
	4a		
	4b		
	4c		
	5a		
	5b		
	5с		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	10b		
n 9	90 or 99	90-EZ)	2016

	Additional Control of the Control of		- 10	.900
Pa	rt IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations		Yes	No
4	Did the directors, trustees, or membership of one or more supported organizations have the newer to		res	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	etion C. Type II Supporting Organizations			
	ton or Type in supporting organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		100	110
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
	<u> </u>		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b				
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а				
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Pai	TV Type III Non-Functionally Integrated 509(a)(3) Supporting	ıg Orgar	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	Nov. 20, 1970 (explain in	Part VI.) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	omplete Se	ections 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	lly integrate	ed Type III supporting org	anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2016

Par	T V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
Secti	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose			
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 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
Secti	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2016	Distributable Amount for 2016
	2.34.184.161.74.1664.161.16 (800 11104.404.161.16)			7.1.104.11.101.2010
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:			
а				
b				
С	From 2013			
d	From 2014			
е	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3j			
	and 4c			
8	Breakdown of line 7:			
а				
b	Excess from 2013			
С	Excess from 2014			
	Excess from 2015			
	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016 DABO'S ALL IN TEAM FOUNDATION 26-4097429 Page 8 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE D (Form 990)

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.

Open to Public

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

	DABO'S ALL IN TEAM	f FOUNDATION	26-4097429
Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	ne 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	writing that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor		
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose	conferring
	impermissible private benefit?		Yes No
Pai	t II Conservation Easements. Complete if the or	rganization answered "Yes" on Form 990, I	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	tion (check all that apply).	
	Preservation of land for public use (e.g., recreation or	education) Preservation of a hist	orically important land area
	Protection of natural habitat	Preservation of a cert	ified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qual	ified 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
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic st	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic struct	ure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the	e organization during the tax
	year		
4	Number of states where property subject to conservation ea	asement is located >	
5	Does the organization have a written policy regarding the pe	eriodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements		
6	Staff and volunteer hours devoted to monitoring, inspecting	, handling of violations, and enforcing con	servation easements during the year
			
7	Amount of expenses incurred in monitoring, inspecting, han	dling of violations, and enforcing conserva	tion easements during the year
_	S		(1) (1) (D) (D)
8	Does each conservation easement reported on line 2(d) abo		
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation had all formalisments of the formalisment and the second	·	
	include, if applicable, the text of the footnote to the organization	ation's financial statements that describes	the organization's accounting for
Pai	conservation easements. t III Organizations Maintaining Collections of	of Art Historical Treasures or O	ther Similar Assets
ı uı	Complete if the organization answered "Yes" on Form		ther olimiai Assets.
12	If the organization elected, as permitted under SFAS 116 (A		ment and halance sheet works of art
ıa	historical treasures, or other similar assets held for public ex	•	•
	the text of the footnote to its financial statements that descri		nice of public service, provide, in Fait Air,
h	If the organization elected, as permitted under SFAS 116 (A		t and halance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e		
	relating to these items:	ducation, or research in farther affect of pu	blic scrvice, provide the following amounts
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
2	If the organization received or held works of art, historical tre		
-	the following amounts required to be reported under SFAS		3, provide
а	Revenue included on Form 990, Part VIII, line 1	, ,	> \$
h	Assets included in Form 900, Part Y		•

