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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2011

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)
▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.
▶ The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2011 calendar year, or tax year beginning Jul 1, 2011, and ending Jun 30, 2012

| | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization <u>Teams Together, Inc.</u> | D Employer identification number <u>20-1577103</u> |
| | Number and street (or P O box, if mail is not delivered to street address) Room/suite <u>3965 West 83rd Street</u> <u>191</u> | E Telephone number <u>(913) 204-0158</u> |
| | City or town, state or country, and ZIP + 4 <u>Prairie Village KS 66208-5308</u> | F Group Exemption Number ▶ |

G Accounting Method Cash Accrual Other (specify) ▶ _____

I Website: ▶ teamstogether.org

J Tax-exempt status (ck only one) - 501(c)(3) 501(c) () (insert no) 4947(a)(1) or 527

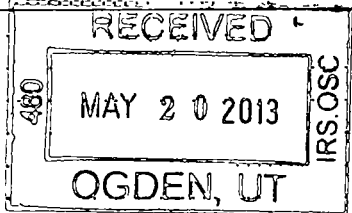
K Check if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 28,696.

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

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

| | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|----------------|
| REVENUE | 1 Contributions, gifts, grants, and similar amounts received | 1 | <u>26,750.</u> |
| | 2 Program service revenue including government fees and contracts | 2 | <u>1,946.</u> |
| | 3 Membership dues and assessments | 3 | |
| | 4 Investment income | 4 | |
| | 5a Gross amount from sale of assets other than inventory | 5a | |
| | b Less cost or other basis and sales expenses | 5b | |
| | c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) | 5c | |
| | 6 Gaming and fundraising events | | |
| | a Gross income from gaming (attach Schedule G if greater than \$15,000) | 6a | |
| b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) | 6b | | |
| c Less direct expenses from gaming and fundraising events | 6c | | |
| d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) | 6d | | |
| 7a Gross sales of inventory, less returns and allowances | 7a | | |
| b Less cost of goods sold | 7b | | |
| c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) | 7c | | |
| 8 Other revenue (describe in Schedule O) | 8 | | |
| 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 | 9 | <u>28,696.</u> | |
| EXPENSES | 10 Grants and similar amounts paid (list in Schedule O) | 10 | |
| | 11 Benefits paid to or for members | 11 | |
| | 12 Salaries, other compensation, and employee benefits | 12 | |
| | 13 Professional fees and other payments to independent contractors | 13 | <u>281.</u> |
| | 14 Occupancy, rent, utilities, and maintenance | 14 | <u>180.</u> |
| | 15 Printing, publications, postage, and shipping | 15 | <u>505.</u> |
| | 16 Other expenses (describe in Schedule O) | 16 | <u>31,816.</u> |
| | 17 Total expenses. Add lines 10 through 16 | 17 | <u>32,782.</u> |
| 18 Excess or (deficit) for the year (Subtract line 17 from line 9) | 18 | <u>-4,086.</u> | |
| ASSETS | 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) | 19 | <u>6,893.</u> |
| | 20 Other changes in net assets or fund balances (explain in Schedule O) | 20 | |
| | 21 Net assets or fund balances at end of year. Combine lines 18 through 20 | 21 | <u>2,807.</u> |



BAA For Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2011)

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Part II Balance Sheets. (see the instructions for Part II.)

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

| | (A) Beginning of year | (B) End of year |
|--------------------------------------------------------------------------------|-----------------------|-----------------|
| 22 Cash, savings, and investments | 658. 22 | 389. |
| 23 Land and buildings | 8,905. 23 | 5,396. |
| 24 Other assets (describe in Schedule O) See L-24 Stmt | 300. 24 | 300. |
| 25 Total assets | 9,863. 25 | 6,085. |
| 26 Total liabilities (describe in Schedule O) See L-26 Stmt | 2,970. 26 | 3,278. |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 6,893. 27 | 2,807. |

Part III Statement of Program Service Accomplishments (see the instrs for Part III.)

