Form <b>990</b>
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# **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Do not enter social security numbers on this form as it may be made public.

Open to Public

		f the Treasury		ww.irs.gov/Form990 for instruc	-	•		
		nue Service						Inspection
_			ar year, or tax year begin C Name of organization TE	AM ADDO, INC.	, 2022, i	and ending		, 20
		applicable:	oyer identification number					
		change	Doing business as					82-0774288
=	ame ch	•	Number and street (or P.O. bo 2111 W SWANN A	ox if mail is not delivered to street address)		Room/suite	E lelep	hone number
	nitial ret			(813)477-7654				
E		urn/terminated		s receipts				
H		d return	TAMPA, FL 3360				\$	241,041
L A	pplicati	ion pending	F Name and address of principa		RESIDENT			for subordinates? Yes X No
							all subordinat	
			501(c)(3) 501(c) (	) (insert no.) 4947(a)(1) or	527			st. See instructions
	/ebsite	_					up exemption	
ĸ ⊦ Par		- <u> </u>		ociation Other	L Year of format	ion: 2017	State of leg	gal domicile: <b>FL</b>
rai		Summar		· · · · · · · · · · · · · · · · · · ·				
	1	-	-	ion or most significant activities:	-			VETERANS BY
ė				TANCE AND BUILDING ST				
anc				LVES, WE ARE BOUND BY		ON TO GOD,	COUNTR	Y, AND FAMILY, AND
Governance			_	NGFUL IMPACT TO VETER				
Ň	2			liscontinued its operations or disp			1	-
	3		0 0	erning body (Part VI, line 1a)				9
es	4			s of the governing body (Part VI,				9
Activities &	5	Total numbe	0					
Act	6	Total numbe	40					
-	7a			Part VIII, column (C), line 12 .				0
	b	Net unrelate	d business taxable income	e from Form 990-T, Part I, line 11				0
						Prior Y	ear	Current Year
-	8			1h)				241,041
Revenue	9	-	•	e 2g)				0
i Ael	10			A), lines 3, 4, and 7d)				0
Å	11			nes 5, 6d, 8c, 9c, 10c, and 11e)				0
	12		· · · · · · · · · · · · · · · · · · ·	must equal Part VIII, column (A),	1			241,041
	13			IX, column (A), lines 1-3)				0
	14	•	,	X, column (A), line 4)				0
s	15			e benefits (Part IX, column (A), lin	,			0
Expenses			<b>9</b> ( )	column (A), line 11e)				0
per	b		ising expenses (Part IX, co		118,786	-		
ŵ	17		ses (Part IX, column (A), li					251,190
	18	•	```	equal Part IX, column (A), line 25	,			251,190
	19	Revenue les	s expenses. Subtract line	18 from line 12				(10,149)
Net Assets or Fund Balances						Beginning of C		End of Year
sets	20		,				21,986	24,857
at As nd E	21		· · · /					14,761
				line 21 from line 20			21,986	10,096
Par			re Block					
				Irn, including accompanying schedules and icer) is based on all information of which pre-		t of my knowledge and	l belief, it is	
Sig	า	JAME Signature of office	S BOGGS, PRESIDEN	IT.			Da	te
-							Da	
Here	6	JAME Type or print nar	S BOGGS, PRESIDEN	T, PRESIDENT/CEO				
			eparer's name	Preparer's signature	Date			PTIN
Dair	1					Che		
Paic	A State	John St	rother	John Strother	05-19-20	i∡o ∣self	-employed	XXXXX1648

	Print/Type preparer's name P		Preparer's signature	Date		Check if	PTIN			
Paid	John Strother		John Strother		05-19-2023		self-employed	XXXXX1648	3	
Preparer	Firm's name	Accounting LLC		Firm's EIN						
Use Only Firm's address 3620 Legion Road Suite 3				Phone no.						
		Hope Mil	ls NC 28348				910-	670-1985		
May the IRS discuss this return with the preparer shown above? See instructions										

