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990 Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2011

OMB No 1545-0047

Department of the Treasury

Open to Public

A E-		e Service Ine organization may have to use a copy of this return to satisfy state rep		mapeunon
		2011 calendar year, or tax year beginning , 2011, and	enaing	, 20
_		phicable C Name of organization DABOS ALL IN TEAM		D Employer identification in
_	dress c			26-4097429
_	me cha		Room/suite	E Telephone number
Initi	ial retui	n 104 SYCAMORE DR	_L	<u> </u>
_ Ter	minate	City or town, state or country, and ZIP + 4		353,521
_ Am	nended	return CLEMSON, SC 29631		G Gross receipts \$
_ Apı	plication	pending F Name and address of principal officer WILLIAM C SWINNEY	H/a) Is this a group	return for
		SAME AS C ABOVE	H(a) Is this a group affiliates?	Yes X
Tax	x-exem	ot status 🗓 501(c)(3) 🗌 501(c) () 👞 (insert no) 🔲 4947(a)(1) or 🔲 527	H(b) Are all affiliate	es included? Yes a list (see instructions)
J We	ebsite:	▶ N/A	H(c) Group exemp	
		ganization X Corporation Trust Association Other L Year of formation	2009 M State of	legal domicile SC
Part	1	Summary	- _	
}	1	Briefly describe the organization's mission or most significant activities TO RAISE FUNDS	FOR BREAST CA	ANCER RESEARCH
.				
G				
v				
′е	2	Check this box ▶ ☐ If the organization discontinued its operations or disposed of more than 25%	of its net assets	
n	l .	Number of voting members of the governing body (Part VI, line 1a)	1	3
a e n		Number of independent voting members of the governing body (Part VI, line 1b)		4
c c	l .	Total number of individuals employed in calendar year 2011 (Part V, line 2a)		5
s e	6	Total number of volunteers (estimate if necessary)		6
ĺ		Total unrelated business revenue from Part VIII, column (C), line 12	<u> </u>	7a
	ı	Net unrelated business taxable income from Form 990-T, line 34		7b
	<u> </u>	Tect difficulted beginess taxable modific from 1 of 1, mile of	Pnor Year	Current Year
R	8	Contributions and grants (Part VIII, line 1h)	,	353,
e v	9	Program service revenue (Part VIII, line 2g)		- 550,
e n	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		
ü		· · · · · · · · · · · · · · · · · · ·		
e	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	· 	353,
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
E	14	Benefits paid to or for members (Part IX, column (A), line 4)		
x´ P	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
e n	I .	Professional fundraising fees (Part IX, column (A), line 11e)	<u> </u>	
s		Total fundraising expenses (Part IX, column (D), line 25)		
e s	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		322,
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		322,
	19	Revenue less expenses. Subtract line 18 from line 12		31,
Net Assets]	_	Beginning of Current Yes	
DF .	20	Total labilities (Part X, line 16)	198,	330 229,
Fund Ba⊩	21	Total liabilities (Part X, line 26)		
ances	22	Net assets or fund balances Subtract line 21 from line 20	198,	330 229,
Parl		Signature Block		
Under p	enalties	s of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of mid complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	y knowledge and belief, it i	S
	1	1 Valt 100	>	
^ :-		KATHLEEN SWINNEY	m	02-20-2012
Sign		Signature of officer		Date
Here	•	KATHLEEN SWINNEY, DIRECTOR		
		Type or pnnt name and title		
		Print/Type preparer's name Preparer's signature Date	check 🛚	if PTIN
Paid		DONNIE PATTERSON 02-20-2012	self-employed	
D	arer	Firm's name PATTERSON TAX SERVICE OF SC LLC	Firm's EIN	
Ligh	A-1	Firm's name PATTERSONMAX SERVICE OF SC LLC Firm's name 404 S PENDLETON STE B Easley SC 29640 Soliscuss this return with the preparer shown above? (see instructions) Work Reduction Act Notice, see the separate instructions.	Phone no	
Use	Uni			
Use	Uni	Easley SC 29640		864-859-8289