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

What is the organization's primary exempt purpose? See Stmt. 1

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)

| | | |
|------------------------------------------------------------------------------------------------------------------------------------------------|------|---------|
| 28 Disaster Relief - See Stmt. 1 | | |
| (Grants \$ 0.) If this amount includes foreign grants, check here <input type="checkbox"/> | 28 a | 625. |
| 29 Training and Research Projects - See Stmt. 1 | | |
| (Grants \$ 0.) If this amount includes foreign grants, check here <input type="checkbox"/> | 29 a | 940. |
| 30 Alternative Energy Projects - See Stmt. 1 | | |
| (Grants \$ 0.) If this amount includes foreign grants, check here <input type="checkbox"/> | 30 a | 25,620. |
| 31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 31 a | |
| 32 Total program service expenses (add lines 28a through 31a) | 32 | 27,185. |

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (see the instructions for Part IV)

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

| (a) Name and address | (b) Title and average hours per week devoted to position | (c) Reportable compensation (Form W-2/1099-MISC) (If not paid, enter -0-) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|----------------------------------------------------------------------|----------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|--------------------------------------------|
| Ruthanne Medearis 3965 W. 83rd Street Prairie Village KS 66208 | President 4.00 | 0. | 0. | 0. |
| Marilyn Kuisle Rochester MN 55906 | Secretary 0.00 | 0. | 0. | 0. |
| Melinda Hazel 1226 8th Street Lees Summit MO 64063 | Treasurer 0.50 | 0. | 0. | 0. |
| Nicola Betts 45 Soldatos Dr. Bendigo, AS | Board Member 0.00 | 0. | 0. | 0. |
| | | | | |
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Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

- 33 Did the organization engage in any activity not previously reported to the IRS?
34 Were any significant changes made to the organizing or governing documents?
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities?
35b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year?
35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year?
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year?
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
37b Did the organization file Form 1120-POL for this year?
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
38b If 'Yes,' complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations. Enter:
39a Initiation fees and capital contributions included on line 9
39b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955
40b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ?
40c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
40d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization
40e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?
41 List the states with which a copy of this return is filed

Table with columns Yes, No and rows 33, 34, 35a, 35b, 35c, 36, 37a, 37b, 38a, 38b, 39a, 39b, 40a, 40b, 40c, 40d, 40e, 41

42a The organization's books are in care of The Corporation Telephone no (913) 204-1458 Located at 3965 West 83rd Street, #191 Prairie Village KS ZIP + 4 66208

- 42b 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?
42c At any time during the calendar year, did the organization maintain an office outside of the U S ?

Table with columns Yes, No and rows 42b, 42c

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year

- 44a Did the organization maintain any donor advised funds during the year?
44b Did the organization operate one or more hospital facilities during the year?
44c Did the organization receive any payments for indoor tanning services during the year?
44d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?
45a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?

Table with columns Yes, No and rows 44a, 44b, 44c, 44d, 45a, 45b

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

| | | |
|----|-----|----|
| | Yes | No |
| 46 | | X |

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

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

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

| | | |
|----|-----|----|
| | Yes | No |
| 47 | | X |

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

| | | |
|----|--|---|
| 48 | | X |
|----|--|---|

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

| | | |
|-----|--|---|
| 49a | | X |
|-----|--|---|

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

| | | |
|-----|--|--|
| 49b | | |
|-----|--|--|

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

| (a) Name and address of each employee paid more than \$100,000 | (b) Title and average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|----------------------------------------------------------------|----------------------------------------------------------|---------------------------------------------------|-----------------------------------------------------------------------------------------|--------------------------------------------|
| | | | | |
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e Total number of other employees paid over \$100,000

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

| (a) Name and address of each independent contractor paid more than \$100,000 | (b) Type of service | (c) Compensation |
|------------------------------------------------------------------------------|---------------------|------------------|
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e Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

Yes No

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

Sign Here
 Signature of officer: Ruthanne Medearis Date: 5-15-13
 Type or print name and title: Ruthanne Medearis, Pres.

