Form **990-EZ**

Department of the Treasury Internal Revenue Service

Short Form 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.

Go to www.irs.gov/Form990EZ for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public Inspection

А	For t	he 2024 calendar year, or tax year beginning , 2024, and ending	dim 1			
В		if applicable: C	Employer id	lentification number		
		ss change OPERATION TEAMMATE, INC	81-1271945			
Ļ	Name Initial		Telephone n			
_		urn/terminated SUWANEE, GA 30024		884-6512		
	Applic	ation pending	Group Ex Number	emption		
G		unting Method: X Cash Accrual Other (specify): H Check	if the	organization is not		
1	Web			Schedule B		
J	Tax-ex	xempt status (check only one) — X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527 (Form 99	90).			
		of organization: X Corporation Trust Association Other:				
L	Add	lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if to	otal			
De	asse	ts (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ.		14,871.		
Гс	ITLI	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instruction Check if the organization used Schedule O to respond to any question in this Part I	lctions to	or Part I)		
-	1	Contributions, gifts, grants, and similar amounts received		14,715.		
	2	Program service revenue including government fees and contracts.		14, 115.		
	3	Membership dues and assessments.				
	4	Investment income	4			
	5a	Gross amount from sale of assets other than inventory				
	b	Less: cost or other basis and sales expenses				
		Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	5c			
d)	6	Gaming and fundraising events:				
Revenue		Gross income from gaming (attach Schedule G if greater than \$15,000) 6a of contributions				
Ne	u u	from fundraising events reported on line 1) (attach Schedule G if the sum				
Re		of such gross income and contributions exceeds \$15,000)				
	с	Less: direct expenses from gaming and fundraising events				
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and				
	-	6b and subtract line 6c)	6d			
		Gross sales of inventory, less returns and allowances				
	1	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	7c			
	8	Other revenue (describe in Schedule O).		156.		
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		14,871.		
	10	Grants and similar amounts paid (list in Schedule O).				
	11	Benefits paid to or for members				
es	12	Salaries, other compensation, and employee benefits	12			
Expenses	13	Professional fees and other payments to independent contractors.		1,285.		
žĎ	14	Occupancy, rent, utilities, and maintenance				
ш	15	Printing, publications, postage, and shipping	15	87.		
	16			11,344.		
	17 18	Total expenses. Add lines 10 through 16 Excess or (deficit) for the year (subtract line 17 from line 9)	17 18	12,716.		
sts			100000000	2,155.		
SSE	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-ye figure reported on prior year's return).	ear 19	15,628.		
Net Assets	20	Other changes in net assets or fund balances (explain in Schedule O)		10,020.		
Z	21	Net assets or fund balances at end of year. Combine lines 18 through 20.		17,783.		
BA	A Fo	r Paperwork Reduction Act Notice, see the separate instructions.		Form 990-EZ (2024)		