Pai	t III Organizations Maintaining C	ollections of A	rt, Histori	cal Tr	easures, c	r Other	Simila	r Asse	ts (continu	red)
3	Using the organization's acquisition, accession	on, and other record	ds, check any	of the	following tha	t are a sigi	nificant us	se of its	collection	items
	(check all that apply):									
а	Public exhibition	d	I 🔲 Loar	or exc	hange progra	ıms				
b	Scholarly research	е	e 🔲 Othe	er						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how they f	urther tl	he organizatio	on's exem	pt purpos	se in Part	XIII.	
5	During the year, did the organization solicit o	r receive donations	of art, histori	cal trea	sures, or othe	er similar a	ssets			
	to be sold to raise funds rather than to be ma	aintained as part of t	the organizat	ion's co	ollection?				Yes	☐ No
Pai	t IV Escrow and Custodial Arran	gements. Comple	ete if the org	anizatio	n answered "	'Yes" on F	orm 990,	Part IV,	ine 9, or	
	reported an amount on Form 990, Par	t X, line 21.								
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for cont	ribution	s or other as	sets not in	cluded		_	
	on Form 990, Part X?							🗀	Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII									
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for escre	ow or cu	ustodial acco	unt liability	/?	L	Yes	☐ No
<u>b</u>	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	xplanation ha	as been	provided on	Part XIII .				
Pai	t V Endowment Funds. Complete it	the organization ar	swered "Yes	s" on Fo	rm 990, Part	IV, line 10				
		(a) Current year	(b) Prior	year	(c) Two year	s back (d) Three yea	ars back	(e) Four y	ears back
1a	Beginning of year balance									
b	Contributions									
	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	ent year end baland	ce (line 1g, co	olumn (a	a)) held as:					
а	Board designated or quasi-endowment		<u></u> %							
b	Permanent endowment >	%								
С	Temporarily restricted endowment ▶	%								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
За	Are there endowment funds not in the posse	ssion of the organiz	ation that are	e held a	nd administe	red for the	organiza	ition		
	by:								\	es No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations									
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requi	red on Sche	dule R?					3b	
4	Describe in Part XIII the intended uses of the		owment fund	S.						
Pai	t VI Land, Buildings, and Equipm	ent.								
	Complete if the organization answered	d "Yes" on Form 990	0, Part IV, lin	e 11a. S	See Form 990	, Part X, lir	ne 10.			
	Description of property	(a) Cost or o basis (investr		•	or other (other)		umulated eciation	ı	(d) Book	value
1a	Land									
	Buildings									
	Leasehold improvements									
	Equipment									
	Other									
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, column (E	3), line 1	0c.)					0.

Schedule D (Form 990) 2016 DABO'S ALL	IN TEAM FOUN	IDATTON	26-4097429 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, lir	ne 11b. See Form 990, F	Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value		luation: Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, lir	ne 11c. See Form 990, P	art X, line 13.
(a) Description of investment	(b) Book value	(c) Method of va	luation: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, lir	ne 11d. See Form 990, F	Part X, line 15.
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15.)		>
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, lir		990, Part X, line 25.
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2)			

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

	rt XI Reconciliation of Revenue per Audited Financial S			
	Complete if the organization answered "Yes" on Form 990, Part IV	', line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	918,287.
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	918,287.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		•
С				0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			918,287.
Pa	rt XII Reconciliation of Expenses per Audited Financial		nses per Return	•
	Complete if the organization answered "Yes" on Form 990, Part IV			F04 045
1	Total expenses and losses per audited financial statements		1	704,215.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а				
b	Prior year adjustments	2b		
С	***************************************			
d	,			•
е	• • • • • • • • • • • • • • • • • • • •			0.
3	Subtract line 2e from line 1		3	704,215.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1		
а	, , , ,			
b	7	4b		0
С				0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line art XIII Supplemental Information.	e 18.)	5	704,215.
lines	s 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid	e any additional information.		

