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Form . 990

Department of the Treasury Internal Revenue Service

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

Do not enter Social Security numbers on this form as it may be made public. By law, the IRS generally cannot redact the Information on the form.

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

OMB No. 1545-0047 2013 Open to Public Inspection

Form 990 (2013)

Α.	For the	2013 c	alendar ye	ar, or tax	year beginn	ing		, 2013, a	ınd endin	g		, 20	
В	Check if		C Name of	forganizatio	n TEAM	INC			D	Employer id	entificati	on number	
	applicable Address ch			ısıness As	······································				\neg		-3094		
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	Application panding	n [F Name	and addres	s of principal of	ficer EDD:	IE KINNA	ARD		for subc	rdinates?	Yes	X No
	portorig	ĺ	1511	BRIDE	WELL P	ORT GIBSON	N MS 39	9150-	l Ho	b) Are all s	ubordinat	tes included?	
$\overline{}$	Tax-exem	nt status	1221	01(c)(3)	501(c)() ◀ (insert no)	4947(a)(1)		527	If "No," a	ttach a list.	Yes	No
_	Website:		1	21(0)(0)	1 00.(0)(7 4 (110011110)	1 4347(0)(1)	<u> </u>		(see inst			1110
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	Form of org			ration	Trust Asse	ociation Other		L Yea	r of formatio	<u> </u>	M Stat	e of legal domicile	
نا	art l		mary										
	1 B	Briefly d	escribe the	organizati	on's mission (or most significant	activities: <u>OF</u>	RGANIZI	ED EX	CLUSI	VELY	FOR CHA	<u>R-</u> _
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ᅙ	1	TAB:	LE, REL	IGIOU	S, EDUC	ATIONAL, A	AND SCIE	ENTIFIC	CPUR	POSES			
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& Governance	1					g body (Part VI, lin	-					5	
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Activities	1			-	stimate if nec	• • •					. 6		
⋖	7a T	Total uni	related busin	ness rever	nue from Part	VIII, column.(C), li	ne 12				. 7a		
) b N	Vet unre	lated busing	ess taxabí	e income fror	n Form 990-T, line	34CENJE	<u> </u>			. 7b		
								U 	T	Prior Year		Current Year	
_	8 C	Contribu	ontributions and grants (Part VIII line 1h)									217	
Ę					t VIII, line 2g		AN 1.5 201	E 181	· 				
Revenue	1	-		-		. , ,	11 A.W. 201	5. Š	\				
æ						ines 3, 4, and 7d)		:::¦& ·	·				
	11 C	Other re	venue (Part	: VIII, colui	mn (A), lines	5, 6d, 8c, 9c, (Oc		T .	·				
_	12 T	Total rev	enue - add	lines 8 thr	ough 11 (mus	st equal Part VIII, o	olumn (A), line	12) . [.	<u>. </u>			217	
	13 G	Grants a	ınd similar a	amounts p	aid (Part IX, c	zolumn (A), lines 1-	3)		·L			58	69.
	14 B	Benefits	paid to or fe	or membe	rs (Part IX, co	olumn (A), line 4)							
w	15 S	Salaries.	. other com:	pensation.	employee be	enefits (Part IX, col	umn (A). lines :	5-10)					
Expenses				-				=	1				
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				•		11a-11d, 11f-24e)			·				
						al Part IX, column (299	
	19 R	Revenue	e less exper	ises. Sub	tract line 18 f	rom line 12	<u> </u>	<u></u>				-81	<u> 35.</u>
۶ <u>۾</u>									Begin	ning of Curr Year	rent	End of Year	
Net Assets or Fund Balances	20 T	Total ass	sets (Part X	, line 16)					.[4	08.	7020	07.
Ass	21 T	Total liat	oilities (Part	X. line 26)							63	58.
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- مور - مور				POF	RT GIBS	ON MS 391	50-			601-4	37-49		
Ma	v the IR	S discu	ss this retur	n with the	preparer sho	wn above? (see in	structions) .					X Yes	No

For Paperwork Reduction Act Notice, see the separate instructions.

	990 (2013) TEAM INC	74-3094030
Pai	Statement of Program Service Accomplishments	
·	Check if Schedule O contains a response or note to any li	ne in this Part III
1	Briefly describe the organization's mission: ORGANIZED EXCLUSIVELY FOR CHARITABL	E DELICIOUS EDUCATIONAL AND
	SCIENTIFIC PURPOSES	E, RELIGIOUS, EDUCATIONAL, AND
	SCIENTIFIC FORFOSES	
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 I	you it conducts, any program convince?
-	If "Yes," describe these changes on Schedule O.	iow it conducts, any program services
4	Describe the organization's program service accomplishments for each	of its three largest process and its a
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the	
	and revenue, if any, for each program service reported	amount of grants and allocations to others, the total expense
	and revenue, if any, for each program service reported	
4a	(Code:) (Expenses \$ 24056. including grain	nts of \$) (Revenue \$
	ORGANIZED EXCLUSIVELY FOR CHARITABL	E, RELIGIOUS, EDUCATIONAL, AND
	SCIENTIFIC PURPOSES	
		
4b	(Code:) (Expenses \$ including grain	nts of \$) (Revenue \$
	·····	
		· · · · · · · · · · · · · · · · · · ·
4c	(Code:) (Expenses \$ including grain	nts of \$) (Revenue \$
4d	Other program services (Describe in Schedule O.)	
₹u	(Expenses \$ 28549 including grants of \$)(Revenue \$
40	Total program service expenses > 52605.	0
BCA		Form 9

Part IV Checklist of Required Schedules

Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 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 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6	X	X
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or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		1
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete		i
provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete		l
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Schedule D, Part I		ĺ
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7 Did the organization receive or hold a conservation easement, including easements to preserve open space,		
the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	}	Х
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"		
complete Schedule D, Part III	l	Х
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian		
for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation	}	ĺ
services? If "Yes," complete Schedule D, Part IV	Ì	Х
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted		
endowments, permanent endowments, or quasi-endowments? If "Yes", complete Schedule D, Part V	1	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		Im Jens
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete	1	1
Schedule D, Part VI	Х	İ
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more		
of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		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	1	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	Ì	Х
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		
the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f		Х
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		i
Schedule D, Parts XI, and XII	1	Х
b Was the organization included in consolidated, independent audited financial statement for the tax year? If "Yes," and if	i —	
the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	1	Х
13 Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E		Х
14a Did the organization maintain an office, employees, or agents outside of the United States?	1	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		Х
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance		
to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	1	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other		
assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	1	Х
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	 	
column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		X
	 	
· · · · · · · · · · · · · · · · · · ·	1	Х
hand the second of the second	 	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?		v
If "Yes," complete Schedule G, Part III	 	X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		 ^
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		0 (2013)