Form	n 990 (2022) <b>TEAM ADDO, INC. 82-</b>	0774288	Page 2
Pa	IT III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		
	OUR MISSION IS TO SUPPORT OUR VETERANS BY PROVIDING FINANCIAL ASSISTANCE AND BUI	LDING STR	ONG,
	VIBRANT COMMUNITIES ACROSS THE UNITED STATES. AS VETERANS OURSELVES, WE ARE BOUN		
	DEDICATION TO GOD, COUNTRY, AND FAMILY, AND WE STRIVE TO MAKE A MEANINGFUL IMPAC	T TO VETE	RANS.
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes X	No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
		Yes <u>x</u>	No
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by		
-	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,		
	the total expenses, and revenue, if any, for each program service reported.		
4a	(Code: ) (Expenses \$ 93,712 including grants of \$ ) (Revenue \$		)
	WE WERE ABLE TO SUIT UP OVER 80 TRANSITIONING SERVICE MEMBERS THROUGH OUR VETERA	NS CLOSET	SUITING
	THOSE WHO SERVED PROGRAM WITH TOTAL COST OF \$43,828. TRANSITIONING VETERANS WERE	ALSO ABL	Е ТО
	RECEIVE PROFESSIONAL HEADSHOTS AT NO COST TO THEM VALUING OVER \$5,022. TEAM ADDO	ALSO SUP	PORTED
	VETERANS AND THEIR FAMILY MEMBERS THROUGH THE VETERAN ADVENTURE PROGRAM VALUING	\$44,862.	TEAM
	ADDO CONTINUED TO ENGAGE IN DIRECT ASSISTANCE BY SPONSORING TRIPS AND SOCIAL EVE		
	SMALL GROUPS OF VETERANS ALL THE WHILE BRINGING BACK LARGE SCALE EVENTS. SMALL G		AND
	LARGE EVENTS CONTINUE TO HELP RECONNECT AND STABILIZE VETERANS, THEIR FAMILIES A	ND THE	
	COMMUNITIES THEY WORK AND LIVE IN. TOTAL PROGRAMS EXPENSES WERE \$93,712.		
4b	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$		)
	(		′
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$		)
			/
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$ )		
<u>4e</u>	Total program service expenses     93,712	Earm (	<b>990</b> (2022)
EEA		FOIII	<b>330</b> (2022)

Form		0774288	F	age 3
Pa	rt IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
~	complete Schedule A		x	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	x	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		v
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	3		x
-	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization that receives membership dues,			
-	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III.	5		x
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 Schedule D, Part I	6		x
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	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		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 services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
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.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	11a		v
h	complete Schedule D, Part VI	· · · 11a		x
D	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more			
Ŭ	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	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		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
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	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
40	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	10		
17	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17		17		v
18	Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> See instructions	17		x
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	x	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III.	19		x
20 a				x
b				
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
				(0.0.00)

Form 990 (2022)

		2-07742	88	Р	age 4
Pa	rt IV Checklist of Required Schedules (continued)				
		I		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on				
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	• • • •	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the				
	organization's current and former officers, directors, trustees, key employees, and highest compensated				
~ ~	employees? If "Yes," complete Schedule J.		23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than				
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b		04-		
	through 24d and complete Schedule K. If "No," go to line 25a.	t t t t t t t t t t t t t t t t t t t	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	• • • •	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year		24c		
А	to defease any tax-exempt bonds?	t t	240 24d		
d 25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	••••	24u		
zja	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	••••	ZJa		
D.	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?				
	If "Yes," complete Schedule L, Part I		25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current		200		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%				
	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II		26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key		-		
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee				
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these				
	persons? If "Yes," complete Schedule L, Part III		27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,				
	Part IV, instructions, for applicable filing thresholds, conditions, and exceptions):				
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If				
	"Yes," complete Schedule L, Part IV		28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		28b		x
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If				
	"Yes," complete Schedule L, Part IV		28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		29		х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified				
	conservation contributions? If "Yes," complete Schedule M		30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		31		х
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		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations				
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	• • • •	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,		~		
05-	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)?	••••	35a		x
b	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		35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	• • • •	200		
30	related organization? If "Yes," complete Schedule R, Part V, line 2		36		v
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	••••	50		х
01	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and				
	19? <b>Note:</b> All Form 990 filers are required to complete Schedule O		38	x	l
Par					
	Check if Schedule O contains a response or note to any line in this Part V				
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	o			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and				
	reportable gaming (gambling) winnings to prize winners?		1c		
				000 /	(2022)