22 Cash, savings, and investments. 15, 628. 22 17 23 Land and buildings. 23 24 24 Other assets (describe in Schedule O). 24 25 Total isabilities (describe in Schedule O). 0. 26 27 Net assets or fund balances (line 27 of column (B) must agree with line 21). 15, 628. 27 27 Net assets or fund balances (line 27 of column (B) must agree with line 21). 15, 628. 27 17 Part III Statement of Program Service Accomplishments (see the instructions for Part III). Expenses What is the organization's primary exempt purpose? SEE SCHEDULE O 0. 26 28 SPORTING EXPERIENCES THAT INVOLVE ATHLETE ENGAGEMENT AND MENTORING. 60 region and other relevant information for each or field mean and time. 28a 29	orm 990-EZ (2024) OPERA	ATION TEAMM	ATE, INC		81-	-1271	945 Pag
22 Cash, savings, and investments. (A) Beginning of year (B) End of 23 Land and buildings. 15, 628. 22 17 24 Other assets (describe in Schedule O). 24 24 24 25 Total assets. 15, 628. 22 17 26 Total liabilities (describe in Schedule O). 0. 26 27 17 26 Total assets. 15, 628. 27 17 27 Net assets or fund balances (ine 27 of column (3) must agree with line 21) 15, 628. 27 17 Part III Statement of Program Service Accomplishments (see the instructions for Part III) Keynesse (Grant S C) and SDI(c)(0) 26 28 SPORTING EXPERIENCES THAT_INVOLVE ATHLETE_ENGAGEMENT AND MENTORING. (Grants S C) if this amount includes foreign grants, check here. 28a 29	Check if the organi	ization used Sche	edule O to respond to any gu	estion in this Part II			
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26 Total liabilities (describe in Schedule Q)							
27 Net assets or fund balances (line 27 of column (8) must agree with line 21)	25 Total assets				15,628.	25	17,78
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Check if the organization used Schedule O to respond to any question in this Part III	27 Net assets or fund bala	ances (line 2/ of	column (B) must agree with	line 21)	15,628.	. 27	17,78
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29	28 <u>SPORTING EXPER</u>	IENCES THAT	INVOLVE ATHLETE	ENGAGEMENT AND	MENTORING.		
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(Grants \$) If this amount includes foreign grants, check here. 30a 31 Other program services (describe in Schedule O). 31a (Grants \$) If this amount includes foreign grants, check here. 31a 32 Total program service expenses (add lines 28a through 31a). 32 32 2art IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated – see the instructions for Part Check if the organization used Schedule O to respond to any question in this Part IV. 32 4 (a) Name and title (b) Average hours per Week devoted to position (c) Reportable compensation (forms W.2/1090-MIS/ (if not paid, enter-0) (d) Health banefits, contributions to employee bond to any question in this Part IV. (e) Estimated a other compensation (forms W.2/1090-MIS/ (if not paid, enter-0) (e) Estimated a other compensation (forms W.2/1090-MIS/ (if not paid, enter-0) (e) Estimated a other compensation (forms W.2/1090-MIS/ (if not paid, enter-0) (e) Estimated a other compensation (forms W.2/1090-MIS/ (if not paid, enter-0) (e) Estimated a other compensation (forms W.2/1090-MIS/ (if not paid, enter-0) (e) Estimated a other compensation (forms W.2/1090-MIS/ (if not paid, enter-0) (f) Health banefits, contributions to employee other compensation (forms W.2/1090-MIS/ (if not paid, enter-0) (e) Estimated a other compensation (f) other) IT th	is amount includes foreign g	rants, check here		29a	
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Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated – see the instructions for Part Check if the organization used Schedule O to respond to any question in this Part IV. See the instructions for Part IV. (a) Name and title (b) Average hours per week devoted to position (c) Reportable compensation (Forms W-2/1099-MIS/ 1099-NIS/ 1099-NEC) (if not paid, enter -0-) (d) Health benefits, contributions to employee benefit plans, and deferred other compensation (e) Estimated a other compensation IMOTHY D. MONTJOY 55 0. 0. 0. ANE C. MONTJOY 55 0. 0. 0. P\TREASURER 18 0. 0. 0. IREC OF OUTREA 7 0. 0. 0. AY R. JOHNSON 5 0. 0. 0. IRECTOR OF PRO 5 0. 0. 0.		expenses (add li	ns 282 through 212)			and the second se	
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(a) Name and title(b) Average hours per week devoted to position(c) Reportable compensation (Forms W-2/1099-NEC) (if not paid, enter -0-)(d) Health benefits, contributions to employee benefit plans, and deferred 	Check if the orga	anization used Sc	hedule O to respond to any	nuestion in this Part IV	ii not compensated — se	e the inst	ructions for Part IV)
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Form 990-EZ (2024) OPERATION TEAMMATE, INC 81-127194.	5	P	age 3
Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in Structions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V	EE S	SCH	0
the instructions for Fart V.) Check if the organization used Schedule O to respond to any question in this Part V		Yes	. L
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		103	no
If "Yes," provide a detailed description of each activity in Schedule O	33		Х
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions.	34		X
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		X
b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	No.4%	X
36 Did the organization undergo a liquidation, dissolution, termination, or significant		2 2 2 2 1	
disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a 0.			100 H.C.
b Did the organization file Form 1120-POL for this year?	37b		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
b If "Yes," complete Schedule L, Part II, and enter the total amount involved			
a Initiation foos and capital contributions included on line 0			
a initiation fees and capital contributions included on line 939a0.b Gross receipts, included on line 9, for public use of club facilities39b0			
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
social 4011:			
b Section 4912: <u>0.</u> ; section 4955: <u>0.</u> benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been			
reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part L	40b		Х
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.	40e		X
41 List the states with which a copy of this return is filed: GA			J