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public

Inspection **Employer identification number**

Schedule G (Form 990 or 990-EZ) 2016

Name of the organization

26-4097429 DABO'S ALL IN TEAM FOUNDATION

required to complete this part	• Complete if the organization answe t.	erea "Y	es" oi	n Form 990, Part IV,	line 17. Form 990-E2	Tilers are not
Indicate whether the organization rais Mail solicitations				Check all that apply overnment grants		
b Internet and email solicitations				nment grants		
c Phone solicitations	g Special					
d In-person solicitations			Ū			
2 a Did the organization have a written of	or oral agreement with any individua	l (includ	dina o	fficers, directors, trus	stees. or	
key employees listed in Form 990, Pa						☐ No
b If "Yes," list the 10 highest paid indiv						
compensated at least \$5,000 by the		adiii to	ug. oc	monto andor willon		,,,
Tomponouted at least \$6,000 Sy the				·		
(i) Name and address of individual		(iii)	Did	(iv.) Ouese we sainte	(v) Amount paid	(vi) Amount paid
(i) Name and address of individual	(ii) Activity	(iii) fundr have c	aiser ustody	(iv) Gross receipts	to (or retained by) fundraiser	(vi) Amount paid to (or retained by)
or entity (fundraiser)		or con contrib	trol of utions?	from activity	listed in col. (i)	organization
		Yes	No			
otal			<u> </u>			
3 List all states in which the organizatio or licensing.	n is registered or licensed to solicit	contrib	utions	s or has been notified	d it is exempt from re	egistration

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

Schedule G (Form 990 or 990-EZ) 2016 DABO'S ALL IN TEAM FOUNDATION 26-4097429 Page Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 page 18.

		of fundraising event contributions and gr	oss income on Form 990	FEZ, lines I and 60. List	events with gross receip	us 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))
Ф			(event type)	(event type)	(total number)	001. (0))
Revenue						
3eV	1	Gross receipts	103,282.	229,417.	929,317.	1,262,016.
ш						
	2	Less: Contributions	103,282.	72,841.	427,669.	603,792.
				4-44		
	3	Gross income (line 1 minus line 2)		156,576.	501,648.	658,224.
	4	Cash prizes				
					26 060	26 060
S	5	Noncash prizes			36,868.	36,868.
nse		D 1/6 33	22,229.	22 474	89,604.	1// 207
фe	6	Rent/facility costs	22,229.	32,474.	09,004.	144,307.
Direct Expenses	_	Food and have no	1,821.	26,269.	75,897.	103,987.
je	′	Food and beverages	1,021.	20,203.	13,051.	103,507.
	Q	Entertainment			67,046.	67,046.
	9	Other direct expenses	50,093.	58,545.	2,014.	110,652.
	10			00,010		462,860.
		Net income summary. Subtract line 10 from li	٠,			195,364.
Pa	rt	III Gaming. Complete if the organization				<u> </u>
		\$15,000 on Form 990-EZ, line 6a.				
Ф			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			(a) Billigo	bingo/progressive bingo	(6) Other garming	col. (a) through col. (c))
3ev						
	1	Gross revenue				
	_					
ses	2	Cash prizes				
ens	_	Name and primary				
Direct Expenses	3	Noncash prizes				
ect	1	Rent/facility costs				
₫	7	Tientraciiity costs				
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	No No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>	
			icts gaming activities.			
		ter the state(s) in which the organization condu		_		
	ls t	the organization licensed to conduct gaming a		states?		└── Yes └── No
	ls t			states?		Yes No
	ls t	the organization licensed to conduct gaming a		states?		└── Yes
b	Is t	the organization licensed to conduct gaming a No," explain:	ctivities in each of these			
b 10a	Is t	the organization licensed to conduct gaming a No," explain: ere any of the organization's gaming licenses re	ctivities in each of these	erminated during the tax		
b 10a	Is t	the organization licensed to conduct gaming a No," explain:	ctivities in each of these	erminated during the tax		

Sch	nedule G (Form 990 or 990-EZ) 2016 DABO'S ALL IN TEAM FOUNDATION 26-4	1097	429	Page 3
	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
13	Indicate the percentage of gaming activity conducted in:		103	110
	a The organization's facility	13a		%
	o An outside facility	_		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name ▶			
	Address			
15	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	🔲	Yes	☐ No
ŀ	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party \$			
•	o If "Yes," enter name and address of the third party:			
	Name			
	Address >			
16	Gaming manager information:			
	Name ▶			
	Gaming manager compensation > \$			
	Description of services provided			
	□ Director/officer □ Employee □ Independent contractor			
17	Mandatory distributions:			
á	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	📖	Yes	└── No
ŀ	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
_	organization's own exempt activities during the tax year ▶ \$			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, I 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions	ines 9,	9b, 10)b, 15b,