Form 990 (2013) Part IV Checklist of Required Schedules (continued)

21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 17 II "**ex** complete Schedule I, Parts I and III 21 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 27 II "Pex", complete Schedule I, Parts I and III 22 X Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 27 II "Pex", complete Schedule I, Parts I and III 22 X Did the organization have a tax-exempt bond seue with an outstanding principal amount of more than \$100,000 as of the least day of the year, that was issued after December 31, 2002? If "Pex," answer lines 24 through 24d and complete Schedule K II "No," go to line 25e 24th through 24d and complete Schedule K II "No," go to line 25e 24th through 24d and complete Schedule K II "No," go to line 25e 24th through 24d and complete Schedule K II "No," go to line 25e 24th through 24d and complete Schedule K II "No," go to line 25e 24th through 24d and complete Schedule K II "No," go to line 25e 24th through 24d and complete Schedule K II "No," go to line 25e 24th through 24d and schedule 24th through 24d and complete Schedule K II "No," go to line 25e 24th through 24d and 24d 24d 24d 24d 24d 24d 24d 24d 24d 24		oneckist of Required Schedules (Continued)		Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part K. Committed States of Part K. Committed States and III 22 X Did the organization answer "Yes" to Pert VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former orificers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 23 X X Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the leaf day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24th through 24d and complete Schedule K. If "No." 50 to line 25e 24th through 24d and complete Schedule K. If "No." 50 to line 25e 24th through 24d and complete Schedule K. If "No." 50 to line 25e 24th through 24d and complete Schedule K. If "No." 50 to line 25e 24th through 24d and complete Schedule K. If "No." 50 to line 25e 24th through 24d and complete Schedule K. If "No." 50 to line 25e 24th through 24d and complete Schedule K. If "No." 50 to line 25e 24th through 24d and complete Schedule K. If "No." 50 to line 25e 24th through 24d and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person and year of 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 organizations prior Forms 990 or 990-EZ? If "Yes," 50mplete Schedule L. Part I if Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, by the organization persons? 26e X if you explanation provide a gamn or other assistance to an officer, director, trustee, key employees, or disqualified persons? 26e X if you explanation reports in organization reports or approached spannization receive or other assistance to an officer, director, t	21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		768	140
22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part Kr, column (A), line 2? If "Pas," complete Schedule I, Parts I and III and Compensation of the organization answer "Nes" to Part VII, Section A, line 3.4, or 6 about compensation of the organization's current and former officers directors, fustees, key employees, and highest compensated employees? If "Yes," complete Schedule I and Complet		government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
23 Did the organization answer "Ces" 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 "Pes," complete Schedule J and the state of the section of the set of section have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the less of sky of the year, that was issued after December 31, 2002? If "Yes," answer fines 24th through 24d and complete Schedule K. If "No." go to line 25s 24th through 24d and complete Schedule K. If "No." go to line 25s 24th through 24d and complete Schedule K. If "No." go to line 25s 24th through 24d and complete Schedule K. If "No." go to line 25s 24th through 24d and complete Schedule K. If "No." go to line 25s 24th through 24d and complete Schedule K. If "No." go to line 25s 24th 25s 24t	22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States			
current and former officers, directors, fususees, key employees, and highest compensated employees? If "Yes," complete Schedule J. 23 X. 24 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 240 through 24d and complete Schedule K. If "No," go to line 25a 25a 24b through 24d and complete Schedule K. If "No," go to line 25a 25a 24b through 24d and complete Schedule K. If "No," go to line 25a		on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	İ
complete Schedule J All 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 246 through 24d and complete Schedule K. If "No." go to line 25a 246 through 24d and complete Schedule K. If "No." go to line 25a 24d through 24d and complete Schedule K. If "No." go to line 25a 24d bit the organization maintain an east-ow account other than a refunding eacrow at any time during the year to defease any tax-exempt bonds? 4d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Did the organization act may no the year "Yes," complete Schedule I. Part I 25b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction land on any of the organization sport or forms 900 or 900-E2? If "Yes," complete Schedule I. Part I 25b X 25b X 26b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule I. Part II 27d 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 55% controlled entity or family member of any of these persons? If "Yes," complete Schedule I. Part IV 28d Was the organization and the substance of the following parties (see Schedule I., Part IV 28d Vas the organization of former officer, director, trustee, or key employee? If "Yes," complete Schedule I. Part IV 28d A member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedul	23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's			
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 25e 24b through 24d and complete Schedule K. If "No," go to line 25e 24b to 01d the organization invest any proceeds of tax-exempt bonds beyond a temporary penod exception? 24b 24c 24c 24c 24c 24c 24c 24c 24c 24c 24c		current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes,"	i		
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24b through 24d and complete Schedule K. If *No.** go to line 25a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary penod exception? C Did the organization invest any proceeds of tax-exempt bonds? defease any tax-exempt bonds? defease any tax-exempt bonds? defease any tax-exempt bonds? defease any tax-exempt bonds? defease any tax-exempt bonds? defease any tax-exempt bonds? defease any tax-exempt bonds? defease any tax-exempt bonds? defease any tax-exempt bonds? defease any tax-exempt bonds? defease any tax-exempt bonds? defease any tax-exempt bonds? defease any tax-exempt bonds? defease any tax-exempt bonds? defease any tax-exempt bonds? defease any tax-exempt bonds? defease any tax-exempt bonds? defease any tax-exempt bonds? defease any tax-exempt bonds? defease any tax-exempt bonds? defease any tax-exempt bonds? defease any tax-exempt bonds? defease any tax-exempt bonds? defease any tax-exempt bonds? defease any tax-exempt bonds? defease any tax-exempt bonds? defease any tax-exempt bonds? defease any tax-exempt bonds? defease any tax-exempt bonds? defease any tax-exempt bonds? defease any tax-exempt bonds? defease any tax-exempt bonds? defease any tax-exempt bonds and tax-exempt any tax-exempt bonds and tax-exempt any tax-exempt bonds and tax-exempt any tax-exempt bonds and tax-exempt any tax-exempt any tax-exempt any tax-exempt any tax-exempt any tax-exempt any tax-exempt any tax-exempt any tax-exempt any tax-exempt any tax-exempt any tax-exempt any tax-exempt any tax-exempt any tax-exempt any tax-exempt any tax-exempt any tax-exempt any tax-exempt any tax-exempt any tax-exempt any tax-exempt any tax-exempt any tax-exempt any tax-exempt any tax-exempt any tax-exempt any tax-exempt any tax-exempt any tax-exempt any tax-exempt any tax-exempt any tax-exempt any tax-exempt any tax-exempt any tax-exempt any tax-exempt any tax-exempt any tax-exempt any tax-exempt any tax-exempt any tax-exempt any tax-exempt any tax-exempt any tax-exempt any tax-exempt any tax-exempt any tax-exempt	24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
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Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? 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 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35 If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O			20a		
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		400 414 415 400 400 400 400 400 400 400 400 400 40	38		Χ
				m 990	