42a The organization's books are in care of: TIMOTHY D. MONTJOY Telephone no. (844) Located at: 2026 BRETON HUNT LANE SUWANEE GA ZIP + 4 30024	884	-651	.2			
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a						
b 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)?						
If "Yes," enter the name of the foreign country:						

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See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
	42c	

43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 – Check here		. 🗍	N/A
	and enter the amount of tax-exempt interest received or accrued during the tax year			N/A
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		Х
Ł	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.	44b		x
c	Did the organization receive any payments for indoor tanning services during the year?	44c		X
c	I If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		Х
t	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions.	45b		Х
DAA				

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orm 990-F	Z (2024) OPFI	RATION TEAMMATE,	TNC		81-127	1945	Р	age 4
5 550 L	_ () 01 11	inition initiantly	1110				Yes	
46 Did the candic	e organization e lates for public	engage, directly or indire office? If "Yes," complet	ctly, in political campa e Schedule C, Part I	aign activities on behalf o	f or in opposition to	46		Х
Part VI	All section 5 for lines 50	and 51.	ons must answer o	questions 47-49b and				
	Спеск п тпе	e organization used	Schedule O to res	pond to any question	IT IIT UIIS F ALL VI		Yes	No
				n) election in effect during t				
								X
Parate Profession	U			? If "Yes," complete Sche le related organization?				XX
	0	NUMBER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER	A SACRAGE STATE OF A DAMAGE STATE AND A SACRAGE STATE					- 11
50 Compl	lete this table for	the organization's five hig	hest compensated empl	oyees (other than officers, m the organization. If there	directors, trustees, and k			
emplo	(a) Name and title of		(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimate other com	d amou pensati	nt of on
IONE								
			-					
			_					
			-					
f Total	number of othe	er employees paid over \$	100,000			1		
51 Comp	lete this table for	r the organization's five high he organization. If there	hest compensated inde	pendent contractors who ea	ach received more than \$	5100,000 of		
					of service	(c) Com	pensatio	on
	(a) Name and busine	ess address of each independent		(0) 1995				
NONE								
				-				
-				-				
				\$100,000				
				:)(3) organizations must a		Хүе	s	N
				hedules and statements, and to t n of which preparer has any know		elief, it is		
true, correct, a	and complete. Declar	autor or preparer (other than the	Ma Zan		KI/ZI/>	025	-	
Sign	Signature of office	Jungo	77)	Date			
Here	TIMOTHY D	and the second se			PRESIDENT			
	Print/Type prepare		Preparer's signature	Date		PTIN		
D - : -!	DAVID C.	CREWS, CPA	DAVID C. CREW	NS, CPA 1/23/-	Check if self-employed	P002345	65	
Paid Preparer	Firm's name	DAVID C CREWS						
Use Only	Firm's address	524 BLACKBURN			Firm's EIN	58-204		}
n"		AUGUSTA, GA 30				6426881		٦
May the IF	RS discuss this	return with the preparer	shown above? See ins	structions				No
BAA						Form 9	90-EZ	(202

SCHEDULE	А
(Form 990)	

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.