Schedule G	G (Form 990 or 990-EZ)	DABO'S ALL	IN TEAM	FOUNDATION	26-4097429	Page 4
Part IV	(Form 990 or 990-EZ) Supplemental Infor	mation (continued)				
-						

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

➤ Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

	y									
Name of the organization Employer identification										
	DABO'S ALL IN TEAM FOUNDATION		26-40	97429						
Part	Part I General Information on Grants and Assistance									
1	1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection									
	riteria used to award the grants or assistance?		X Yes	No						
2	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.									
Part	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part	IV, line 21	, for any							
	recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.									

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 noncash assistance	(h) Purpose of grant or assistance
							TO SUPPORT THE ACTIVITIES
ANDERSON UNIVERSITY	57-0324906	501(C)(3)	5,000.	0.			OF THE ORGANIZATION.
							TO SUPPORT THE ACTIVITIES
LET THERE BE MOM	20-8191685	501(C)(3)	5,000.	0.			OF THE ORGANIZATION.
							TO SUPPORT THE ACTIVITIES
CALVARY HOME FOR CHILDREN	57-1068943	501(C)(3)	7,000.	0.			OF THE ORGANIZATION.
							TO SUPPORT THE ACTIVITIES
BEL-AIRE COMMUNITY FELLOWSHIP	57-1109692	501(C)(3)	10,000.	0.			OF THE ORGANIZATION.
							TO SUPPORT THE ACTIVITIES
FEED A HUNGRY CHILD PICKENS COUNTY	27-3724307	501(C)(3)	10,000.	0.			OF THE ORGANIZATION.
							TO SUPPORT THE ACTIVITIES
BIG BROTHERS-BIG SISTERS	20-4243553	501(C)(3)	5,000.	0.			OF THE ORGANIZATION.

2	Enter total number of	f section 50 ⁻	1(c)(3) and government	organizations	listed in the	line 1 table
---	-----------------------	---------------------------	------------------------	---------------	---------------	--------------

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2016)

Part II Continuation of Grants and Othe	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				
HAPPY HOOVES	56-2288493	501(C)(3)	10,000.	0.			TO SUPPORT THE ACTIVITIES OF THE ORGANIZATION.				
COACHES FOR CHARACTER	57-6019318	501(C)(3)	10,000.	0.			TO SUPPORT THE ACTIVITIES				
RICE VINSKUS SCHOLARSHIP FUND	61-1585212	501(C)(3)	5,000.	0.			TO SUPPORT THE ACTIVITIES OF THE ORGANIZATION.				
EMERSON ROSE FOUNDATION	45-3047976	501(C)(3)	7,000.	0.			TO SUPPORT THE ACTIVITIES OF THE ORGANIZATION.				
CLEMSON UNIVERSITY	57-6000254	501(C)(3)	46,000.	0.			TO SUPPORT THE ACTIVITIES OF THE ORGANIZATION.				
HOSPICE OF THE UPSTATE	57-0859126	501(C)(3)	5,000.	0.			TO SUPPORT THE ACTIVITIES OF THE ORGANIZATION.				
SAFE HARBOR	57-1014137	501(C)(3)	5,000.	0.			TO SUPPORT THE ACTIVITIES OF THE ORGANIZATION.				
ANDERSON INTERFAITH MINISTRIES	57-0896524	501(C)(3)	5,000.	0.			TO SUPPORT THE ACTIVITIES OF THE ORGANIZATION.				
CAMP IROCK	57-0476249	501(C)(3)	10,000.	0.			TO SUPPORT THE ACTIVITIES OF THE ORGANIZATION.				

