See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

EXTENSION GRANTED TO 2/18/14

Form 990 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)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Department of the Treasury Internal Revenue Service

OMB No 1545-0047

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning JUL 1, 2012 and ending JUN 30, 2013

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending

C Name of organization: TEAMMATES MENTORING PROGRAM

Doing Business As:

Number and street (or P.O. box if mail is not delivered to street address): 6801 O ST

Room/suite:

City, town, or post office, state, and ZIP code: LINCOLN, NE 68510

F Name and address of principal officer: KIM ROBAK
SAME AS C ABOVE

D Employer identification number: 47-0840990

E Telephone number: 402-618-3880

G Gross receipts $: 1,481,610.

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c)( )◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.TEAMMATES.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1991

M State of legal domicile: NE

Part I Summary

1 Briefly describe the organization's mission or most significant activities: TO POSITIVELY IMPACT THE WORLD BY INSPIRING YOUTH TO REACH THEIR FULL POTENTIAL THROUGH ONE-TO-ONE

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	16
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	16
5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	20
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	582,912.	705,487.
9	Program service revenue (Part VIII, line 2g)	0.	0.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	15,902.	15,547.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	522,731.	679,552.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,121,545.	1,400,586.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	19,150.	18,631.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	834,189.	1,026,223.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 25,666.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	409,895.	468,901.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,263,234.	1,513,755.
19	Revenue less expenses. Subtract line 18 from line 12	-141,689.	-113,169.

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	1,116,073.	992,110.
21	Total liabilities (Part X, line 26)	30,324.	19,530.
22	Net assets or fund balances. Subtract line 21 from line 20	1,085,749.	972,580.

Part II Signature Block

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

Sign Here

TAXPAYERS COPY
Signature of officer

Date

SUZANNE HINCE, EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: LANELLE E HERINK, CPA	Preparer's signature: Lanelle Herink	Date: 1-08-14	Check ☐ if self-employed	PTIN: P00026846
Firm's name ▶ HBE BECKER MEYER LOVE LLP			Firm's EIN ▶	47-0677245
Firm's address ▶ 7140 STEPHANIE LANE, P.O. BOX 23110 LINCOLN, NE 68542-3110			Phone no.	(402) 423-4343

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

232001 12-10-12 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2012)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

62 e

1306

JAN 19 2015 NO STATUTE ISSUE 9436545124

SCANNED JAN 27 2015