				a)(1) nonexempt charita							
-	_			ch to Form 990 or Form				Open to Public			
Departr Internal	ment of the Treasury I Revenue Service	Go	Go to www.irs.gov/Form990 for instructions and the latest information.				ormation.	Inspection			
Name c	of the organization	L		Employer i			Employer identifica	tion number			
	RATION TEAM						81-127194	A REAL PROPERTY AND A REAL			
Part	I Reason fo	r Public Cha	rity Status. (All o	organizations must	comple	ete this	part.) See instruc	tions.			
The o	(manual)			(For lines 1 through 12,							
1				hurches described in sect	3001	b)(1)(A)(I)).				
2				tach Schedule E (Form		VL\/1\/A					
3				nization described in sec unction with a hospital o				nter the hospital's			
4	name, city, a	nd state:									
5	An organizat	ion operated for b)(1)(A)(iv). (Co	the benefit of a colle mplete Part II.)	ege or university owned	or opera	ated by a	a governmental unit de	escribed in			
6	A federal, sta	ate, or local gove	ernment or governme	ental unit described in s	ection 1	70(b)(1)	(A)(v).				
7	X An organization in section 17	on that normally r (0(b)(1)(A)(vi). (0	eceives a substantial Complete Part II.)	part of its support from a	governm	ental unit	or from the general pub	olic described			
8	A community	trust described	in section 170(b)(1)	(A)(vi). (Complete Part I	l.)						
9	or university of			ction 170(b)(1)(A)(ix) oper e (see instructions). Enter							
10	university: _						tione membership f-				
10	investment i	ncome and unrel	y receives (1) more t exempt functions, su lated business taxab 509(a)(2). (Complete	than 33-1/3% of its supp bject to certain exceptio le income (less section Part III.)	ns; and 511 tax)	(2) no m from bu	nore than 33-1/3% of it is inesses acquired by	ts support from gross the organization after			
11		An organization organized and operated exclusively to test for public safety. See section 509(a)(4).									
12	or more pub	icly supported o	rganizations describ	ely for the benefit of, to ed in section 509(a)(1) o supporting organization	or section	on 509(a)	(2). See section 509(a	ut the purposes of one)(3). Check the box on			
а	Type I. A sup	nortina organizati	on operated, supervise gularly appoint or elec	ed, or controlled by its sup a majority of the directo	ported o	rganizati	on(s), typically by giving	the supported on. You must			
b	Type II. A su management	poorting organiz	ation supervised or organization vested in	controlled in connection n the same persons that c	with its ontrol or	support manage	ed organization(s), by the supported organizat	having control or ion(s). You			
с		tionally integrat	ed A supporting or	ganization operated in co plete Part IV, Sections	onnectio A, D, an	n with, a d E.	and functionally integra	ated with, its supported			
d	T	from a block a like in the	areated A supporting	g organization operated ly must satisfy a distribu ns A and D, and Part V.	in conn	oction w	ith its supported organ t and an attentiveness	ization(s) that is not requirement (see			
е	Check this b	ox if the organiz	ation received a writ	tten determination from I supporting organization	the IRS	that it is	а Туре I, Туре II, Тур	e III functionally			
f	Enter the numb	er of supported	organizations								
g	Provide the foll	owing informatio	n about the supporte	ed organization(s).	1						
	(i) Name of supported	organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	organiza in your g	Is the tion listed governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)			
					Yes	No					
(A)											
(B)											
(0)											
(C)											
(D)											
(E)											
Tota	ıl					6 Start					

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

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2024

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Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
	ndar year (or fiscal year nning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	9,024.	8,831.	19,662.	29,375.	14,715.	81,607.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge	73.					73.
4	Total. Add lines 1 through 3	9,097.	8,831.	19,662.	29,375.	14,715.	81,680.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0.
6	Public support. Subtract line 5 from line 4						81,680.
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7	Amounts from line 4	9,097.	8,831.	19,662.	29,375.	14,715.	81,680.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						0.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
11	Total support. Add lines 7 through 10						81,680.
12	Gross receipts from related activ	vities, etc. (see ins	structions)				0.
13	First 5 years. If the Form 990 is organization, check this box and	for the organization stop here	on's first, second,	third, fourth, or f	ifth tax year as a	section 501(c)(3)	
Sec	tion C. Computation of Pu						
14	Public support percentage for 20)		100.00%
15	Public support percentage from	2023 Schedule A,	Part II, line 14			15	100.00%
16a	33-1/3% support test–2024. If t and stop here. The organization	he organization di qualifies as a pul	id not check the b plicly supported or	ox on line 13, an ganization	d line 14 is 33-1/3	3% or more, checl	< this box
b	33-1/3% support test-2023. If the and stop here. The organization	ne organization die n qualifies as a pu	d not check a box blicly supported o	on line 13 or 16a rganization	a, and line 15 is 3	3-1/3% or more, o	check this box
1 7 a	10%-facts-and-circumstances to or more, and if the organization the organization meets the facts	meets the facts-a	nd-circumstances	test, check this I	box and stop here	e. Explain in Part	VI how
	10%-facts-and-circumstances to or more, and if the organization organization meets the facts-an	meets the facts-a d-circumstances te	nd-circumstances est. The organizat	test, check this l ion qualifies as a	box and stop here publicly supporte	e. Explain in Part ed organization	VI how the
18	Private foundation. If the organ	ization did not che	eck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and see in	structions