Pa	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
	Officer if Octional Contains a response of fice to any line in this Fait V		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		7	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		·	
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c		X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		4 30	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a		د قیسه - څ	,
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			, ";
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		_ X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country:	``	, ,	
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			,
	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
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	Ĺ <u>.</u>	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		İ	
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			, .
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		٠	
	and services provided to the payor?	7a		
þ	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c	<u> </u>	<u> </u>
	If "Yes," indicate the number of Forms 8282 filed during the year	است.		Jaci.
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<u> </u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	ļ	<u> </u>
g	If the organization rec'd a contribution of qualified intellectual property, did the organization file Form 8899 as required?.	7g	L	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a			
	Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	` ` -		,
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization,	ئىنىد. د.	<u> </u>	xe-
	have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.	1.052		
	Did the organization make any taxable distributions under section 4966?	9a	-	X
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter.	· ·	1,1,2	
	Initiation fees and capital contributions included on Part VIII, line 12			ļ
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		} .	
1	Section 501(c)(12) organizations. Enter:	. ``		, ,
	Gross income from members or shareholders		5 3 5	
b	Gross income from other sources (Do not net amounts due or paid to other sources		· .	
	against amounts due or received from them)		``·	
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	<u> </u>	ļ
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		,	ľ
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u></u>	<u> ^ %-</u>	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.		*,	1
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans]		
_	Enter the amount of reserves on hand			<u> </u>
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u> </u>
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	İ	

TEAM INC Form 990 (2013) 74-3094030 Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part Vi response to line 8a, 8b, or 10b below, describe the circumstandes, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI........... Section A. Governing Body and Management No Yes If there are material differences in voting rights among members of the gdverning body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or # business relationship with any other officer, director, trustee, or key employee? Χ Did the organization delegate control over management duties customarily berilpimed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? ·X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? \overline{X} Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? X 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more Χ members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? X b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A who cannot be reached at the organization's mailing address? If "Yes," provide the names and address in Schedule O X Section B. Policies (This Section B requests information about polities not required by the Internal Revenue Code. No X 10a Did the organization have local chapters, branches, or affiliates? 10a 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 branches to ensure their operations are consistent with the branches to ensure their operations are consistent with the branches to ensure their operations are consistent with the branches to ensure their operations are consistent with the branches to ensure their operations are consistent with the branches to ensure their operations are consistent with the branches to ensure their operations are consistent with the branches to ensure their operations are consistent with the branches to ensure their operations are consistent with the branches to ensure their operations are consistent with the branches to ensure their operations are consistent with the branches to example the proper the consistent with the branches to example the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the propert X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?... 11a b Describe in Schedule O the process, if any, used by the organization to review his Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to Inp #3 Χ 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c 14 Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantation of the deliberation and decision? X 15a b Other officers or key employees of the organization 15b 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 X 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain in Schedule O) 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

State the name, physical address, and telephone number of the person who possesses the books and records of the

organization: ▶BRENDA APPLETO 1511 BRIDE PORT GIBSO MS 39150- 601-437-8899

20

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

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

					Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (bther than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

X Check this box if neither the organization r	or any rela	ated or	ganiz	atior	ns de	opit	oen	sat	ed any current officer	, director, or trustee.	
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				Positi						İ	
]		ot ched				- 11 1	11			
(A)	(B)		ınless				21		(D)	(E)	(F)
Name and Title	Average	office	er and a	a dire	ctor	trus	tee	<u> </u>	Reportable	Reportable	Estimated
	hours per	욾	ins	Q	ē	E	갦	ਹੁ	compensation	compensation	amount of
	week	lvid	triud	Officer	Key employee	형	hes	Former	from	from related	other
	(fist any hours for	학교	ona		pjo Djo	8	8		the	organizations	compensation
	related organiza-	Individual trustee or director	Institutional trustee		yee		Highest compensated		organization	(W-2/1099-MISC)	from the
	tions	8	stee				nsa	Н	(W-2/1099-MISC)		organization
	below dotted						ted				and related
	line)			_		4	4	Щ.			organizations
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(2)						1					
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(3)						1	l			į	
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						1	لـــا	44			

Part VII Section A. Officers, Direct	ors, Trus	tees,	Key	Em	ploy	yees,	and	d Highest Compe	nsated Employed	s (continued)			
	Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (C) Position												
										1			
(A)	(B)					han one both ar		(D)	(E)	(F)			
Name and title	Average					trustee		Reportable	Reportable	Estimated			
	hours per	9 5	5	o	~	ФI	T	compensation	compensation	amount of			
	week	할록	State	Officer	ey e	agig.	Form	from	from related	other			
	(list any	Individual trustee or director	nstitutional trustee	٦	Key employee	by e	Ē.	the	organizations	compensation			
	hours for related	1 7 2	<u> </u>		oy.	Ψğ		organization	(W-2/1099-MISC)	from the			
	organiza-	Stee.	ZS.		Õ	Pen		(W-2/1099-MISC)	(17-2-1035-11100)	1			
	tions below	"	%			Highest compensated employee		(44-2/1089-14/13C)	1	organization			
	dotted (ine)					ä				and related			
(15)	1110)			-	_				····	organizations			
(10)	<u>{</u>	ļ	 										
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(23)													
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(24)													
<u> </u>	1		1										
(25)								·					
1b Sub-total		<u> </u>	·				•	0	0	0			
c Total from continuation sheets to Part V	 /II Section	 n Д		• •	• •		•	0	0	0			
d Total (add lines 1b and 1c)								0	0	0			
2 Total number of individuals (including but r								L		<u> </u>			
from the organization	iot immed	to thos	oc note	u al	JUVE	;) will	1606	sived more than \$100	o,000 of reportable t	ompensation			
nom the organization >									- 	Yes I	No		
2. Did the emergation list any former officer	dimeter (ar truc	loo ka	^-	~~l~		e bie	shoot companyoted		7. 7. 7.	~		
3 Did the organization list any former officer				-	-	•		•		the second of the second of the	ATÚS X		
employee on line 1a? If "Yes," complete S										3	^		
4 For any individual listed on line 1a, is the s	-		-					•					
the organization and related organizations	greater tha	an \$15	50,000	?	"Yes	s," con	nplet	te Schedule J for suc	zh	h/-	., ~		
individual					•		٠.			4	<u>X</u>		
5 Did any person listed on line 1a receive or					-			=	vidual for	ر المحسسان			
services rendered to the organization? If "	Yes," com	plete S	Sched	ule J	for	such p	ers	on <u></u> .	<u></u>	. 5	<u>X</u>		
Section B. Independent Contractors													
1 Complete this table for your five highest co	mpensate	d inde	pende	ent c	ontra	actors	that	received more than	\$100,000 of				
compensation from the organization Repo	rt compen	sation	for the	e cal	end	ar yea	r en	ding with or within th	e organization's tax	year.			
(A) (B) (C)													
Name and business a	iddress							Description of se	rvices	Compensation			
					-		l						
							\vdash				_		
:													
		-					 		· 	· · · · · · · · · · · · · · · · · · ·			
2 Total number of independent contractors (i	ncluding h	ut not	limite	1 to 1	hee	a liete	d ah	ove) who received a	ore than	·			
\$100.000 in compensation from the organi		J. 1101		(_ 40	.5.5, 1110 15561460 11	.5.5	₹.,			