	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission.
	TO RAISE FUNDS FOR BREAST CANCER RESEARCH
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
_	If "Yes," describe these new services on Schedule O
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	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 and section 4947(a)(1) trusts are required to report the amount of
	grants and allocations to others, the total expenses, and revenue, if any, for each program service reported
	5 · · · · · · · · · · · · · · · · · · ·
4a	(Code:) (Expenses \$ 322,163 including grants of \$) (Revenue \$)
	RAISED 198303.90 IN FUNDS THAT WERE DONATED.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services. (Describe in Schedule O)
4-	(Expenses \$ including grants of \$) (Revenue \$)
4 e	Total program service expenses ► 322,163

EEA

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? (see instructions)?	2		_X_
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		İ	
	candidates for public office? If "Yes," complete Schedule C, Part I	3		<u> X</u> _
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 98-197 If "Yes," complete Schedule C,	_		
_	Part III	5		
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	ا ۽		v
_	"Yes," complete Schedule D, Part i	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	8		Х
	complete Schedule D, Part III	-		
9	Did the organization report an amount in Part X, line 21, 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,"	9		Х
10	complete Schedule D, Part IV	3		
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		х
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.			
2	Did the organization report an amount for land, buildings, and equipment in Part X, line 10° If "Yes,"			
4	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 169 If "Yes," complete Schedule D, Part VII	11b		Х
c	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		Х
е	The state of the s	11e		Х
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, XII, and XIII	12a		X
ь	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, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investmetnt, and program service activities outlide the United States, or aggregate			١,,
	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 assistance to any	4-		_v
4.0	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	46		_v
4-	to individuals located outside the United States? 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	47		v
40	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	18	Х	
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	-'8	_ ^_	<u> </u>
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		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	-	X
zua b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return?	20b		
	ii 105 to line 204, and the organization attach no addited intanolal statements to this return:			<u> </u>

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization			
	in the United States 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 and other assistance to individuals in the United States			
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		_X_
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K If "No," go to line 25	24a		_X_
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	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		
ď	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) and 501(c)(4) 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_
ь	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		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
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)			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
ь	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		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
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 301.7701-37 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, Parts II, III,			Ī
	IV, and V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
ь	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	35Ь		Х
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 11 and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	х	
				2011)

+ 447	Check if Schedula O contains a response to any question in this Part V			
	Check if Schedule O contains a response to any question in this Part V	- 	Yes	No No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		, es	
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1		
	Did the organization comply with backup withholding rules for reportable payments to vendors and	1		
-	reportable gaming (gambling) winnings to prize winners?	1c	Ì	Х
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0	1		
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2ь [x	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	ĺ		
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		X
Ь	If "Yes," enter the name of the foreign country	1		
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts	1		:
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible?	6a	<u>X</u>	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	.		
	gifts were not tax deductible?	6b	X	
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	. .		v
_	and services provided to the payor?	7a		X
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		-
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7.		Х
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7e		Х
e	bid the digatiletin receive any funds, directly of indirectly, to pay promising on a percent restriction	7f		X
f	Did the eigenheaten, during the year, pay promitine, amount, in the promitine, and the promitine and t	7g		X
g	The organization received a continuation of quantice intended in property, and the organization were an experience in the organization received a continuation of quantice intended in the organization received a continuation of quantice in the organization received a continuation of quantice in the organization of qua	79 7h		X
ь 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		,,,,	
•	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8	-	х
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a		х
ь	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		Х
10	Section 501(c)(7) organizations. Enter			
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	1		
11	Section 501(c)(12) organizations. Enter	1		
а	Gross income from members or shareholders			
ь	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year]		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u> </u>		<u></u>
a	Is the organization licensed to issue qualified health plans in more than one state?	13a	<u> </u>	ļ
	Note. See the instructions for additional information the organization must report on Schedule O.			
Ь	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand		ļ	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	-	X
ь	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Form 990 (2011) DABOS ALL IN TEAM 26-4097429 Page 6 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 Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body at the end of the tax year 5 If there are material differences in voting rights among members of the governing body, or If the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O Enter the number of voting members included in line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? X 3 Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? 4 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint Х 7a one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, X 7b 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Х Х 8Ь 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 Х the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) No Х 10a 10a Did the organization have local chapters, branches, or affiliates? **b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? X 11a 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 Х **b** Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," Х 12c 13 13 Did the organization have a written whistleblower policy? Х 14 Did the organization have a written document retention and destruction policy? 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? 15a **b** Other officers or key employees of the organization 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 Х with a taxable entity during the year? 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 Х organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ SC Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) 18 available for public inspection. Indicate how you make these available. Check all that apply ☑ Upon request Own website Another's website 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year 20 State the name, physical address, and telephone number of the person who possesses the books and records of the 104 SYCAMORE DR CLEMSON, SC 29631 organization ► KATHLEEN SWINNEY (864)230-1969