Schedule A (Form 990) 2024

Schedule A (Form 990) 2024 OPERATION TEAMMATE, INC Part III Support Schedule for Organizations Described in Section 509(a)(2)

81-1271945

are a support senerate for organizations described in Section 509(a)(2)	
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part	II. If the organization
fails to qualify under the tests listed below, please complete Part II.)	

Sec	tion A. Public Support							
Calen	dar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 202	4	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")							()
2	Gross receipts from admissions,							
-	merchandise sold or services							
	performed, or facilities							
	furnished in any activity that is related to the organization's							
	tax-exempt purpose							
3	Gross receipts from activities							
	that are not an unrelated trade or business under section 513.							
4	Tax revenues levied for the							
-	organization's benefit and							
	either paid to or expended on						11	
5	its behalf The value of services or							
5	facilities furnished by a							
	governmental unit to the							
	organization without charge							
	Total. Add lines 1 through 5							
7a	Amounts included on lines 1,							
	2, and 3 received from disqualified persons							
h	Amounts included on lines 2							
D D	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							
с	Add lines 7a and 7b							
8	Public support. (Subtract line					See Aspend		
	7c from line 6.).							
Sec	tion B. Total Support							
Calen	dar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 202	4	(f) Total
9	Amounts from line 6							
1 0 a	Gross income from interest, dividends,							
	payments received on securities loans,							
	rents, royalties, and income from similar sources							
b	Unrelated business taxable							
	income (less section 511							
	taxes) from businesses acquired after June 30, 1975							
c	Add lines 10a and 10b		-					
11	Net income from unrelated business							
	activities not included on line 10b,							
	whether or not the business is							
12	regularly carried on							
12	gain or loss from the sale of							
	capital assets (Explain in							
12	Part VI.) Total support. (Add lines 9,		and the design of the owner strength of the					
15	10c, 11, and 12.)							
14	First 5 years. If the Form 990 is	for the organization	on's first, second.	third, fourth. or f	ifth tax year as a	section 501	(c)(3)	
	organization, check this box and	stop here					· · · · · · · · · ·	<u> </u>
	tion C. Computation of Pu							
15	Public support percentage for 20						15	010
16	Public support percentage from						16	010
Sec	tion D. Computation of Inv							
17	Investment income percentage f	or 2024 (line 10c,	column (f), divide	ed by line 13, col	umn (f))		17	olo
18	Investment income percentage f						18	010
19a	33-1/3% support tests-2024. If t	the organization d	id not check the	box on line 14, ar	nd line 15 is more	than 33-1/3	% and	line 17
	is not more than 33-1/3%, check	this box and stop	o here. The orgar	ization qualifies a	as a publicly supp	orted organi	zation	
b	33-1/3% support tests-2023. If t	the organization d	id not check a bo	x on line 14 or lir	ne 19a, and line 1	6 is more th	an 33-1/	/3%, and
20	line 18 is not more than 33-1/3%							
20	Private foundation. If the organized	zation did not che			CHECK THIS DOX and			
BAA			TEEA0403L	08/30/24		Sche	dule A	(Form 990) 2024

OPERATION TEAMMATE, INC

Page 4

No

Yes

1

2

3a

3b

3c

4a

4h

4c

5a

5b

5c

6

7

8

9a

9b

9c

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in Part VI when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990)*.
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in Part VI.*
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes, answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

TEEA0404L 08/30/24

10a

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Schedule A (Form 9	990)	2024
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Part IV

ΟΡΕΡΛΨΤΟΝ ΨΕΛΜΜΛΨΕ TMC

(Form 990) 2024	OPERATION	TEAMMATE,	INC	81-	1271945
Supporting Organizati	ions (continue	ed)			

- 11 Has the organization accepted a gift or contribution from any of the following persons?
 - a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?
 - **b** A family member of a person described on line 11a above?
- c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.