Paid Preparer Use Only
 Print/Type preparer's name: DARIN R. CRULL Preparer's signature: Darin R Crull Date: 05/15/13
 Firm's name: DARIN R CRULL CPA, LLC Check if self-employed PTIN: P01022667
 Firm's address: 209 NW REDWOOD CT Firm's EIN: 27-3817816
LEES SUMMIT MO 64064-3010 Phone no: (816) 372-5800

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

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. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

| | |
|---------------------------------------------------------|-----------------------------------------------------|
| Name of the organization Teams Together, Inc. | Employer identification number 20-1577103 |
|---------------------------------------------------------|-----------------------------------------------------|

Part I 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.)

- 1 A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 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: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 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.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the 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.
 - a Type I
 - b Type II
 - c Type III – Functionally integrated
 - d Type III – Other
- 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).
- f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box.
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

| | Yes | No |
|-------------------|-----|----|
| 11 g (i) | | |
| 11 g (ii) | | |
| 11 g (iii) | | |

h Provide the following information about the supported organization(s)

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) | (iv) Is the organization in column (i) listed in your governing document? | | (v) Did you notify the organization in column (i) of your support? | | (vi) Is the organization in column (i) organized in the U.S.? | | (vii) Amount of support |
|------------------------------------|----------|---------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|----|--------------------------------------------------------------------|----|---------------------------------------------------------------|----|-------------------------|
| | | | Yes | No | Yes | No | Yes | No | |
| (A) | | | | | | | | | |
| (B) | | | | | | | | | |
| (C) | | | | | | | | | |
| (D) | | | | | | | | | |
| (E) | | | | | | | | | |
| Total | | | | | | | | | |

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.)

Section A. Public Support

| Calendar 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') | 17,322. | 63,821. | 25,079. | | | 106,222. |
| 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 | 17,322. | 63,821. | 25,079. | | | 106,222. |
| 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 | | | | | | 106,222. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
|----------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| 7 Amounts from line 4 | 17,322. | 63,821. | 25,079. | | | 106,222. |
| 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 IV) | | | | | | |
| 11 Total support. Add lines 7 through 10 | | | | | | 106,222. |

- 12 Gross receipts from related activities, etc (see instructions) 12
- 13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

| | | |
|-------------------------------------------------------------------------------------------|----|---------|
| 14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) | 14 | 100.00% |
| 15 Public support percentage from 2010 Schedule A, Part II, line 14 | 15 | 100.00% |

- 16a **33-1/3% support test – 2011.** If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b **33-1/3% support test – 2010.** If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 17a **10%-facts-and-circumstances test – 2011.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization
- b **10%-facts-and-circumstances test – 2010.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization
- 18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

Section A. Public Support

| Calendar year (or fiscal yr 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 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 organization'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. | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons. | | | | | | |
| 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. | | | | | | |
| c Add lines 7a and 7b. | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal yr beginning in) ▶ | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
|--------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6. | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. | | | | | | |
| c Add lines 10a and 10b. | | | | | | |
| 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 IV.) | | | | | | |
| 13 Total support. (Add lns 9, 10c, 11, and 12.) | | | | | | |

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶

Section C. Computation of Public Support Percentage

| | | |
|--------------------------------------------------------------------------------------------------|-----------|---|
| 15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2010 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|-------------------------------------------------------------------------------------------------------|-----------|---|
| 17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2010 Schedule A, Part III, line 17 | 18 | % |

19a 33-1/3% support tests – 2011. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ▶

b 33-1/3% support tests – 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ▶

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ▶

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ **Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization

Teams Together, Inc.

Employer identification number

20-1577103

Part II Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

| 1 | (a) Name of disqualified person | (b) Description of transaction | (c) Corrected? | |
|-----|---------------------------------|--------------------------------|----------------|----|
| | | | Yes | No |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part III Loans to and/or From Interested Persons.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 26 or Form 990-EZ, Part V, line 38a.