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				
CLEMSON CHILD DEVELOPMENT CENTER	57-0513622	501(C)(3)	5,000.	0.			TO SUPPORT THE ACTIVITIES OF THE ORGANIZATION.				
CLEMSON COMMUNITY CARE	57-0868065	501(C)(3)	5,000.	0.			TO SUPPORT THE ACTIVITIES OF THE ORGANIZATION.				
CLEMSON FREE CLINIC	73-1720431	501(C)(3)	7,000.	0.			TO SUPPORT THE ACTIVITIES OF THE ORGANIZATION.				
COLLINS CHILDREN'S HOME	57-0689153	501(C)(3)	5,000.	0.			TO SUPPORT THE ACTIVITIES OF THE ORGANIZATION.				
FAMILY PROMISE OF PICKENS COUNTY	45-5195142	501(C)(3)	5,000.	0.			TO SUPPORT THE ACTIVITIES OF THE ORGANIZATION.				
FOSTERING GREAT IDEAS	27-4622960	501(C)(3)	5,000.	0.			TO SUPPORT THE ACTIVITIES OF THE ORGANIZATION.				
HARVEST HOPE FOOD BANK	57-0725560	501(C)(3)	10,000.	0.			TO SUPPORT THE ACTIVITIES OF THE ORGANIZATION.				
HELPING HANDS	57-0722226	501(C)(3)	5,530.	0.			TO SUPPORT THE ACTIVITIES OF THE ORGANIZATION.				
INSPIRING THE DREAM	46-3853325	501(c)(3)	8,000.	0.			TO SUPPORT THE ACTIVITIES OF THE ORGANIZATION.				

Part II Continuation of Grants and Other	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			
PUZZLE PIECE	46-1588899	501(C)(3)	5,537.	0.			TO SUPPORT THE ACTIVITIES OF THE ORGANIZATION.			
RIPPLE OF ONE	80-0602523	501(C)(3)	5,000.	0.			TO SUPPORT THE ACTIVITIES OF THE ORGANIZATION.			
RONALD MCDONALD HOUSE	57-0844123	501(C)(3)	5,000.	0.			TO SUPPORT THE ACTIVITIES OF THE ORGANIZATION.			
SHALOM HOUSE MINISTRIES	58-2314658	501(C)(3)	5,000.	0.			TO SUPPORT THE ACTIVITIES OF THE ORGANIZATION.			
YMCA OF PICKENS COUNTY	57-0405623	501(C)(3)	5,000.	0.			TO SUPPORT THE ACTIVITIES OF THE ORGANIZATION.			
CANCER SOCIETY OF GREENVILLE	57-0471686	501(C)(3)	10,000.	0.			TO SUPPORT THE ACTIVITIES OF THE ORGANIZATION.			
RISE SCHOOL	63-6001138	501(C)(3)	35,000.	0.			TO SUPPORT THE ACTIVITIES OF THE ORGANIZATION.			
THE FAMILY EFFECT	57-1129751	501(C)(3)	50,000.	0.			TO SUPPORT THE ACTIVITIES OF THE ORGANIZATION.			
CLEMSON LIFE PROGRAM	57-0426335	501(C)(3)	40,000.	0.			TO SUPPORT THE ACTIVITIES OF THE ORGANIZATION.			