Part VIII Statement of Revenue

		Check if Schedule O contains a response or r	note to any line in th	nis Part VIII		
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Gifts, Grants lar Amounts	1a b c	Federated campaigns 1a Membership dues 1b				
Contributions, Gifts, Grants and Other Similar Amounts	e f	Related organizations Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above			-20	
Con	h	mctuded in lines 1a-1f Total. Add lines 1a-1f	21790.			
•	2a b	Business Code	E	Carrier File School School	described of the same adjusted of	
Program Service Revenue	c d e					
1	f	All other program service revenue				
	<u>g</u> 3	Total. Add lines 2a-2f				
1	4	Investment income (including dividends, interest, and other similar amounts)	-			
1	5	Royalties				
;	6a b c	Gross rents				
i ;	d					
1	7a b	Cross amount from				
	ŀ	expenses				
Other Revenue		Gross income from fundraising events (not including \$ of contributions reported on line 1c)			20,000	\$ 100 mm
ē. R	ь	See Part IV, line 18 a Less: direct expenses b		2		
₹		Net income or (loss) from fundraising events >		, ^		
		Gross income from gaming activities. See Part IV, line 19 Less: direct expenses b			, mayan ya aya a	
i	Į.	Net income or (loss) from gaming activities	,	المشتر و الماسية	- No consider As As assistance V v .	
;		Gross sales of inventory, less returns and allowances a Less: cost of goods sold b				
	C	Net income or (loss) from sales of inventory ▶	1 7kt - J× 4			
	11a	Miscellaneous Revenue Business Code		in all was a second or how	_d . z	
	b					
1	С					
1	d e	All other revenue		Ja 34 4 1 - 19	Marie Control of the second	1 105 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
:	12	Total revenue. See instructions	21790.			

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX Do not include amounts reported on lines 6b. (A) Total expenses (B) Program service Management and Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the US. See Part IV, line 21 Grants and other assistance to individuals in 5869. 5869 the United States. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV. lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions). 9 Other employee benefits 10 Payroll taxes 11 Fees for services (non-employees): Management b Legal 1500. 1500. ¦c Accounting :d Lobbying Prof. fundraising services. See Part IV, line 17 . . . f Investment management fees Other. (If line 11g amount exceeds 10% of line 25, col. (A) amount, list line 11g expenses on Sch O.) 12 Advertising and promotion 309. 309. 13 Office expenses 14 15 Royalties 16 Occupancy 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials . . . 19 Conferences, conventions, and meetings 20 21 Payments to affiliates Depreciation, depletion, and amortization 22 23 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 8374. 8374. UTILITY CONTRACTORS 2015. 2015. FOOD FOR CLIENT 1985. 1985. 1800. 1800. FREIGHT 6697. 6697. All other expenses 28549. 22680. Total functional expenses. Add lines 1 through 24e 5869. 25 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ if following SOP 98-2 (ASC 958-720)

Form 990 (2013) TEAM INC
Part X Balance Sheet

1		Check if Schedule O contains a response or n	ote to any line in this Part	<u>x</u>	<u></u>
i				(A)	(B)
1				Beginning of year	End of year
	1	•		408. 1	<u> </u>
	2	Savings and temporary cash investments	<i></i>	2	
	3	Pledges and grants receivable, net		3	
1	4	Accounts receivable, net		4	
!	5	Loans and other receivables from current and form	mer officers, directors,		17
		trustees, key employees, and highest compensate	ed employees. Complete	15 1 .	
		Part II of Schedule L		5	,
	6	Loans and other receivables from other disqualifie	ed persons (as defined		
		under section 4958(f)(1)), persons described in se	ection 4958(c)(3)(B), and		Jan Jan Stranger
-	ļ	contributing employers and sponsoring organization	ons of section 501(c)(9)		
		voluntary employees' beneficiary organizations (se	ee instructions). Complete		
l si		Part II of Schedule L		6	, , , ,
Assets	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
ļ	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
!		basis Complete Part VI of Schedule D	10a 702000.		
Ì	Ь	· · · · · · · · · · · · · · · · · · ·	10b	100	702000.
i	11			11	102000
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 1		13	
1	14			14	
	15	_		15	
-	16	Total assets. Add lines 1 through 15 (must equal		408. 16	50000
<u> </u>	17	Accounts payable and accrued expenses		17	
1	18	Grants payable	ì	18	
1	19	Deferred revenue		19	
	20			20	
1	21	Escrow or custodial account liability Complete Pa		20	
Liabilities	22	Loans and other payables to current and former of		3 7 21	
, iii	22				
<u> [</u>		trustees, key employees, highest compensated en disqualified persons. Complete Part II of Schedule			/
1	22	Secured mortgages and notes payable to unrelate		22	
1	23	Unsecured notes and loans payable to unrelated t		23	
İ	24	• •	`		0330.
ļ	25	Other liabilities (including federal income tax, paya			
		parties, and other liabilities not included on lines 1	· '		
1				25	. 1
	26			26	6358.
İ.,		Organizations that follow SFAS 117 (ASC 958),			1 1
Ses		complete lines 27 through 29, and lines 33 and	1	* *	
an	27			27	<u> </u>
Ba	28			28	
2	29	•	· · · · · · · · · · · · · · · · · · ·	29	ļ
교		Organizations that do not follow SFAS 117 (AS	C 958), check here $\blacktriangleright X$	· · · · · · · · · · · · · · · · · · ·	- · · · · · · · · · · · · · · · · · · ·
6		and complete lines 30 through 34.			
ets	30	• •		30	
ASS	31	Paid-in or capital surplus, or land, building, or equ	ipment fund	31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated inco	ome, or other funds	32	1
Z	33			33	
1	34	Total liabilities and net assets/fund balances .	<u>.</u>	34	702007.

Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI	om 99	0 (2013) TEAM INC	74-	30940	30	Pagi	e 12
1 Total revenue (must equal Part VIII, column (A), line 12) 2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses. Subtract line 2 from line 1 3 -6759. 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 Net unrealized gains (losses) on investments 5 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990: X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X If "Yes," check a box below to indicate whether the financial statements for the year were complied or reviewed on a separate basis, consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? 2b Wres," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. Separate basis Consolidated basis, or both. Separate basis Consolidated basis Both consolidated and separate basis If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. Consolidated basis or both consolidated and separate basis If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. Consolidated basis Both consolidated and separate basis Consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes," din line 2a or 2b, does the or	Part						
2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses. Subtract line 2 from line 1 3 —6759. 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 6 Investment expenses 7 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 9 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 Net assets or fund balances and Reporting 11 Check if Schedule O contains a response or note to any line in this Part XII 12		Check if Schedule O contains a response or note to any line in this Part XI		<u></u> .			
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5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 11 Accounting method used to prepare the Form 990: X Cash Accrual Other 12 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 13 Were the organization's financial statements compiled or reviewed by an independent accountant? 14 If "Yes," check a box below to indicate whether the financial statements for the year were complied or reviewed on a separate basis, consolidated basis, or both. 15 Separate basis, consolidated basis Both consolidated and separate basis 16 Were the organization's financial statements audited by an independent accountant? 17 If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis Both consolidated and separate basis 16 If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis Both consolidated and separate basis 16 If "Yes" to line 2 ao r 2 b, 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? 18 If the organization changed either its oversight process or selected process during the tax year, explain in Schedule O. 19 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? 19 If "Yes," did the o	3	Revenue less expenses. Subtract line 2 from line 1		3		-67	59.
6 Donated services and use of facilities 7 Investment expenses 7 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash	4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		4			
7 Investment expenses 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain in Schedule O) 9 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 -6759. Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 15 If "Yes," check a box below to indicate whether the financial statements for the year were complied or reviewed on a separate basis, consolidated basis, or both. Separate basis Consolidated basis Both consolidated and separate basis 2b X X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis Both consolidated and separate basis consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Consolidated basis or both: Separate basis Consolidated basis Both consolidated and separate basis Consolidated basis Both consolidated and separate basis Consolidated basis Both consolidated and separate basis Consolidated basis Both consolidated and separate basis Consolidated basis Both consolidated and separate basis Consolidated basis Consolidated basis Both consolidated and separate basis Consolidated basis Both consolidated and separate basis Consolidated basis Consolidated basis Both consolidated and separate basis Consolidated basis Consolidated basis Both consolidated and separate basis Consolidated Both Consolidated Both Consolidated Both Consolidated Both Consolidated Both Consolidated Both Consolidated Both Consolidated Both Consolidated Both Consolidated Both Consolidated Both Consolidated Both Consolidated Both Consolidated Both Consolidate	5	Net unrealized gains (losses) on investments		5			
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9 Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Column (B) 10	7	Investment expenses		7			
Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 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. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were complied or reviewed on a separate basis, consolidated basis, or both. Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis Both consolidated and separate basis If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis, or both: Separate basis Consolidated basis, or both: Separate basis Consolidated basis, or both: Separate basis Consolidated basis, or both: Separate basis Consolidated basis, or both: Separate basis Consolidated basis, or both: Separate basis Consolidated basis, or both: Separate basis Consolidated basis, or both: Separate basis Consolidated basis, or both: Separate basis Consolidated basis, or both: Separate basis Consolidated basis, or both: Separate basis Consolidated basis, or both: Separate basis Consolidated basis, or both: Separate basis Consolidated basis, or both: Separate basis Consolidated basis, or both: Separate basis Consolidated basis, or both: Separate basis Consolidated basis, or both: Separate basis Consolidated basis, or both: Separate basis Consolidated basis, or both: Separate basis Consolidated bas	8	Prior period adjustments	. .	8			
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SCHEDULE A (Form 990 or 990-EZ)