| (a) Name of interested person and purpose | (b) Loan to or from the organization? | | (c) Original principal amount | (d) Balance due | (e) In default? | | (f) Approved by board or committee? | | (g) Written agreement? | |
|---------------------------------------------|-----------------------------------------------|------|-------------------------------|-----------------|-----------------|------|-------------------------------------|----|------------------------|----|
| | To | From | | | Yes | No | Yes | No | Yes | No |
| | (1) Ruthanne Medearis To pay accounting and t | X | | | | 600. | 600. | X | X | |
| (2) Ruthanne Medearis To pay auto insurance | X | | 188. | 188. | X | X | | | X | |
| (3) | | | | | | | | | | |
| (4) | | | | | | | | | | |
| (5) | | | | | | | | | | |
| (6) | | | | | | | | | | |
| (7) | | | | | | | | | | |
| (8) | | | | | | | | | | |
| (9) | | | | | | | | | | |
| (10) | | | | | | | | | | |
| Total | | | | ▶ \$ | 788. | | | | | |

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 27.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount and type of assistance |
|-------------------------------|-----------------------------------------------------------------|-----------------------------------|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| (10) | | |

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

Schedule L (Form 990 or 990-EZ) 2011

**Depreciation and Amortization
(Including Information on Listed Property)**

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return

Teams Together, Inc.

Identifying number

20-1577103

Business or activity to which this form relates

Form 990 / Form 990EZ

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I

| | | | |
|----|-----------------------------------------------------------------------------------------------------------------------------------------|------------------------------|------------------|
| 1 | Maximum amount (see instructions) | 1 | |
| 2 | Total cost of section 179 property placed in service (see instructions) | 2 | |
| 3 | Threshold cost of section 179 property before reduction in limitation (see instructions) | 3 | |
| 4 | Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- | 4 | |
| 5 | Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions | 5 | |
| 6 | (a) Description of property | (b) Cost (business use only) | (c) Elected cost |
| 7 | Listed property. Enter the amount from line 29 | 7 | |
| 8 | Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 | 8 | |
| 9 | Tentative deduction. Enter the smaller of line 5 or line 8 | 9 | |
| 10 | Carryover of disallowed deduction from line 13 of your 2010 Form 4562 | 10 | |
| 11 | Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs) | 11 | |
| 12 | Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 | 12 | |
| 13 | Carryover of disallowed deduction to 2012. Add lines 9 and 10, less line 12 | 13 | |

Note: Do not use Part II or Part III below for listed property. Instead, use Part V

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)

| | | | |
|----|---------------------------------------------------------------------------------------------------------------------------------------------|----|--|
| 14 | Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) | 14 | |
| 15 | Property subject to section 168(f)(1) election | 15 | |
| 16 | Other depreciation (including ACRS) | 16 | |

Part III MACRS Depreciation (Do not include listed property) (See instructions)

Section A

| | | | |
|----|------------------------------------------------------------------------------------------------------------------------------------------------------------|----|------|
| 17 | MACRS deductions for assets placed in service in tax years beginning before 2011 | 17 | 393. |
| 18 | If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/> | | |

Section B – Assets Placed in Service During 2011 Tax Year Using the General Depreciation System

| (a) Classification of property | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only – see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|-----------------------------------|-----------------------------------------|---------------------------------------------------------------------------------|------------------------|-------------------|---------------|-------------------------------|
| 19a 3-year property | | | | | | |
| b 5-year property | | | | | | |
| c 7-year property | | | | | | |
| d 10-year property | | | | | | |
| e 15-year property | | | | | | |
| f 20-year property | | | | | | |
| g 25-year property | | | 25 yrs | | S/L | |
| h Residential rental property | | | 27.5 yrs | MM | S/L | |
| i Nonresidential real property | | | 39 yrs | MM | S/L | |

Section C – Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System

| | | | | | | |
|----------------|--|--|--------|----|-----|--|
| 20a Class life | | | | | S/L | |
| b 12-year | | | 12 yrs | | S/L | |
| c 40-year | | | 40 yrs | MM | S/L | |

Part IV Summary (See instructions.)

| | | | |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|------|
| 21 | Listed property. Enter amount from line 28 | 21 | |
| 22 | Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations – see instructions | 22 | 393. |
| 23 | For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs | 23 | |

Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C** if applicable

Section A – Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles)

| 24a Do you have evidence to support the business/investment use claimed? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 24b If 'Yes,' is the evidence written? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-------------------------------------------|-----------------------------|--------------------------------------------------------------|------------------------|------------------------------|-------------------------------|---------------------------------|
| (a) Type of property (list vehicles first) | (b) Date placed in service | (c) Business/investment use percentage | (d) Cost or other basis | (e) Basis for depreciation (business/investment use only) | (f) Recovery period | (g) Method/Convention | (h) Depreciation deduction | (i) Elected section 179 cost |
| 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) | | | | | | | 25 | |
| 26 Property used more than 50% in a qualified business use: | | | | | | | | |
| 27 Property used 50% or less in a qualified business use: | | | | | | | | |
| 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 | | | | | | | 28 | |
| 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 | | | | | | | | 29 |

Section B – Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

| | (a) Vehicle 1 | | (b) Vehicle 2 | | (c) Vehicle 3 | | (d) Vehicle 4 | | (e) Vehicle 5 | | (f) Vehicle 6 | |
|---------------------------------------------------------------------------------------------------|------------------|----|------------------|----|------------------|----|------------------|----|------------------|----|------------------|----|
| | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
| 30 Total business/investment miles driven during the year (do not include commuting miles) | | | | | | | | | | | | |
| 31 Total commuting miles driven during the year | | | | | | | | | | | | |
| 32 Total other personal (noncommuting) miles driven | | | | | | | | | | | | |
| 33 Total miles driven during the year. Add lines 30 through 32 | | | | | | | | | | | | |
| 34 Was the vehicle available for personal use during off-duty hours? | | | | | | | | | | | | |
| 35 Was the vehicle used primarily by a more than 5% owner or related person? | | | | | | | | | | | | |
| 36 Is another vehicle available for personal use? | | | | | | | | | | | | |

Section C – Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions)

| | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 39 Do you treat all use of vehicles by employees as personal use? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Note: If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles

Part VI Amortization

| (a) Description of costs | (b) Date amortization begins | (c) Amortizable amount | (d) Code section | (e) Amortization period or percentage | (f) Amortization for this year | |
|------------------------------------------------------------------------------------------|---------------------------------|---------------------------|---------------------|------------------------------------------|-----------------------------------|--------|
| 42 Amortization of costs that begins during your 2011 tax year (see instructions) | | | | | | |
| 43 Amortization of costs that began before your 2011 tax year | | | | | 43 | 3,116. |
| 44 Total. Add amounts in column (f). See the instructions for where to report | | | | | 44 | 3,116. |

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Part I, Line 16 Other Expenses

Other expenses (describe in Schedule O)

| | |
|---------------------------------|-----------------------|
| Auto Exp. | 860. |
| Organizational (Corporate) Exp. | 50. |
| Project Related Exp. | 27,185. |
| Depreciation | 393. |
| Amortization | 3,116. |
| Travel | 212. |
| Total | <u>31,816.</u> |

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Page 1, Part II, Line 24

| Line 24 - Other Assets: | Beginning of Year | End of Year |
|--------------------------------|------------------------------|------------------------|
| Collectible - Hummer RC | 300. | 300. |
| Total | <u>300.</u> | <u>300.</u> |

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Page 1, Part II, Line 26

| Line 26 - Total Liabilities: | Beginning of Year | End of Year |
|-------------------------------------|------------------------------|------------------------|
| Loan from Director | 2,970. | 3,278. |
| Total | <u>2,970.</u> | <u>3,278.</u> |

PURPOSE: Teams Together, Inc. was organized for charitable, religious, educational, literary, and scientific purposes in the world, including, for such purposes, the making of distributions to individuals, or to organizations that qualify as exempt organizations under the meaning of Section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code.

OBJECTIVE: Teams Together, Inc. is a group of forerunners; we think outside the box to evaluate a need vs. a want, then network the appropriate organizations to continue the work that fills the gap, set examples within a community, and create easy models to follow. Our process and assistance models give a hand up, teaching skills and offering direction with emphasis to give back.

We have found our philosophy of creating a model to give a helping hand up instead of a hand-out, creates ownership, personal development and integrity for those we serve. Our disaster model evaluates gaps to be filled in the specific community, network resources, create a specific model and turn over to the locals to continue the work for long-term positive effects within their community.