	-	-	
Form 990 (2)	011)		DABOS

26-4097429

Page 7

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

Check if Schedule O contains a response to any question in this Part VII

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

ALL IN TEAM

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.

Check this box if neither the organization nor an (A)	(8)	<u> </u>		(((D)	(E)	(F)
Name and Title	Average							Reportable	Reportable	Estimated
Hane and Hise	hours per	Position (do not check more than one		ha I		compensation	compensation from	amount of		
	week	'						from	related	other
	(describe					both an		the organization	organizations (W-2/1099-MISC)	compensation from the
	hours for related		1			rustee)		(W-2/1099-MISC)	(17 2 1000 111100)	organization
	organizations	l t d	l t n r	O _f	e	H c e	F	ı		and related organizations
	in Schedule O)	d u r	lt si	1	у	g m p	r m			Organizations
	0,	v t c	ı t t e	c e	m	e e o	e r			
		d e o	u e t	r	ĭ	t s é a e				
		a o	i		O y	t e				
	ĺ	' '	n a		e	ď				
		ļ	Ľ.							
(1) HENRY E SWINNEY JR										_
DIRECTOR	10.00	X							0	0
(2) HENRY SWINNEY III					İ					
DIRECTOR	10.00	X							0	0_
(3) KATHLEEN C SWINNEY	-	1		ĺ						
DIRECTOR AND SECRET	20.00	X		Х					0	0
(4) TRACY SWINNEY										
DIRECTOR	10.00	X						(0	0
(5) WILLIAM C SWINNEY										
DIRECTOR AND PRESIDENT	10.00	X		X					0	0
(6)								-		
(7)										
(8)										
•						1				
(9)		t					1			
								j		
(10)		\vdash								
(10)						ļ				
(11)		\vdash	\vdash		╁	 				
(11)			1							
(12)		1		\vdash	-	\vdash	\vdash			
(16)										
(13)			\vdash	 	 	-	\vdash			-
(13)			ĺ			1				
(44)		-	├-	 	├	┼	\vdash	-	 	-
(14)			1		1		1			

Part VII

Reportable

compensation from

related

organizations

(A)

Name and Title

_	
429	Page 8
	· age •
	(F)
1	Estimated
"	amount of other
co	mpensation
۰	from the rganization
	and related
or	ganizations
+	
+	
1	
+	
_	
- 1	

		hours for related organizations in Schedule O)	Itd nri dur se vtc let de o u o l	n r s u t s ı t	l C	e y e m	H c e m g m p l o y e e n s a e t e d	lοl	organization (W-2/1099-MISC)	(W-2/1099-MISC)	or ar	from the organization and related organizations	
15)											-		
16)		-				İ	<u> </u>						
17)													
18)													
19)													
20)													
21)													
22)													
23)	· · · · · · · · · · · · · · · · · · ·							İ					
24)		<u> </u>											
25)													
С	Sub-total	1 A		-				>	o				0
2	Total number of individuals (including but not limited to reportable compensation from the organization								an \$100,000 in)		
1	Did the organization list any former officer, director or employee on line 1a? If "Yes," complete Schedule J fo For any individual listed on line 1a, is the sum of report organization and related organizations greater than \$1! individual	r such individation	dual nsatior	 n and	 d oth	er c	 omper	 nsati	on from the		3	Yes	X
5	Did any person listed on line 1a receive or accrue comfor services rendered to the organization? If "Yes," cor								or individual		5		х
Sec	tion B. Independent Contractors												
1	Complete this table for your five highest compensated compensation from the organization. Report compensation year.												
	(A) Name and business address						(B) Description of	services	Com	(C) pensation	1		
			-										
2	Total number of independent contractors (including bureceived more than \$100,000 of compensation from the			e lis	ted	abov	/e) wh	0					
		EEA									Form	1 990 (2	:011)