Form	990 (2022) TEAM ADDO, INC. 82-07	74288	F	Page 5						
Par	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax									
	Statements, filed for the calendar year ending with or within the year covered by this returm 2a	0								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	. 2b	x							
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	. 3a		х						
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O									
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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	. 5a		x						
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			x						
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?									
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the									
	organization solicit any contributions that were not tax deductible as charitable contributions?	. 6a		x						
b	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									
-	and services provided to the payor?	. 7a	x							
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		x							
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was									
•	required to file Form 8282?	. 7c		x						
d	If "Yes," indicate the number of Forms 8282 filed during the year									
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	. 7e		x						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			x						
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	-		x						
9 h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			x						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								
Ũ	sponsoring organization have excess business holdings at any time during the year?	. 8		x						
9	Sponsoring organizations maintaining donor advised funds.	. 0								
a	Did the sponsoring organization make any taxable distributions under section 4966?	. 9a		x						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			x						
10	Section 501(c)(7) organizations. Enter:	. 56								
а	Initiation fees and capital contributions included on Part VIII, line 12									
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	_								
ь 11	Section 501(c)(12) organizations. Enter:	_								
a h	Gross income from members or shareholders									
b										
122	against amounts due or received from them.)	. 12a								
12a Þ	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	. 120								
b 12										
13 a	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	. 13a								
a	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	. 134								
h										
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.									
-	the organization is licensed to issue qualified health plans	_								
C 145	Enter the amount of reserves on hand	4.4-		v						
14a	Did the organization receive any payments for indoor tanning services during the tax year?		+	x						
b 15	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	. <u>14b</u>	+	<u> </u>						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	45								
	excess parachute payment(s) during the year?	. 15		x						
40	If "Yes," see the instructions and file Form 4720, Schedule N.									
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	. 16		x						
4-	If "Yes," complete Form 4720, Schedule O.									
17	Section 501(c)(21) organizations. Did the trust, or any any disqualified or other person engage in any activities									
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	. 17								
	If "Yes," complete Form 6069.									

Forr	m 990 (2022) TEAM ADDO, INC. 82-077	4288	F	Page 6
Pa	art VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and a	for a "Ne	o″	
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instruc	tions.		
	Check if Schedule O contains a response or note to any line in this Part VI			х
Sec	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	9		
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent	9		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
_	any other officer, director, trustee, or key employee?	2		x
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		x
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		x
6 7-	Did the organization have members or stockholders?	6		x
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	70		
h	one or more members of the governing body?	7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		v
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	10		x
0	the year by the following:			
а	The governing body?	8a	x	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	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 addresses on Schedule Q	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	x	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	x	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	x	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe on Schedule O how this was done	120	x	<u> </u>
13	Did the organization have a written whistleblower policy?	13		x
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by			
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45		
a h	The organization's CEO, Executive Director, or top management official	15a		
b	Other officers or key employees of the organization	15k	x	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
Ja	with a taxable entity during the year?	16a		x
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	100		
~	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?	16k		
Sec	tion C. Disclosure			<u>.                                    </u>
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, 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.			
	X       Own website       Another's website       X       Upon request       Other (explain on Schedule O)			
19	Describe on 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.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records.			
	JAMES BOGGS, PRESIDENT (813)477-7654, 2111 W SWANN AVE, TAMPA, FL 33606			

Form 990 (2022) TEAM ADDO, INC.	82-0774288	Page 1
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest	<b>Compensated Employe</b>	es, and
Independent Contractors		
Check if Schedule O contains a response or note to any line in this Part VII	<u> </u>	🗌
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated	1 Employees	
1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending w	vith or within the	
organization's tax year.		
• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regain	ardless 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 the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See instructions for the order in which to list the persons above.

x Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

			•		C)	,				
(A) Name and title	<b>(B)</b> Average hours per week	box,	unless	ck m s per:	son is	nan one s both an /trustee)		(D) Reportable compensation from the	(E) Reportable compensation from related	<b>(F)</b> Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) TONY HARDING DIRECTOR	5.00	x						0	0	0
(2) BRIAN CAPOBIANCO	5.00								<b>v</b>	<b>U</b>
VC		x						0	o	0
(3) ROBIN CONLEY	5.00									
DIRECTOR		x						0	0	0
(4) KIRK THOMAS	5.00									
DIRECTOR		x						0	0	0
(5) CHRIS ANTINORI	5.00									
DIRECTOR		х						0	0	0
(6) KEVIN_FITZSIMMONS	5.00									
VP				х				0	0	0
(7) JAMES BOGGS, PRESIDENT	40.00									
PRESIDENT/CEO				х				0	0	0
(8) HAROLD HUNT	5.00									
CFO				х				0	0	0
(9) STEVEN PAGE	5.00									
<u>COO</u>				x				0	0	0
(10)										
(11)										
<u>(12)</u>										
(13)										
(14)										