We evaluated our program effectiveness this year and found that our models were able to assist community volunteers from those we served from within 3 months to 3 years for more severe cases.

OUR PROGRAMS:

A. Training, Research and Internship Program

Our training programs are a one-on-one, individualized approach to help adults go forward in a new career path, while re-building up their employability, one project at a time.

We have worked with underemployed, older employees that found themselves in downsizing corporations, over-stressed, and/or walking through the journey of medical recovery. We offer them small tasks to rebuild their confidence, help overcome their stress level of inadequacy, and allow them to experience accomplishments once again. We encourage them to find an income source that fits their needs and talents. The process requires a lot of patience and discernment on our part, but we evaluate each individual's needs and encourage them to move forward as we creatively and lovingly help them through their journey.

The success is when you watch them break through their crisis to the other side of living, not merely surviving; being productive citizens and having their life back so that they can help others as they were helped.

1. Re-Training & Research projects

These projects help mature adults who have lost their jobs due to downsizing/layoffs, learn new skills to get back into the work force after medical treatments, or when just starting over. Individuals in this group may have low self-esteem, lack concentration and focus skills, need mentoring and require great patience to sort out their mental processing again. We encourage

them by giving them small victories in a job skill. We give them short-term goals with quick results until they are able to seek income on their own, or if not, we refer them to agencies that will help them.

In their excitement of learning, our training participants put their new knowledge into practice. They served within their communities: travel, technology, boating skills, and mentoring.

The success is measured on the progress of each individual. These were once high-producing people in the job market, and due to unfortunate circumstances in their lives, the level of stress overtook their minds of processing and reasoning. When a person is able to stay in the job market successfully, we know it was a job well done on our part. When a person is unable to stay in our training and mentoring program, we know it is time to have the appropriate agency step in for assistance to that individual.

Strengths Finder Pilot Seminar.

Using a proven technique with a study book written by Tom Rath, we introduced a seminar open to the community to find your personal strengths and how it correlates to how you work. After an introduction to how the process works, the participants took an online test, which a copy of results was sent to our facilitator.

We discussed common traits within the class where the facilitator defined the strengths to give better understand of themselves and how they perceive others. Staff members performed role playing to instill strength categories for another method of understanding. We found over-exaggerated-role-playing to be most effective. The participants can laugh at a situation while seeing themselves, or give deep understanding of why others behave a certain way.

Through this pilot seminar, we discovered whether employee, employer, manager or individual; they all benefited from the knowledge to discover why people behave a certain way. This also gave understanding for those that want to better themselves. As seeing through other people's eyes, they have the ability to now work on behaviors that are not helpful in their relationships, work environment or future.

An unexpected phenomenon happened when participants stayed after the seminar to discuss their new-found identity. The interaction of the group lead to an awakening within themselves, networking among them to help in their businesses, or start new businesses!

A team of volunteers got the local businesses involved that donated trinkets to each participant that introduced them to their store; which we found quite successful.

2. TRAVEL PROJECT:

We expanded our research program into training displaced working adults in the business of travel. The world of travel has brought these adults back to life again. The excitement of helping others with a trip of a life time or a gathering of friends breathes life back into their spirit so that they can begin to live and dream again.

This project not only allows us to re-train displaced workers, but will be income generating for other projects. With our re-trained adults, they in turn serve others: multiplying our efforts.

3. WAVE MISSIONS PROJECT:

This program is designed to use boats that are donated for delivery of supplies for disaster relief, food, medical supplies, school supplies and computers from our *501-c-3 Technologies Program*. We also network sailors and suppliers with countries in need. By doing this, we were able to ship supplies donated by individuals for Haiti orphanage schools before the earthquake with our volunteer sailors and use of their boats.

Our boat donation project allows us to use boats in serviceable order, teach Boater Safety courses and teach New Boater and maintenance classes. During this course, trainees repair and service boat for either our use or prepare for sale to help fund the project.

The *Wave Missions Project* is managed by an individual that we gave a venue for a hand up: he is now giving back to his community with the help of Teams Together.