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government	(S) ENV	if applicable	cash grant	non-cash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
CALL ME MISTER PROGRAM	57-6000254	501(C)(3)	40,000.	0.			TO SUPPORT THE ACTIVITIES
HEALTHY LEARNERS	57-1127197	501(C)(3)	5,000.	0.			TO SUPPORT THE ACTIVITIES OF THE ORGANIZATION.
CLEMSON FCA	44-0610626	501(C)(3)	14,500.	0.			TO SUPPORT THE ACTIVITIES OF THE ORGANIZATION.
UPLIFTING ATHLETES	34-1986485	501(C)(3)	5,000.	0.			TO SUPPORT THE ACTIVITIES
BRITT & TONY'S FIGHT LIKE A GIRL		501(C)(3)	5,000.	0.			TO SUPPORT THE ACTIVITIES OF THE ORGANIZATION.
MOBILE CAUSE		501(C)(3)	8,795.	0.			TO SUPPORT THE ACTIVITIES
COMPASS OF CAROLINA	57-0381870	501(C)(3)	5,000.	0.			TO SUPPORT THE ACTIVITIES OF THE ORGANIZATION.
DEVELOPMENTAL CENTER FOR EXCEPTIONAL CHILDREN	27-2753489	501(C)(3)	6,200.	0.			TO SUPPORT THE ACTIVITIES OF THE ORGANIZATION.
GOLDEN HARVEST FOOD BANK	58-1466516	501(C)(3)	5,000.	0.			TO SUPPORT THE ACTIVITIES OF THE ORGANIZATION.

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		
INDWELLINGS		501(C)(3)	5,000.	0.			TO SUPPORT THE ACTIVITIES OF THE ORGANIZATION.		
PICKENS COUNTY HABITAT FOR HUMANITY	57-0725702	501(C)(3)	10,000.	0.			TO SUPPORT THE ACTIVITIES OF THE ORGANIZATION.		
PREVENT CHILD ABUSE PICKENS CO	57-0943670	501(C)(3)	5,000.	0.			TO SUPPORT THE ACTIVITIES OF THE ORGANIZATION.		
REACH OUT AND READ	04-3481253	501(C)(3)	5,000.	0.			TO SUPPORT THE ACTIVITIES OF THE ORGANIZATION.		
ROSA CLARKS MEDICAL CLINIC	58-6076010	501(C)(3)	5,000.	0.			TO SUPPORT THE ACTIVITIES OF THE ORGANIZATION.		
SAINT ANTHONY OF PADUA CATHOLIC SCHOOL	57-0427729	501(C)(3)	5,000.	0.			TO SUPPORT THE ACTIVITIES OF THE ORGANIZATION.		
OCONEE COUNTY SCHOOL DISTRICT/SHERRIFF'S OFFICE LEADERSHIP CAMP	57-6000392	501(C)(3)	5,000.	0.			TO SUPPORT THE ACTIVITIES OF THE ORGANIZATION.		
TAMASSEE DAR SCHOOL	57-6000973	501(C)(3)	5,000.	0.			TO SUPPORT THE ACTIVITIES OF THE ORGANIZATION.		
ST FRANCIS	73-0700090	501(C)(3)	85,000.	0.			TO SUPPORT THE ACTIVITIES OF THE ORGANIZATION.		

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			
SOUTH CAROLINA JAYCEE FOUNDATION	23-7422355	501(C)(3)	5,000.	0.			TO SUPPORT THE ACTIVITIES OF THE ORGANIZATION.			
CLEMENT'S KINDNESS	57-6019318	501(C)(3)	5,000.	0.			TO SUPPORT THE ACTIVITIES OF THE ORGANIZATION.			
SON SHINE CLUB	45-0948731	501(C)(3)	5,000.	0.			TO SUPPORT THE ACTIVITIES OF THE ORGANIZATION.			
TURNING POINT OF SC	42-1562941	501(C)(3)	5,000.	0.			TO SUPPORT THE ACTIVITIES OF THE ORGANIZATION.			
CANCER SURVIVORS PARK	57-1085380	501(C)(3)	3,750.	0.			TO SUPPORT THE ACTIVITIES OF THE ORGANIZATION.			
ARC OF OCONEE COUNTY	57-6036820	501(C)(3)	2,000.	0.			TO SUPPORT THE ACTIVITIES OF THE ORGANIZATION.			
AUGUSTINE LITERACY PROJECT	81-0911486	501(C)(3)	2,400.	0.			TO SUPPORT THE ACTIVITIES OF THE ORGANIZATION.			
FOOTHILLS ALLIANCE	57-0902073	501(C)(3)	2,500.	0.			TO SUPPORT THE ACTIVITIES OF THE ORGANIZATION.			
LIFE HOUSE	45-4800348	501(C)(3)	2,500.	0.			TO SUPPORT THE ACTIVITIES OF THE ORGANIZATION.			