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-F7

OMB No. 1545-0047

2013

Reason for Public Charity Status (All organizations must complete this part) See instructions. TeAM I NC TeAM I NC TeAM I NC TeAM I NC TeAM I NC TeAM I NC TeAM I NC TeAM I NC TeAM I NC TeAM I NC TeAM I NC TeAM I NC TeAM I NC TeAM I NC TeAM I NC TeAM I NC TeAM I NC TeAM I NC TeAM I NC TeAM I NC TeAM I NC TeAM I NC TeAM I NC TeAM I NC TeAM I NC TeAM I NC TeAM I NC TeAM I NC TeAM I NC TeAM I NC TeAM I NC TeAM I NC TeAM I NC TeAM I NC TeAM I NC TeAM I NC TeAM I NC TeAM I NC TeAM I NC TeAM I NC TeAM I NC TeAM I NC TeAM I NC TeAM I NC TeAM I NC TeAM I NC TeAM I NC TeAM I NC TeAM I NC TeAM I NC TeAM I NC TeAM I NC TeAM I NC TeAM I NC TeAM I NC TeAM I NC TeAM I NC TeAM I NC TeAM I NC TeAM I NC TeAM I NC TeAM I NC TeAM I NC TeAM I NC TeAM I NC TeAM I NC TeAM I NC TeAM I NC TeAM I NC TeAM I NC TeAM I NC TeAM I NC TeAM I NC TeAM I NC TeAM I NC TeAM I NC TeAM I NC TeAM I NC TeAM I NC TeAM I NC TeAM I NC TeAM I NC TeAM I NC TeAM I NC TeAM I NC TeAM I NC TeAM I NC TeAM I NC TeAM I NC TeAM I NC TeAM I NC TeAM I NC TeAM I NC TeAM I NC TeAM I NC TeAM I NC TeAM I NC TeAM I NC TeAM I NC TeAM I NC TeAM I NC TeAM I NC TeAM I NC TeAM I NC TeAM I NC TeAM I NC TeAM I NC TeAM I NC TeAM I NC TeAM I NC TeAM I NC TeAM I NC TeAM I NC TeAM I NC TeAM I NC TeAM I NC TeAM I NC TeAM I NC TeAM I NC TeAM I NC TeAM I NC TeAM I NC TeAM I NC TeAM I NC TeAM I NC TeAM I NC TeAM I NC TeAM I NC TeAM I NC TeAM I NC TeAM I NC TeAM I NC TeAM I NC TeAM I NC TeAM I NC TeAM I NC TeAM I NC TeAM I NC TeAM I NC TeAM I NC TeAM I NC TeAM I NC TeAM I NC TeAM I NC TeAM I NC TeAM I NC TeAM I NC TeAM I NC TeAM I NC TeAM I NC TeAM I NC TeAM I NC TeAM I NC TeAM I NC TeAM I NC TeAM I NC TeAM I NC TeAM I NC TeAM I NC TeAM I NC TeAM I NC TeAM I NC Te		evenue Service Infe	ormation about Sched	ule A (Form 990 or 990-EZ) and it	is instruc	tions is a	at www.	irs.gov/fe	orm990.		Insp	ection	
The organization is not a private foundation because it is: (For lines 1 through 11, check only one box) A schorch convention of churches, or essociation of churches described in section 170(b)(1)(A)(ii), A schord described in section 170(b)(1)(A)(ii), (Attach Schedule E) A schord described in section 170(b)(1)(A)(iii), A hospitat or a cooperative hospital service organization described in section 170(b)(1)(A)(iii)) Enter the hospital's name, organization described in section 170(b)(1)(A)(iii)) A hospitat or a cooperative hospital service organization described in section 170(b)(1)(A)(iii)) A hospitat or a cooperative hospital service organization described in section 170(b)(1)(A)(iii), Complete Part II) A hospitat state, or local government or governmental unit described in section 170(b)(1)(A)(iii), Complete Part II) A community functives 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 III) A community functives of the section 170(b)(1)(A)(vi), Complete Part III) A community functives of the section 170(b)(1)(A)(vi), Complete Part III) A community functives of the section 170(b)(1)(A)(vi), Complete Part III) A community functives of the section 170(b)(1)(A)(vi), Complete Part III) A community functives of the section 170(b)(1)(A)(vi), Complete Part III) A community functives of the section 170(b)(1)(A)(vi), Complete Part III) A community functives of the section 170(b)(1)(A)(vi), Complete Part III) A community functives of the section 170(b)(1)(A)(vi), Complete Part III) A community functives of the section 170(b)(1)(A)(vi), Complete Part III) A community functives of the section 170(b)(1)(A)(vi), Complete Part III) A community functive of the supported organization and complete Part III) A community functive of the supported organization and complete Part III) A community functive of the supported organization organization described in section 100(a	1	of the organization						Employ	er ident		numb		
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above or IRC section (see instructions))	10.	• • •	(11) (11)	1	1 ' '	_	1 ''	•			ı ` ′		
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1	rt III Support Schedule for Orga (Complete only if you checked the I If the organization fails to qualify un	oox on line 9 of l	Part I or if the on ted below, pleas	e complete Part	to aualify under	Part II.	
Sect	ion A. Public Support						
Calend	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
1	include any "unusual grants ")						
2	Gross receipts from admissions, merchan-						
i	dise sold or services performed, or facilities	1					
İ	furnished in any activity that is related to						
3	the organization's tax-exempt purpose 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						
1	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						
þ	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						
-	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6.)	(SECTION)	6 10 10 10 10	THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE S	" [12 12 12 14 14 14 14 14 14 14 14 14 14 14 14 14		
	ion B. Total Support		رق المنافق شداد فيستن		فيؤسمتك مساعي	<u> </u>	
	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 6	\\			(4, 22, 12	(0) = 0.10	
1	Gross income from interest, dividends,						
	payments received on securities loans.						
1	rents, royalties and income from similar						
	sources						
j D	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30,1975						
C	acquired after June 30,1975						
C 11	acquired after June 30,1975						
1	acquired after June 30,1975						
11	acquired after June 30,1975						
1	acquired after June 30,1975						
11	acquired after June 30,1975						
11	acquired after June 30,1975						
11 12 13	acquired after June 30,1975	anization's 5	occord third for	udh er 68t te		504(a)(2)	
11	acquired after June 30,1975			-			
11 12 13 14	acquired after June 30,1975			-			
11 12 13 14 Secti	acquired after June 30,1975	ort Percentaç	ge				
11 12 13 14 Secti	Add lines 10a and 10b	ort Percentaç lumn (f) divided i	ge by line 13, colum	nn (f))		15	0.00 %
11 12 13 14 Secti	acquired after June 30,1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for the org organization, check this box and stop here on C. Computation of Public Support Public support percentage for 2013 (line 8, coll Public support percentage from 2012 Schedule)	ort Percentag lumn (f) divided i e A, Part III, line	je by line 13, colun	nn (f))			
11 12 13 14 Secti 15 16 Secti	acquired after June 30,1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for the org organization, check this box and stop here on C. Computation of Public Support public support percentage for 2013 (line 8, col Public support percentage from 2012 Schedulion D. Computation of Investment In	ort Percentaç lumn (f) divided l e A, Part III, line ncome Perce	ge by line 13, colun 15	nn (f))		15 16	0.00 % 0.00 %
11 12 13 14 Secti 15 16 Secti	acquired after June 30,1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for the org organization, check this box and stop here lon C. Computation of Public Support Public support percentage for 2013 (line 8, col Public support percentage from 2012 Schedulion D. Computation of Investment In Investment income percentage for 2013 (line 1)	ort Percentag umn (f) divided (e A, Part III, line ncome Perce Ioc, column (f) d	ge by line 13, colun 15 entage livided by line 13	nn (f))		15 16	0.00 % 0.00 %