5. 501-c-3 TECHNOLOGIES PROJECT:

We are developing a workbook for training of Search Engine Optimization (SEO) classes. This course could be administered separately, or with additional website training classes. We will use this information to re-train working adults, youth starting in the business, as well as other non-profits.

Our refurbishing program was started by an individual that we gave an opportunity to get back into the working force at his own pace. We have been developing the concept to refurbish donated computers from corporations, and offer a training program for individuals that cannot afford a computer system to volunteer and earn credits towards a system. As of July, 2010, Dell has offered assistance in our efforts.

The Training Program allows individuals to learn how to refurbish donated computers and allows them a hand up in the marketplace to be employable again. They are also eligible to earn credits towards their own computer system.

Our Volunteer Program allows individuals to earn credits towards a computer by working in our Refurbishing Center. They work at their own level of competency: customer assistance, receive donations, stock shelves, or janitorial. This part of the program allows them to have ownership with their computer, not another hand out; it costs them something.

We are now a recognized Microsoft Refurbisher, which allows us to pre-install genuine Microsoft software, that recipients would normally need to purchase in addition to their new computer.

After receiving eligibility of their computer, classes are available to learn how to use their new computer, software and maintaining it. At any time, recipients may volunteer for credits to upgrade their software. They are only eligible for a new computer every 3 years unless special circumstances are met. This is a three-fold solution: reducing e-waste by re-purposing re-training individuals, and help those in need obtain an updated computer to assist their school or work with dignity.

6. ALTERNATIVE ENERGY PROJECTS:

Our *Alternative Energies Projects* are more than wind, solar, technology and green: it's also re-purposing, and researching effective new energy sources. We think outside of the box: with our projects, with our training and with our resources.

Teams Together Research Teams are looking for new ideas, technology inventions and solutions so that we can also serve our disaster relief projects more effectively. By using renewable energy sources, we minimize the environmental impact on already damaged areas. We have found during our disaster relief, that most areas are not accessible for trucks to resupply normal energy sources, so our teams are looking to fill that gap from main-stream thinking. We have a Request For Information into the Department of Energy for further exploration.

During our review with disaster relief teams last summer, we also were looking how to improve our assistance and further help communities with *Alternative Energy*. We have been working on a new energy source and spoke with several engineers about our development, which confirmed our technology was viable. We are in the stages of obtaining funding to further our research, patent and develop a prototype of our energy source.

We will use our model in disaster relief efforts before mass marketing. Our product will have many uses: disaster relief agencies, third world countries, rural areas, space, military and recreation – to name a few.

Total Training & Research Volunteers 37
Est. Served 21000
Individual Specific Assistance \$0
Gift In-Kind \$25,486
Income generated by volunteers \$1929
Project Expense \$25,620

B. DISASTER RELIEF PROGRAM:

Presently, we are researching inventions of new power sources through our *Alternative Energy Project* that will assist our *Disaster Relief Project* efforts. During our evaluation of this project, we saw a pattern of gaps among disaster relief agencies that we are addressing within ourselves, and lack of energy is something that needs immediate resolution: you cannot depend on a truck or semi to deliver any goods, services, power, tents or food.

Teams Together actively fill in the gaps and network with other agencies for needs to be met. We work together to empower people to overcome obstacles that threaten their well-being. We give hands-on approach and set a model that can be carried on at the local level.

By partnering with other agencies, we continue to financially support, network assistance and volunteers for *Haiti* after the earthquake. Thinking outside the box of “giving food and clothes”, we gave towards purchasing trees – both for food supply and exporting products. Our donation purchased a tree for their orchard. We also gave toward purchasing new tools to farm, build houses, orphanage dorms, orphanage school and businesses. The US volunteer base travels several times a year to instruct, help and assess the progress. By teaching locals how to use what they are given, they have a better sense of ownership of what they have. Providing sustainable products (trees), they are able to create income for themselves and future generations. The teams also assist in helping with local government so that their lives can grow and not be stolen as before. It’s about changing mind-sets for our next generations. If we all do our part and work together, much can be accomplished.