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

(C) Position

(do not check more than one

box, unless person is both an

officer and director/trustee)

Reportable

compensation

(B)

Average

hours per

week

(describe

26-4097429

art 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) but are not required to complete columns (B), (C), and (D)

	Check if Schedule O contains a response to any quest				
Do no	ot include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
8b, 91	o, and 10b of Part VIII.	Loral exhelises	expenses	general expenses	expenses
1	Grants and other assistance to governments and				
	organizations in the United States See Part IV, line 21 .				
2	Grants and other assistance to individuals in				
	the United States See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16	_			
4	Benefits paid to or for members				<u> </u>
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				<u>,</u>
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
a	Management				
ь	Legal	1,000	1,000		
c	Accounting	2,000	2,000		
ď	Lobbying				
e	Professional fundraising services See Part IV, line 17 .		:		
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses	192	192		
14	Information technology		ļ		
15	Royalties				
16	Occupancy				
17	Travel	242	242		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				<u> </u>
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization		-2-		
23	Insurance	763	763	<u> </u>	
24	Other expenses Itemize expenses not covered			‡	
	above (List miscellaneous expenses in line 24e If			!	
	line 24e amount exceeds 10% of line 25, column			Į.	
	(A) amount, list line 24e expenses on Schedule O.)		<u> </u>	<u> </u>	
а	SUPPLIES	87,724	87,724		
ь	SECURITY	300	300		
С	LABOR COST	16,240	16,240		
d	MERCHANT FEES	6,449	6,449	-	
e	All other expenses	207,253	207,253	-	0
25	Total functional expenses. Add lines 1 through 24e	322,163	322,163	0	ļ
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs				İ
	from a combined educational campaign and			1	
	fundraising solicitation. Check here ▶ ☐ if				
	following SOP 98-2 (ASC 958-720)		1,	<u> </u>	Form 990 (2011)

Ma

Part X **Balance Sheet** (B) (A) End of year Beginning of year 1 229,688 Cash - non-interest-bearing 198,330 2 2 3 3 Pledges and grants receivable, net 4 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing A employers and sponsoring organizations of section 501(c)(9) voluntary s s е 7 7 Notes and loans receivable, net 8 8 9 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10c b 11 11 12 12 Investments - other securities See Part IV, line 11 13 13 14 14 15 15 229,688 198,330 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 17 18 18 19 19 20 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons 22 i 23 23 Secured mortgages and notes payable to unrelated third parties е 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X 25 0 26 0 Organizations that follow SFAS 117, check here > and complete NF lines 27 through 29, and lines 33 and 34. u 27 27 n 28 28 d 29 29 В S Organizations that do not follow SFAS 117, check here > X and s е ı complete lines 30 through 34. а 30 30 n 31 c 31 Paid-in or capital surplus, or land, building, or equipment fund 0 32 229,688 32 198,330 Retained earnings, endowment, accumulated income, or other funds 33 229,688 33 198,330 229,688 34 198,330