Part II Continuation of Grants and Other	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				
SUSAN G KOMEN	75-1835298	501(C)(3)	2,000.	0.			TO SUPPORT THE ACTIVITIES OF THE ORGANIZATION.				
TAYLORS FREE CLINIC	20-1715911	501(C)(3)	3,000.	0.			TO SUPPORT THE ACTIVITIES OF THE ORGANIZATION.				
THE TRIBBLE CENTER	23-7023624	501(C)(3)	5,000.	0.			TO SUPPORT THE ACTIVITIES OF THE ORGANIZATION.				
UNITED WAY OF PICKENS COUNTY	57-0476249	501(C)(3)	2,000.	0.			TO SUPPORT THE ACTIVITIES OF THE ORGANIZATION.				
SC CHILDREN'S THEATRE	57-0856956	501(C)(3)	3,740.	0.			TO SUPPORT THE ACTIVITIES OF THE ORGANIZATION.				
STREAMS OF DREAMS	30-0704003	501(C)(3)	2,000.	0.			TO SUPPORT THE ACTIVITIES OF THE ORGANIZATION.				
AMERICAN HEART ASSOCIATION	13-5613797	501(C)(3)	2,500.	0.			TO SUPPORT THE ACTIVITIES OF THE ORGANIZATION.				
	•	•	•		•	•	•				

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
art IV Supplemental Information. Provide the informa	tion required in Part I, lin	e 2; Part III, colum	n (b); and any other a	dditional information.	
ART I, LINE 2:					
HEN GRANTS ARE AWARDED, A GRA	NT AGREEMENT	IS ENTER	ED INTO WHI	CH SERVES AS	
GUIDE FOR THE EXPECTATIONS R	ELATED TO TH	E GRANT.	THE BOARD M	AY REQUIRE A	
ARRATIVE REPORT AND BASIC FIN	ANCIAL ACCOU	NTING REP	ORTS AFTER	ISSUANCE OF	
RANT TO TRACK USE OF FUNDS.					

SCHEDULE L

Transactions With Interested Persons

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

► Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

Inspection

2016 Open To Public

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

												<i></i>			
Part I	Excess Bene	fit Trans	acti	ons (section 50	01(c)(3	3), sect	ion 501(c)(4), and	501	1(c)(29) organizatior	ns only	/).				
	Complete if the o	rganization	n ansv	vered "Yes" on l	Form	990. Pa	art IV. line 25a or	25b.	, or Form 990-EZ, P	art V. I	line 40	b.			
				(b) Relationship between disqualified								(d) Corrected?			rtad?
(a) Name of disqualified person			person and organization					(c) Description of transaction			n			es	No.
				po. 00. 1 a. 1 a 0.	9								+ 19	38	NO
													-		
													_		
2 Enter t	he amount of tax in	ncurred by	the o	rganization man	agers	or disc	qualified persons	duri	ng the year under						
		•		_	-		•		-		> \$				
	***************************************										S				
3 Entert	ne amount of tax,	ir any, on iii	ne z, a	above, reimburs	sea by	the or	ganization				• •				
Dort II	Loono to one	Vor Eron	a lat	arastad Dar	0000										
Part II	Loans to and														
	Complete if the o	rganizatior	n ansv	vered "Yes" on l	Form	990-EZ	, Part V, line 38a	or Fo	orm 990, Part IV, lin	ie 26;	or if th	ne orga	anizati	on	
	reported an amou	unt on Forr	n <u>99</u> 0	, Part X, line 5, 6	3, or 2	2									
(a)	Name of	(b) Relation		(c) Purpose		oan to or	(e) Original		(f) Balance due	(g)	In	(h) Ap	proved ard or nittee?	(i) W	ritten
intere	ested person	with organi	zation	of loan		n the ization?	principal amour	nt		defa		comm	aru or nittee?	agree	ment?
					To	From				Yes	No	Yes	No	Yes	No
<i>Ι</i> ΤΤ.Τ.Τ Δ	M C SWINN	CHATRI	M Z M	TO STIPPO		1 10111	4,500	$^{\perp}$	4,500.	163	X	X	140	163	X
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									4 500						
Total	011-					-I D-	<u></u>	\$	4,500.						
Part III	Grants or As	sistance	Ber	netiting inter	reste	ea Pe	rsons.								
	Complete if the o	rganizatior	n ansv	vered "Yes" on l	Form	990, Pa	art IV, line 27.								
(a) Na	ame of interested p	erson	(b) Relationship	betwe	een	(c) Amount	of	(d) Type	of		(e) Purp	ose of	
				interested pers	son ar		assistance	9	assistan	се		;	assista	ance	
				the organiza	ation										
			+												
			+								-+				
			+												
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				-											
			1												