Fires in Colorado, New Mexico and Wyoming presented a new challenge: “*Who were taking care of the Firemen fighting the fires?*” Teams Together again stepped up to fill the gap. Volunteers delivered water, fresh T-shirts, socks and underwear. Then we discovered, they do not have cold – anything. Our Project Manager approached a local grocer and asked if they would donate two cases of water for every case we had donated, and freeze them. They did, and we took frozen water bottles for the Fire Fighters to use either as ice in their coolers or melt and drink. We also organized locals to do laundry for the Fire Fighters so they had clean clothes when they finished their shift. Working together with community, businesses and volunteers, we did our part in the enormous fires this year.

Every year we see disaster happening in historical proportions. As we are all aware, financial assistance is needed for the grass root non-profits to assist where the larger non-profits fall short. We are able to create positive change in an impossible situation. These on-the-ground efforts make the largest impact in communities, to free up the larger agencies to serve the broader needs.

Hurricanes. Each year we are faced with disasters from hurricanes. With the help of the Wave Missions Project, we are able to lend a hand where other agencies are not available. Through volunteers, we have extra housing available on boats that no one else is doing. Our volunteers coordinate boats for newly-homeless locals while they wait on insurance companies, as well as living for other NGO workers.

Est. Volunteers 45
Est. Served 590,000
Individual Specific Assistance \$ 575
Donation to other NGO \$50
Gifts In Kind \$ 575
Project Expense \$625

C. Families in Crisis Programs:

We support upper working-class families and individuals through a crisis. We often find that these families are able to sustain themselves for 6 to 8 months, as they live on a combination of savings, credit cards, family assistance, and company health plans. As their personal resources expend over time, they struggle with where to turn, since they do not qualify for public assistance. That's where we come in, through word of mouth.

We offer “*assistance with dignity*” to the working class in need; to get them through their crisis and transformed into a story of hope and self-sufficiency. We assist them with creative ways to make it through, offer emotional support, and network resources. They do not “live in the system”, so it is difficult for them to find a way through the maze of governmental resources. We give them “a hand up” to make it through to the other side.

Our success is when you watch them break through their crisis to the other side of living, not merely surviving; but being productive citizens and having their life back so that they can in turn, help others up as they were helped; creating local solutions.

FAMILIES IN CRISIS PROJECT: (Individuals, Cancer and Organ Transplant,
Women and Children, Women return to the Workforce, Youth, Underemployed Adults)

Our volunteers worked with several families, orphanages, youth, elderly and children. We served needs to the working class with a hand up, encouragement, as well as educating them how to carry on. They are ordinary men and women struggling to pull their lives back from the edge after losing their jobs and/or key family members, and could not find their way out of their situation long-term. We assisted them with resources to carry them through their financial short-fall, as well as guided them into alternate jobs with the skills they have or offering re-training for new skills in the marketplace of today.

The “*What About The Kids*” project helped families surviving cancer or organ transplants in our local communities. This project gave families hope with dignity with gift cards so that they could shop for the foods their families needed to overcome their individual medical challenges with healthier food

choices. We also taught youth how to shop and cook what they bought. Preparing the youth for their future, this also enabled them to learn how to stretch their dollar and prepare meals to help their families.

Youth and young adults from families we served in the past initiated an official play-day for parent in need during the summer. For two weeks they provided fun activities and food for children for all that attended. This provided safe fun that the parents could count on for their children, proving our programs teach to give back to your communities.

Our adults served a weekly meal for 2 months for individuals struggling due to a wide range of obstacles due to being underemployed. Other volunteers offered referrals to agencies for assistance and job training possibilities. This process allowed those we have served to give back to others in need.

The measure of effectiveness was after helping them once, we pointed them into the right direction to help themselves, so that they are not dependent on the governmental system, but self-sufficiently. We empower people to overcome obstacles that threaten their will-being and/or the well-being of their family. In using people that we past served, as well as our training programs, we teach them to give back to their communities.

Volunteers 10
Est. Served 550
Individual Specific Assistance \$180
Amt. donated to other NGO \$ 760
Gifts In-kind \$275
Donations \$114
Project Expense \$ 940