Form	990 (2011) DABOS ALL IN TEAM	26-409742	9	Pa	age 12
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI	<u> </u>			<u>. 🗆</u>
1	Total revenue (must equal Part VIII, column (A), line 12)			53,5	
2	Total expenses (must equal Part IX, column (A), line 25)		3	22,1	
3	Revenue less expenses Subtract line 2 from line 1	. 3		31,3	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<u> </u>	1	.98,3	30
5	Other changes in net assets or fund balances (explain in Schedule O)	. 5			0
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,				
	column (B))	. 6_	2	229,6	88
Pa	† XII Financial Statements and Reporting				_
	Check if Schedule O contains a response to any question in this Part XII	<i></i>			<u>. U</u>
			·····	Yes	No
1	Accounting method used to prepare the Form 990 🗵 Cash 🗌 Accrual 🗌 Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O			ŧ	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X	
b	Were the organization's financial statements audited by an independent accountant?		2b	<u> </u>	X
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	ļ	X
	If the organization changed either its oversight process or selection process during the tax year, explain in			1	
	Schedule O.]	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			<u> </u>	
	issued on a separate basis, consolidated basis, or both			†	
	Separate basis Consolidated basis Both consolidated and separate basis				
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?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		<u> </u>
	EEA		Form	1 990 (2011)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

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. ▶ See separate instructions.

OMB No 1545-0047 2011

Open to Public Inspection

Employer identification number

26-4097429 DABOS ALL IN TEAM Reason for Public Charity Status (All organizations must complete this part) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 9 🛛 An organization that normally receives. (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the 11 purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h c Type III-Functionally integrated Type III-Other **b** Type II e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting f organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the q following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No 11g(i) and (iii) below, the governing body of the supported organization? 11g(ii) 11g(iiı) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s). h (iii) Type of organization (iv) Is the organization (v) Did you notify (vi) Is the (vii) Amount of (ii) EIN (i) Name of supported the organization in organization in col support organization in col (i) listed in your (described on lines 1-9 col (i) of your (i) organized in the governing document? above or IRC section (see instructions)) No Yes No Yes No (A) (B) (c) (D) (E) Total

26-4097429

Par		ganizations D	escribed in S	ections 170(b)(1)(A)(iv) and	170(b)(1)(A)(v	i)
	(Complete only if you checked the						
	Part III If the organization fails to o	qualify under the te	ests listed below, pl	ease complete Pa	rt III)		
Sec	tion A. Public Support						
Caler	dar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Tax revenues levied for the organization'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				1		
	person (other than a governmental unit or		1				
	publicly supported organization) included		1		1		
	on line 1 that exceeds 2% of the amount		1		1		
	shown on line 11, column (f)				.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
6	Public support. Subtract line 5 from In 4		÷		<u> </u>		
Sec	tion B. Total Support			,	_ _		
Cale	ndar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 8	Amounts from line 4 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 IV)						
11	Total support. Add lines 7 through 10		<u> </u>		<u>. </u>	<u> </u>	1
12	Gross receipts from related activities, etc (see instructions)				. 12	
13	First five years. If the Form 990 is for the organization, check this box and stop here	<u></u>	<u></u> .	th, or fifth tax yea	r as a section 501	(c)(3) • • • • • • • • •	▶□
Sec	tion C. Computation of Public S						
14	Public support percentage for 2011 (line 6,	column (f) divided	l by line 11, column	(f))		. 14	%
15	Public support percentage from 2010 Sche	dule A, Part II, line	914			. 15	%
16a	33 1/3% support test - 2011. If the organi	zation did not che	ck the box on line 1	3, and line 14 is 3	3 1/3% or more, cl	heck this box	_
	and stop here. The organization qualifies a						▶ 🗆
b	33 1/3% support test - 2010. If the organi	zation did not che	ck a box on line 13	or 16a, and line 1	5 is 33 1/3% or mo	ore, check this	
	box and stop here. The organization qualif						▶ ∐
17a	10%-facts-and-circumstances test - 20						
	more, and if the organization meets the "factorganization meets the "facts-and-circumst	ances" test. The o	organization qualifie	s as a publicly su	oported organization	on	
Ь	10%-facts-and-circumstances test - 20						•
	more, and if the organization meets the "fac-	cts-and-circumsta	nces" test, check th	ns box and stop h	ere. Explain in Pa	rt IV how the	

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.....