Section B. Type I Supporting Organizations

- Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one 1 or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- Did the organization operate for the benefit of any supported organization other than the supported organization(s) 2 that operated, supervised, or controlled the supported organization? If "Yes," explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Section C. Type II Supporting Organizations

Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in **Part VI** how control or management of the 1 supporting organization was vested in the same persons that controlled or managed the supported organization(s).

Section D. All Type III Supporting Organizations

- Did the organization provide to each of its supported organizations, by the last day of the fifth month of the 1 organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported 2 organization(s), or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).
- By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant 3 voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard.

Section E. Type III Functionally Integrated Supporting Organizations

Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. b
- The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions). С

2 Activities Test. Answer lines 2a and 2b below.

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responseive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations?If "Yes," describe in **Part VI** the role played by the organization in this regard.

Yes

1

2

1

Yes

Yes

No

No

No

Page 5

Yes

2a

2h

3a

3b

No

Schedule A (Form 990) 2024

OPERATION TEAMMATE, INC

81-1271945

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instructions. All other Type	II non-functionally integrated supporting organization	is must	complete Sections A	
ection A – Adjusted Net Inco	me		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain		1		
2 Recoveries of prior-year distribut	ions	2		
3 Other gross income (see instruct	ions)	3		
4 Add lines 1 through 3.		4		
5 Depreciation and depletion		5		
6 Portion of operating expenses p income or for management, con production of income (see instru	aid or incurred for production or collection of gross servation, or maintenance of property held for ctions)	6		
7 Other expenses (see instruction	3)	7		
8 Adjusted Net Income (subtract I	ines 5, 6, and 7 from line 4)	8		
ection B — Minimum Asset A	mount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of a tax year or assets held for part of	II non-exempt-use assets (see instructions for short of year):			
a Average monthly value of securi	ties	1a		
b Average monthly cash balances		1b		
c Fair market value of other non-e	xempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)		1d		
e Discount claimed for blockage of (explain in detail in Part VI):	or other factors			
2 Acquisition indebtedness application	able to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.		3		
4 Cash deemed held for exempt u see instructions).	se. Enter 0.015 of line 3 (for greater amount,	4		
5 Net value of non-exempt-use as	sets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.		6		
7 Recoveries of prior-year distribution	tions	7		
8 Minimum Asset Amount (add li	ne 7 to line 6)	8		
Section C – Distributable Am	ount			Current Year
1 Adjusted net income for prior ye	ear (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.		2		
	year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3		4		
5 Income tax imposed in prior ye		5		
6 Distributable Amount. Subtract temporary reduction (see instru	line 5 from line 4, unless subject to emergency ctions).	6		

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Schedule A (Form 990) 2024

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Par	t V Type III Non-Functionally Integrated 509(a)(3) Su	pporting Organiza	tions (continue	d)	
Sec	tion D – Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exempt pur	1			
2	Amounts paid to perform activity that directly furthers exempt purposes o in excess of income from activity	5,	2		
3	Administrative expenses paid to accomplish exempt purposes of su	pported organizations		3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - provide	details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.		1	7	
8	Distributions to attentive supported organizations to which the organization in Part VI). See instructions.	on is responsive (provide	details	8	
9	Distributable amount for 2024 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sec	tion E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributi Pre-2024	ons	(iii) Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2024 (reasonable cause required – <i>explain in Part VI</i>). See instructions.				
3	Excess distributions carryover, if any, to 2024				
	From 2019				
k	• From 2020				
	From 2021				
	From 2022				
	From 2023				
	f Total of lines 3a through 3e				
<u> </u>	Applied to underdistributions of prior years			1000000000	
-	Applied to 2024 distributable amount				
	i Carryover from 2019 not applied (see instructions)				
	j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2024 from Section D, line 7: \$				
ä	a Applied to underdistributions of prior years				
	Applied to 2024 distributable amount				
(Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.				
6	Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.				
7	Excess distributions carryover to 2025. Add lines 3j and 4c.				
8					
	a Excess from 2020				
	• Excess from 2021				
	c Excess from 2022				
	d Excess from 2023				
	e Excess from 2024				

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Schedule A (Form 990) 2024

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B (Form 990)

(Rev. December 2024) Department of the Treasury Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

Employer identification number

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information.