Form 9												2-0774			Page <b>8</b>
Part	VII	Section A. Officers, Directors, T	rustees,	Key E	Emj	plo	yee	s, an	ld F	lighest Comp	ensated	l Empl	oyees	(cont	tinued,
(A) Name and title		(B) Average hours per week (list any	box, offic	, unle cer an	Po leck n ss pe d a di	rson i irectoi	han one s both ar r/trustee)		(D) Reportable compensation from the organization (W-2/ 1099-MISC/	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/		(F) Estimated of or comper from organizat		r tion	
			hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-NEC)	1099-NE		-	d organiz	
(15)															
(16)															
(17)															
<u>(18)</u>															
(19)															
(20)															
(21)															
(22)															
(23)															
(24)															
(25)															
1b c d		tal		· · · ·	· · · ·		· · · ·	· · · ·	•	0		0			0
2	Total	number of individuals (including but not limit table compensation from the organization								ore than \$100,000	of				C
3		ne organization list any <b>former</b> officer, direc byee on line 1a? <i>If "Yes," complete Schedu</i>		-		-		-					3	Yes	No X
4	orgar	ny individual listed on line 1a, is the sum of runization and related organizations greater th	nan \$150,00	0? If "Y	′es,"										
5	Did a	dual	compensati	on from	n any			-			· · · · · ·		4		x x
		Independent Contractors													
1		ensation from the organization. Report compensation from the organization.										ax year.			
		(A) Name and business addres	55							(B) Description of servic	es		(C) Compens	ation	
2	Total	number of independent contractors (includin	ig but not lin	nited to	thos	se lis	sted	above	) wh	0					
		ved more than \$100,000 of compensation fro	-						,						

Form 9	<u>``</u>	22) <b>TEAM</b>	ADD	O, INC.					82-07742	88 Page 9
Part	VIII	Statement of Rev	/enu	le						
		Check if Schedule O co	ontair	ns a respons	se or n	ote to any line in thi	s Part VIII			<u> [</u>
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	1a	Federated campaigns .			1a					
	b					4,612				
Contributions, Gifts, Grants and Other Similar Amounts	c					93,761				
, Gra	d				1d					
ar Al	е	Government grants (cont	ributi	ons)	1e					
s, G mila	f	All other contributions, gif	fts, gr	ants,						
er Si		and similar amounts not i	incluc	led above	1f	142,668				
Othe	g	Noncash contributions inc	clude	d in						
Cont		lines 1a-1f			-					
	h	Total. Add lines 1a-1f	••				241,041			
						Business Code				
ø	2a									
e Zi	b									
enu	C									
Jram Serv Revenue	d									
Program Service Revenue	e f	All other program service	rovor							
Δ.		Total. Add lines 2a-2f .								
	3	Investment income (includ other similar amounts) .	ing a	ividenas, inte	erest, a					
	4	Income from investment of			E E E E E E E E E E E E E E E E E E E					
	5	Royalties			•					
		,		(i) Rea		(ii) Personal				
	6a	Gross rents	6a							
	b	Less: rental expenses	6b							
	c	Rental income or (loss)	6c							
	d	Net rental income or (loss)	) .							
	7a	Gross amount from		(i) Securiti	ies	(ii) Other				
		sales of assets								
		other than inventory	7a							
	b	Less: cost or other basis								
enu		and sales expenses								
ver		Gain or (loss)								
Re		Net gain or (loss)			•••	••••				
Other Revenue	8a	Gross income from fundra	-							
0		events (not including \$_			-					
		of contributions reported c 1c). See Part IV, line 18			8a					
	h	Less: direct expenses .								
		Net income or (loss) from				•••••				
		Gross income from gamin		alonig eren						
		activities, See Part IV, line			9a					
	b	Less: direct expenses .			9b	)				
	c	Net income or (loss) from	gami	ng activities						
	10a	Gross sales of inventory, I	less							
		returns and allowances .			10a	1				
	b	Less: cost of goods sold			10k	<b>b</b>				
	c	Net income or (loss) from	sales	of inventor	у					
						Business Code				
sna	11a	-								
ano nue	b									
scellanou Revenue	C									
Miscellanous Revenue		All other revenue								
		Total. Add lines 11a-11d								
	12	Total revenue. See instru	uctior	NS			241,041	0	0	0