11 12 13 14 Secti 15 16 Secti 17 18	acquired after June 30,1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for the org organization, check this box and stop here on C. Computation of Public Support Public support percentage for 2013 (line 8, colon D. Computation of Investment Investment income percentage from 2012 Schedulinvestment income percentage from 2013 (line 1)	ort Percentagiumn (f) divided (e A, Part III, line ncome Percei Ioc, column (f) diedule A, Part III,	by line 13, column 15entage livided by line 13, line 17	nn (f))		15 16 17 18	0.00 % 0.00 % 0.00 %
11 12 13 14 Secti 15 16 Secti 17 18	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for the org organization, check this box and stop here on C. Computation of Public Support Public support percentage for 2013 (line 8, col Public support percentage from 2012 Schedulion D. Computation of Investment Investment income percentage from 2013 (line 1 linvestment income percentage from 2013 (line 1 linvestment income percentage from 2012 Schedulion D. 3 1/3 % support tests - 2013. If the organization	prt Percentage umn (f) divided it e A, Part III, line ncome Perce 10c, column (f) di nedule A, Part III, ation did not che	by line 13, column 15entage livided by line 13, line 17	nn (f))	5 is more than 3	15 16 17 18 3 1/3 %, and line	0.00 % 0.00 % 0.00 % 0.00 %
11 12 13 14 15 16 Secti 17 18 19a	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for the org organization, check this box and stop here on C. Computation of Public Support Public support percentage for 2013 (line 8, col Public support percentage from 2012 Schedulion D. Computation of Investment Investment income percentage from 2013 (line 1 investment income percentage from 2013 (line 1 investment income percentage from 2013 (line 1 investment income percentage from 2013 (line 1 investment income percentage from 2013 (line 1 investment income percentage from 2013 (line 1 investment income percentage from 2013 (line 1 investment income percentage from 2013 (line 1 investment income percentage from 2013 (line 1 investment income percentage from 2013 (line 1 investment income percentage from 2013 (line 1 investment income percentage from 2013 (line 1 investment income percentage from 2013 (line 1 investment income percentage from 2013 (line 1 investment income percentage from 2013 (line 1 investment income percentage from 2013 (line 1 investment income percentage from 2013 (line 1 investment income percentage from 2013 (line 1 investment income percentage from 2013 (line 1 investment income percentage from 2013 (line 1 investment income percentage from 2013 (line 2 investment income percentage from 2013 (line 3 investment income percentage from 2013 (line 3 investment income percentage from 2013 (line 3 investment income percentage from 2013 (line 3 investment income percentage from 2013 (line 3 investment income percentage from 2013 (line 3 investment income percentage from 2013 (line 3 investment income percentage from 2013 (line 3 investment income percentage from 2013 (line 3 investment income percentage from 2013 (line 3 investment income percentage from 2013 (l	ort Percentage umn (f) divided it e A, Part III, line ncome Perce loc, column (f) di tedule A, Part III, ation did not che op here. The or	by line 13, column 15entage livided by line 13, line 17	nn (f)) 3, column (f)) 4e 14, and line 15 fies as a publicly	5 is more than 33 supported organ	15 16 17 18 3 1/3 %, and line nization	0.00 % 0.00 % 0.00 % 0.00 % 17 is
11 12 13 14 Secti 15 16 Secti 17 18	acquired after June 30,1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for the org organization, check this box and stop here Ion C. Computation of Public Support Public support percentage for 2013 (line 8, col Public support percentage from 2012 Schedulion D. Computation of Investment Investment income percentage from 2012 Schedulion D. Computation of Investment Investment income percentage from 2012 Schedulion Schedulion Schedulion Schedulion Schedulion Schedulion Schedulion Schedulion Schedulion Schedulion Schedulion Schedulion Schedulion Schedulion Schedulion Schedulion Schedulion Schedulion Schedulion Schedulion Schedulion Schedulion Schedulion Schedulion Schedulion Schedulion Schedulion Schedulion Schedulion Schedulion Schedulion Schedulion Schedulion Schedulion Schedulion Schedulion Schedulion Schedulion Schedulion Schedulion Schedulion Schedulion Schedulion Schedulion Schedulion Schedulion Schedulion Schedulion Schedulion Schedulion Schedulion Schedulion Schedulion Schedulion Schedulion Schedulion Schedulion Schedulion Schedulion Schedulion Schedulion Schedulion Schedulion Schedulion Schedulion Schedulion Schedulion Schedulion Schedulion Schedulion Schedulion Schedulion Schedulion Schedulion Schedulion Schedulion Schedulion Schedulion Schedulion Schedulion Schedulion Schedulion Schedulion Schedulion Schedulion Schedulion Schedulion Schedulion Schedulion Schedulion Schedulion Schedulion Schedulion Schedulion Schedulion Schedulion Schedulion Schedulion Schedulion Schedulion Schedulion Schedulion Schedulion Schedulion Schedulion Schedulion Schedulion Schedulion Schedulion Schedulion Schedulion Schedulion Schedulion Schedulion Schedulion Schedulion Schedulion Schedulion Schedulion Schedulion Schedulion Schedulion Schedul	prt Percentage umn (f) divided le e A, Part III, line ncome Perce loc, column (f) de dule A, Part III, ation did not che op here. The or ation did not che	ge by line 13, colunt 15 entage livided by line 13, line 17 ck the box on linganization qualitick a box on line	nn (f))	is more than 33 supported organ	15 16 17 18 3 1/3 %, and line nization	0.00 % 0.00 % 0.00 % 17 is
11 12 13 14 15 16 Secti 17 18 19a	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for the org organization, check this box and stop here on C. Computation of Public Support Public support percentage for 2013 (line 8, col Public support percentage from 2012 Schedulion D. Computation of Investment Investment income percentage from 2013 (line 1 investment income percentage from 2013 (line 1 investment income percentage from 2013 (line 1 investment income percentage from 2013 (line 1 investment income percentage from 2013 (line 1 investment income percentage from 2013 (line 1 investment income percentage from 2013 (line 1 investment income percentage from 2013 (line 1 investment income percentage from 2013 (line 1 investment income percentage from 2013 (line 1 investment income percentage from 2013 (line 1 investment income percentage from 2013 (line 1 investment income percentage from 2013 (line 1 investment income percentage from 2013 (line 1 investment income percentage from 2013 (line 1 investment income percentage from 2013 (line 1 investment income percentage from 2013 (line 1 investment income percentage from 2013 (line 1 investment income percentage from 2013 (line 1 investment income percentage from 2013 (line 1 investment income percentage from 2013 (line 2 investment income percentage from 2013 (line 3 investment income percentage from 2013 (line 3 investment income percentage from 2013 (line 3 investment income percentage from 2013 (line 3 investment income percentage from 2013 (line 3 investment income percentage from 2013 (line 3 investment income percentage from 2013 (line 3 investment income percentage from 2013 (line 3 investment income percentage from 2013 (line 3 investment income percentage from 2013 (line 3 investment income percentage from 2013 (l	prt Percentage umn (f) divided le e A, Part III, line ncome Perce loc, column (f) di edule A, Part III, ation did not che cop here. The or ation did not che stop here. The	by line 13, column 15	nn (f))	5 is more than 33 supported organd line 16 is mody supported organs	15 16 17 18 3 1/3 %, and line nization	0.00 % 0.00 % 0.00 % 17 is