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

26-4097429 Page 3

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")				1	1	2
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				345,766	353,521	699,287
3	Gross receipts from activities that are not an unrelated trade or bus under sec 513				1		1
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf				1		1
	The value of services or facilities furnished by a governmental unit to the organization without charge				1		1
6	Total. Add lines 1 through 5				345,770	353,522	699,292
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons				1		1
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year				1		1
С	Add lines 7a and 7b				2		2
8	Public support (Subtract line 7c from line 6)						699,290
Sec	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6		- 	-	345,770	353,522	699,292
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				1		1
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975				1		1
c	Add lines 10a and 10b				2		2
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on				1		1
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)				1		
13	Total support. (Add lines 9, 10c, 11, and 12)		0		0 345,774	353,522	699,296
14	First five years. If the Form 990 is for the or organization, check this box and stop here	ganization's first,	second, third, four	th, or fifth tax year	as a section 501(c)(3	3) <u>.</u>	▶ 🗆
Se	ction C. Computation of Public St	apport Percer	ntage				
15	Public support percentage for 2011 (line 8, co	olumn (f) divided t	•				100.00 9
16	Public support percentage from 2010 Schedu			<u> </u>	· · · · · · · · · · · · · · · ·	16	
	ction D. Computation of Investme					4= 1	
17	Investment income percentage for 2011 (line		-			17	0.00 %
18	Investment income percentage from 2010 Sc	chedule A, Part III.	, line 17			18	9
19a	33 1/3% support tests - 2011. If the organi 17 is not more than 33 1/3%, check this box	zation did not che and stop here. T	ck the box on line he organization qu	14, and line 15 is malifies as a publicly	nore than 33 1/3%, as supported organizat	nd line tion	▶ 🏻
	33 1/3% support tests - 2010. If the organiline 18 is not more than 33 1/3%, check this	box and stop her	e. The organizatio	n qualifies as a pub	olicly supported organ	nization	
20	Private foundation. If the organization did n	ot check a box or	n line 14. 19a. or 19	9b. check this box a	and see instructions		▶ ∐

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 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.

See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization $\overline{\mathbf{D}}$

Employer identification number

ABOS ALL IN TEAM						1097429
Part I Fundraising Activitie				vered "Yes" to Form	n 990, Part IV, line 1	7.
Form 990-EZ filers are r	•			ontro Obrada all Abraha		
 Indicate whether the organization ra Mail solicitations 	alsea tunas througr			vities. Check all that a of non-government gr		
b Internet and email solicitations				of government grants		
c Phone solicitations				i or government grants idraising events		
d In-person solicitations		9 🗀	Special ful	idraising events		
2a Did the organization have a written	or oral agraement	with one indu	udual (malu	dina officere directore	trustoso	
or key employees listed in Form 99		•	-	-		res □ No
b If "Yes," list the ten highest paid ind			-			_
compensated at least \$5,000 by the		(lunaraiscis)	parsaantte	agreements ander w	non the fandraider is to	
oompondated at loadt 40,000 by the	o organization					
		(iii) Did fund	Iraicar hava		(v) Amount paid to	(vi) Amount paid to
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody or		(iv) Gross receipts from activity	(or retained by)	(or retained by)
or entity (tunuraiser)		contrib	utions?	nom activity	fundraiser listed in col (i)	organization
		Yes	No			
			1	-		
,			 			
			ļ			
					-	
	ļ		<u></u>			-
,						
· · · · · · · · · · · · · · · · · · ·			-			-
otal			▶			
3 List all states in which the organizat				outions or has been no	tified it is exempt from	
registration or licensing.					·	
-						
		•				
				-		
					 -	