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		• • • • • • • • • • • • • • • • • • •	X
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations		oxponede	general expenses	oxponede
-	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
-	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b	Legal	1,690		1,690	
с	Accounting	600		600	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17 .				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	10,572		10,572	
13	Office expenses	6,743		6,743	
14	Information technology	1,402		1,402	
15	Royalties				
16	Occupancy	3,075		3,075	
17	Travel	10,716		10,716	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	335		335	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A), amount, list line 24e expenses on Schedule O.)				
а	VETERAN PROGRAM EXPENSES	44,862	44,862		
b	CLOTHING PURCHASES	43,828	43,828		
С	FISHING TOURNAMENT	33,397			33,397
d	HEROES WELCOME BALL	51,981			51,981
е	All other expenses	41,989	5,022	3,559	33,408
25	Total functional expenses. Add lines 1 through 24e	251,190	93,712	38,692	118,786
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 (20	D22) TEAM ADDO, INC.	82	2-077	4288 Page 11	
Par	t X	Balance Sheet				
		Check if Schedule O contains a response or note to any line in this Part X				
			(A)		(B)	
			Beginning of year		End of year	
	1	Cash - non-interest-bearing	21,917	1	24,788	
	2	Savings and temporary cash investments		2		
	3	Pledges and grants receivable, net		3		
	4	Accounts receivable, net		4		
	5	Loans and other receivables from any current or former officer, director,				
		trustee, key employee, creator or founder, substantial contributor, or 35%				
		controlled entity or family member of any of these persons		5		
	6	Loans and other receivables from other disqualified persons (as defined				
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6		
	7	Notes and loans receivable, net		7		
Assets	8	Inventories for sale or use		8		
Ase	9	Prepaid expenses and deferred charges		9		
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D 10a				
	b	Less: accumulated depreciation		10c		
	11	Investments - publicly traded securities		11		
	12	Investments - other securities. See Part IV, line 11		12		
	13	Investments - program-related. See Part IV, line 11		13		
	14			14		
	15	Other assets. See Part IV, line 11	69	15	69	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	21,986	16	24,857	
	17	Accounts payable and accrued expenses	,;;;;	17		
	18	Grants payable		18		
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22	Loans and other payables to any current or former officer, director,				
ities		trustee, key employee, creator or founder, substantial contributor, or 35%				
Liabilities		controlled entity or family member of any of these persons		22		
Ë	23	Secured mortgages and notes payable to unrelated third parties		23		
	24	Unsecured notes and loans payable to unrelated third parties		24		
	25	Other liabilities (including federal income tax, payables to related third				
		parties, and other liabilities not included on lines 17-24). Complete Part X				
		of Schedule D		25	14,761	
	26	Total liabilities. Add lines 17 through 25       .        . <th .<<="" td=""><td>0</td><td>26</td><td>14,761</td></th>	<td>0</td> <td>26</td> <td>14,761</td>	0	26	14,761
		Organizations that follow FASB ASC 958, check here			11,701	
		and complete lines 27, 28, 32, and 33.				
ses	27	Net assets without donor restrictions	21,986	27	10,096	
land	28	Net assets with donor restrictions	21,500	28	10,050	
Ba	20	Organizations that do not follow FASB ASC 958, check here		20		
pur		and complete lines 29 through 33.				
Ę	29	Capital stock or trust principal, or current funds		29		
S O	30	Paid-in or capital surplus, or land, building, or equipment fund		30		
set	30	Retained earnings, endowment, accumulated income, or other funds		30		
Net Assets or Fund Balances	32	Total net assets or fund balances	21,986	32	10 006	
Ne	33	Total liabilities and net assets/fund balances		33	10,096	
	33	1 Utal 11a 111111 1111 assets/10110 vala11025	21,986	33	24,857	