MANY

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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Supplemental Financial Statements
Complete if the organization answered "Yes," to Form 990,

▶ Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2013

Open to Public Inspection

Schedule D (Form 990) 2013

Name of the organization TEAM INC		Employer identification number 74-3094030				
Part I Organizations Maintaining Donor A		inds or Accounts.				
Complete if the organization answered	d "Yes" to Form 990, Part IV, line 6.					
	(a) Donor advised funds	(b) Funds and other accounts				
1 Total number at end of year						
2 Aggregate contributions to (during year)						
3 Aggregate grants from (during year)						
4 Aggregate value at end of year						
5 Did the organization inform all donors and donor adviso						
are the organization's property, subject to the organization's exclusive legal control?						
Part II Conservation Easements. Complet	e if the organization answered "Yes"	to Form 990, Part IV, line 7.				
1 Purpose(s) of conservation easements held by the orga						
Preservation of land for public use (e.g., recreation	or education) Preservat	ion of an historically important land area				
Protection of natural habitat	· —	ion of certified historic structure				
Preservation of open space	_					
2 Complete lines 2a through 2d if the organization held a	qualified conservation contribution in the for	m of a conservation easement on the				
last day of the tax year.	•					
		Held at the End of the Tax Yr.				
a Total number of conservation easements						
b Total acreage restricted by conservation easements						
c Number of conservation easements on a certified histor						
d Number of conservation easements included in (c) acqu	• •					
structure listed in the National Register	•	2d				
3 Number of conservation easements modified, transferre		<u> </u>				
the tax year ▶	, ·, ·g, ·- · ·					
4 Number of states where property subject to conservation	on easement is located >					
5 Does the organization have a written policy regarding the		 of violations				
and enforcement of the conservation easements it hold						
6 Staff and volunteer hours devoted to monitoring, inspec						
7 Amount of expenses incurred in monitoring, inspecting,						
B Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?						
In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for						
include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.						
Part III Organizations Maintaining Collection	ons of Art. Historical Treasures. o	r Other Similar Assets.				
Complete if the organization answered "Yes" to Form 990, Part IV, line 8.						
1 a If the organization elected, as permitted under SFAS 11		tement and balance sheet works of art.				
historical treasures, or other similar assets held for pub	•					
in Part XIII, the text of the footnote to its financial statements that describes these items.						
1						
b If the organization elected, as permitted under SFAS 11	6 (ASC 958), to report in its revenue statem	ent and balance sheet works of art.				
historical treasures, or other similar assets held for pub						
following amounts relating to these items:	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	or hearts control broader and				
(i) Revenues included in Form 990, Part VIII, line 1		> \$				
(ii) Assets included in Form 990, Part X						
		iciai gain, provide the ichowing amounts				
required to be reported under SFAS 116 (ASC 958) rela	•	▶ ¢				
a Revenues included in Form 990, Part VIII, line 1						
b Assets included in Form 990, Part X	<u> </u>	▶ \$				

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

Pa	Organizations Maintaining (continued)	Collections of A	t, H	iist	torical Treasur	es, or Other Simila	r Assets	
3	Using the organization's acquisition, accession	on, and other records, c	eck	an	y of the following th	at are a conficant use o	f its collection	n items
	(check all that apply):	on, and other records, o				at are a significant use o	i ils wiieului	i itellis
a	Public exhibition	ļ	١,	ď	Loan or exchang	ne programs		
b	Scholarly research			e	Other	jo programo		
С	Preservation for future generations							
4	Provide a description of the organization's co	llections and explain ho	with	ev i	l further the organiza	tion's exempt purpose in	Part XIII.	
5	During the year, did the organization solicit o							
	to raise funds rather than to be maintained a							No
Pa	t IV Escrow and Custodial Arra Part IV, line 9, or reported	angements. Com	ple	te	f the organization			
	Is the organization an agent, trustee, custodi					seeate not included		
,	on Form 990, Part X?						TYes	☐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the follow	nn t	ahi	A ,	••••••	res	
	in too, explain the arrangement in a are Air	and complete the follow	, in the	apı	C.	Γ-Τ-	Amou	·nt
c	Beginning balance					10	Amot	1111
d	Additions during the year			Π.		1d	·	
e	Distributions during the year					1e	·	
f	Ending balance]]			1f		
2a	Did the organization include an amount on F	orm 990, Part X, line 21	.				Yes	X No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the expla	hatio	on I	nas been provided i	n part XIII		
	rt V Endowment Funds. Com							
	(a) Current year	(b) Prior year	-		Two years back	(d) Three years back	(e) Four y	ears back
1a	Beginning of year		П	Ť				
	balance		Н					
b	Contributions		\sqcap	Ţ				
c	Net investment		П					
	earnings, gains, and losses			1				
d	Grants or scholarships		П					
е	Other expenditures		П					
	for facilities and		П					
	programs		\prod_{-}					
f	Administrative		П					
	expenses		Ш.					
g	End of year balance							
2	Provide the estimated percentage of the curr	ent year end balance (lir	le 19	g, þ	olumn (a)) held as:			
а	Board designated or quasi-endowment	0.00 %	Ш	ı				
b	Permanent endowment ► 0.00	%	11	I				
C	Temporarily restricted endowment ▶ 0	.00%	П				_	
	The percentages in lines 2a, 2b, and 2c shou	ıld equal 100%.	11	Ì	,			1
3a	Are there endowment funds not in the posses	ssion of the organization	inai	t a	e held and administ	tered for the organization	by:	Yes No
	(i) unrelated organizations			•••	<u> </u>		3a(i)	
	(ii) related organizations			•••			<mark>3a(ii)</mark>	
b	If "Yes" to 3a(ii), are the related organizations			- 11			3b	l
4	Describe in Part XIII the intended uses of the	· ··· · · · · · · · · · · · · · · · ·	ent f	iun	ds			
Pai	t VI Land, Buildings, and Equi		Π		1	44 5 5 600	. D. 4 V. P	40
	Complete if the organization		Fo!	_				
	Description of property	(a) Cost or other		Ŷ	b) Cost or other	(c) Accumulated	(d) Boo	k value
		basis (investment)	Щ	_	basis (other)	Depreciation	600	000
	Land		Щ	_	<u> </u>	,		,000.
	Buildings		Щ	4	<u> </u>	ļ	100	,000.
	Leasehold improvements		Щ	4	<u> </u>			000
d	Equipment		Щ	4				,000.
	Other		Щ	_		L		000
Total	Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part X, o	plu r	mn [']	(B), line 10(c).)			,000.
			1.1	ı i	1 1	Calaad	ula D /Earm	0001 2042

SCHEDULE Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

TEAM INC

Part

Part II

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

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

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

Open to Public Inspection 2013

OMB No. 1545-0047

Employer identification number 74-3094030 **2** □

X Yes Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria General Information on Grants and Assistance

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990,

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Schedule I (Form 990) (2013) (h) Purpose of grant or assistance non-cash assistance (g) Description of (f) Method of valuation (book, FMV, appraisal, Enter total number of other organizations listed in the line 1 table Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (e) Amount of noncash assistance (d) Amount of cash (c) IRC section For Paperwork Reduction Act Notice, see the Instructions for Form 990. if applicable (p) EIN organization or government 1 (a) Name and address of (12) (1) 3 ල 3 9 9 (8) 6) 10 E E

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. 74-3094030 TEAM INC Schedule I (Form 990) (2013)

Part III

Page 2

Schedule I (Form 990) (2013) (f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, Supplemental Information. Provide the information required in Part I, line 2, Part III, column b, and any other additional information. other) (d) Amount of assistance non-cash (c) Amount of 5,869, cash grant (b) Number of 3986 recipients Part III can be duplicated if additional space is needed. (a) Type of grant or assistance 1UNITED WAY GRANT Part IV Ŋ 9 8g

Name: TEAM INC	ю: 74-3094030
Description: MISCELLANEOUS EXPENSES	
Туре	Amount
ALL OTHER EXPENSES	6,697.
1	
!	
	6,697.
Total	