Name	of	the	organ	ization	

OPERATION	TEAMMATE,	INC

OPERATION TEAMMATE,	INC	81-1271945
Organization type (check one)	:	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundate	ion
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the X regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year..... \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (Rev. 12-2024)	1	1	Page 2
Name of organization	Employer identification num	oer	
OPERATION TEAMMATE, INC	81-1271945		

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	JAY JOHNSON 5025 GARRISON LANE LARAMIE, WY 82070	\$9,282.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
BAA	TEEA0702L 01/02/25	Schedu	le B (Form 990) (Rev. 12-2024)

Schedule B (Form 990) (Rev. 12-2024)	1	1	Page 3
Name of organization	Employer iden	tification n	umber
OPERATION TEAMMATE, INC	81-1271	945	

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1PUBLIC	LY TRADED SECURITIES	 	8/07/24
(a) No. from Part I	(b) Description of noncash property given	(C) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(C) FMV (or estimate) (See instructions.)	(d) Date received
· · · · · · · · · · · · · · · · · · ·		 	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	\$ (c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
BAA	TEEA0703L 01/02/25	Schedule B (For	m 990) (Rev. 12-20

	3 (Form 990) (Rev. 12-2024)		<u> </u>
Name of orga OPERAT	anization 'ION TEAMMATE, INC		Employer identification number $81 - 1271945$
Part III	Exclusively religious, charitable, etc	or the year from any one co npleting Part III, enter the total of Enter this information once. See in	ations described in section 501(c)(7), (8), Intributor. Complete columns (a) through (e) and exclusively religious, charitable, etc.
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		
	Transferee's name, address,	(e) Transfer of gift and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address,	(e) Transfer of gift and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transforme's name address	(e) Transfer of gift	
	Transferee's name, address,		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address,	(e) Transfer of gift and ZIP + 4	Relationship of transferor to transferee
BAA		TEEA0704L 01/02/25	Schedule B (Form 990) (Rev. 12-2024)

Schedule B (Form 990) (Rev. 12-2024)

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

(Rev. December 2024) Department of the Treasury Internal Revenue Service

Open to Public Inspection

Name of the organization		Employer identification number
OPERATION TEAMMATE,	INC	81-1271945

FORM 990-EZ, PART I, LINE 8 **OTHER REVENUE**

REFUNDS	Ś	156
ͲΟͲΑΙ	· <u>+</u>	156

FORM 990-EZ, PART I, LINE 16 OTHER EXPENSES

ADVERTISING AND PROMOTION. BANK SERVICE CHARGES. EVENT GEAR AND SUPPLIES. INFORMATION TECHNOLOGY.	\$	4,728. 146. 1,506.
INSURANCE.		204. 549
LICENSES.		20.
MEALS		1,349.
WEBSITE EXPENSE		801.
WEBSITE EXPENSE.		2,041.
IATOT	, <u>Ş</u>	11,344.

FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

OPERATION TEAMMATE PROVIDES MEMORABLE SPORTING EXPERIENCES TO MILITARY CHILDREN THROUGH IMPACTFUL ATHLETE INTERACTION. THEIF SSION IS SUPPORTED BY THE MOTIVATIONAL STORIES OF THESE ATHLETES DURING VARIOUS EVENTS ACROSS THE NATION. WHILE HELPING THESE FAMILIES THROUGH DIFFICULT TIMES SUCH AS DEPLOYMENTS, THE OPERATION TEAMMATE SPORTING EXPERIENCES CONTINUE TO INSPIRE MILITARY CHILDREN.

FORM 990-EZ, PART V - REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR	
INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?	NO
(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR	
INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?	NO