	dule G		OS ALL IN TEAM	1 111/2 11 1 1		-4097429 Page 2
-	Ift 1	Fundraising Events. Co than \$15,000 of fundraising gross receipts greater than	event contributions a			
Re		gross receipts greater trial	(a) Event #1 WOMENS CLINI	(b) Event #2	(c) Other events	(d) Total events Add col (a) through
			(event type)	(event type)	(total number)	col (c))
V	1	Gross receipts				
e n	2	Less: Charitable				
u e		contributions				
	3	Gross income (line 1 minus				
		line 2)				
	4	Cash prizes				
D i	5	Noncash prizes				
r e		Noncash prizes				
c t	6	Rent/facility costs				
E	7	Food and beverages				
X	′	rood and beverages				
e e	8	Entertainment				
n s		Other durant augusta				
e s	9	Other direct expenses	<u> </u>	<u> </u>	<u> </u>	
	10	Direct expense summary Add lines	4 through 9 in column (d)			()
Œ.	11	Net income summary Combine line	3, column (d), and line 10)		- 1
1	ırt İ	<u> </u>		d "Yes" to Form 990, Pa	in iv, line 19, or report	ea more
Re		เทลท 5 เอ.บบบ บท คบเทเ 990	J-EZ. line ba.			
R e v		than \$15,000 on Form 990	J-ヒン, IINE 6a. (a) Bingo	(b) Puil tabs/instant bingo/progressive bingo	(c) Other garning	(d) Total gaming (add col (a) through col (c))
e n				1	(c) Other gaming	
enue	1	Gross revenue		1	(c) Other gaming	
enue D	1 2			1	(c) Other gaming	
enue	2	Gross revenue		1	(c) Other gaming	
enue D - rect		Gross revenue		1	(c) Other gaming	
enue D - rect	2	Gross revenue		1	(c) Other gaming	
enue D - rect	2	Cash prizes		1	(c) Other gaming	
enue D	2	Gross revenue	(a) Bingo	binga/progressive bingo		col (a) through col (c))
enue D - rect	2 3 4	Gross revenue		binga/progressive bingo	(c) Other garning	col (a) through col (c))
enue D - rect	3 4 5	Gross revenue	(a) Bingo	bingo/progressive bingo Yes % No	☐ Yes%	col (a) through col (c))
enue D - rect	3 4 5	Gross revenue	(a) Bingo	bingo/progressive bingo Yes % No	☐ Yes %	col (a) through col (c))
enue D - rect	2 3 4 5	Cash prizes	(a) Bingo Yes % No 2 through 5 in column (d)	bingo/progressive bingo	☐ Yes% ☐ No	col (a) through col (c))
enue D - rect	2 3 4 5 7	Gross revenue	(a) Bingo Yes % No 2 through 5 in column (d)	bingo/progressive bingo	☐ Yes% ☐ No	col (a) through col (c))
enue D - rect	2 3 4 5 6 7 8	Cash prizes	(a) Bingo Yes % No 2 through 5 in column (d) bine line 1, column d, and	bingo/progressive bingo Yes% No line 7	☐ Yes%	col (a) through col (c))
enue D rect Expenses	2 3 4 5 6 7 8 En is	Cash prizes	(a) Bingo Yes% No 2 through 5 in column (d) bine line 1, column d, and tion operates gaming activities in each o	bingo/progressive bingo Yes% No line 7	☐ Yes%	col (a) through col (c))
enue D rect Expenses	2 3 4 5 6 7 8 En is	Cash prizes	(a) Bingo Yes% No 2 through 5 in column (d) bine line 1, column d, and tion operates gaming activities in each o	bingo/progressive bingo Yes% No line 7	☐ Yes%	col (a) through col (c))
enue D_rect Expenses	2 3 4 5 6 7 8 En is is if "	Cash prizes	(a) Bingo Yes% No 2 through 5 in column (d) bine line 1, column d, and tion operates gaming activities in each o	bingo/progressive bingo Yes % No line 7	Yes	() () Yes No
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

uestions on

OMB No 1545-0047

Department of the Treasury Internal Revenue Service 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.

Open to Public Inspection

Name of the organization	Employer identification number
DABOS ALL IN TEAM	26-4097429
01. Form 990 governing body review (Part VI, line 11)	
NO DELICITY WAS GOVERNOUS OF MILL BY GOVERNOUS	
NO REVIEW WAS CONDUCTED OR WILL BE CONDUCTED	
02. Governing documents, etc, available to public (Part VI, line 19)	
NO DOCUMENTS AVAILABLE TO THE PUBLIC	
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