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

Schedule L (Form 990 or 990-EZ) 2016

(a) Name of interested person	(b) Relationship between interested person and the organization	b, or 28c. (c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?		
	person and the organization	Hariodotion	Tanoaotion	Yes	ues?	
Part V Supplemental Information			I			
Provide additional information for res	ponses to questions on Schedule L (see i	nstructions).				
SCHEDULE L, PART II, LOAN	S TO AND FROM INTERES	STED PERSON	is:			
/ A \ NAME OF DEDOOM. WILLI	AM O CUITAINEN					
(A) NAME OF PERSON: WILLI	AM C SWINNEY					
(C) PURPOSE OF LOAN: TO S	UPPORT CHARITABLE PU	RPOSE				

SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No. 1545-0047 Open to Public

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection

DABO'S ALL IN TEAM FOUNDATION	26-4097429
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MIS	SSION:
LIVES OF PEOPLE ACROSS THE STATE OF SOUTH CAROLINA.	
FORM 990, PART VI, SECTION A, LINE 2:	
DIRECTORS KATHLEEN AND WILLIAM SWINNEY ARE SPOUSES. DIRE	CTORS JEANIE AND
FRED GILMER ARE SPOUSES.	
FORM 990, PART VI, SECTION B, LINE 11B:	
NO REVIEW. THE BOARD REVIEWED THE FORM 990 CONSISTENT WIT	TH 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 AVAIL	ABLE UPON REQUEST.

Form **8868**

(Rev. January 2017)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an **Exempt Organization Return**

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

OMB No. 1545-1709

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic

filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number Employer identification number (EIN) or Type or Name of exempt organization or other filer, see instructions. print 26-4097429 DABO'S ALL IN TEAM FOUNDATION File by the Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) due date for filing your P.O. BOX 1585 return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions CLEMSON, SC 29633 Enter the Return Code for the return that this application is for (file a separate application for each return) Application Application Return Return Is For Code Is For Code Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 Form 990-BL 02 Form 1041-A 80 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF Form 5227 10 04 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) Form 8870 12 FRED GILMER • The books are in the care of ▶ 100 VERDAE BLVD., SUITE 100 - GREENVILLE, SC 29607 Telephone No. ► 864-679-9000 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this 」. If it is for part of the group, check this box ▶ 🔛 and attach a list with the names and EINs of all members the extension is for. NOVEMBER 15, 2017 to file the exempt organization return I request an automatic 6-month extension of time until for the organization named above. The extension is for the organization's return for: ► X calendar year 2016 or tax year beginning , and ending

by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Initial return

Final return

За

3b

3c

I HA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

If the tax year entered in line 1 is for less than 12 months, check reason:

If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any

If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and

Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required.

estimated tax payments made. Include any prior year overpayment allowed as a credit.

Change in accounting period

nonrefundable credits. See instructions.

Form 8868 (Rev. 1-2017)

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