EEA

Form 990 (2022)

Form	990 (2022) TEAM ADDO, INC. 8	2-0774288	3	Pa	age <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		241,	041
2	Total expenses (must equal Part IX, column (A), line 25)	2		251,	190
3	Revenue less expenses. Subtract line 2 from line 1	3		(10,	149)
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		21,	986
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8		(1,	741)
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10		10,	096
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		• • • •		
		,		Yes	No
1	Accounting method used to prepare the Form 990: X Cash Octrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		х
	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 Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
EEA			Form	990	(2022)

SCHEDULE	Α
(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.

Attach to	Form	990	or	Form	990-EZ.	
-----------	------	-----	----	------	---------	--

OMB No. 1545-	0047
2022	2

		of the Treasury		Attac	h to Form 990 or Form	990-EZ.			Open to Public
		enue Service	Go to	www.irs.gov/For	m990 for instructions a	and the la	test inforr		Inspection
Name	of the	e organization						Employer identification	on number
TEAM	AD	DO, INC.						82-077428	
Part	:1	Reason	for Public Cha	rity Status. (Al	I organizations mus	st comple	ete this p	part.) See instruct	ions.
The or	ganiz	zation is not a	private foundation b	ecause it is: (For lir	nes 1 through 12, check o	only one bo	ox.)		
1					hurches described in <b>se</b>		(b)(1)(A)(i)		
2					h Schedule E (Form 990				
3	=	•		•	ion described in section				
4			•	perated in conjunct	tion with a hospital desc	ribed in se	ction 170	(b)(1)(A)(III). Enter the	9
-	<ul> <li>hospital's name, city, and state:</li> <li>An organization operated for the benefit of a college or university owned or operated by a governmental unit described in</li> </ul>								
5		-		-	r university owned or op	erated by a	a governme	ental unit described in	
6		•	)(1)(A)(iv). (Comple		I unit described in <b>sectio</b>	on 170/b)/	1\(A\(\)		
7				•	art of its support from a g			rom the general public	
'			ection 170(b)(1)(A)			joverninen		form the general public	
8					(vi). (Complete Part II.)				
9	=	•			ction 170(b)(1)(A)(ix) o	perated in	coniunctio	n with a land-grant co	llege
		-	-		(see instructions). Enter		-	-	
		university:	0	0 0	, , , , , , , , , , , , , , , , , , ,			0	
10					33 1/3% of its support from				SS
					subject to certain excep pusiness taxable income				
					e section 509(a)(2). (Co				
11	/	An organizatio	n organized and op	erated exclusively t	to test for public safety.	See <b>sectio</b>	on 509(a)(4	ł).	
12		0	<b>e</b> 1		or the benefit of, to perform			, , ,	
		•	• • • •		ed in section 509(a)(1)				( <b>3).</b> Check
_	t r		-		pe of supporting organiza			-	
а	L				ervised, or controlled by i rly appoint or elect a ma		-	.,	living
			•		irt IV, Sections A and B				
b	Г	•	•	-	controlled in connection		pported or	ganization(s), by havi	na
				•	tion vested in the same				•
			on(s). You must co					0 11	
с		Type III fu	nctionally integrat	ed. A supporting or	rganization operated in c	connection	with, and	functionally integrated	ł with,
		its support	ed organization(s) (	see instructions). Y	ou must complete Par	t IV, Secti	ons A, D,	and E.	
d		Type III no	on-functionally inte	egrated. A supporti	ng organization operate	d in conne	ction with	its supported organiza	ation(s)
				•	n generally must satisfy a		•	ent and an attentivene	SS
	Г		· ,	•	ete Part IV, Sections A	•			
е	L		•		en determination from the		• •	I, Type II, Type III	
f	E۵		r of supported or Type	-	integrated supporting o	rganization	1.		
g			ving information abo		$\cdots$		• • • • •		•••
		me of supported or	5	(ii) EIN	(iii) Type of organization	(iv) Is the c	rganization	(v) Amount of monetary	(vi) Amount of
	()				(described on lines 1-10	listed in you	Ir governing	support (see	other support (see
					above (see instructions))	docum	ient?	instructions)	instructions)
						Yes	No		
(A)									
(B)									
(C)									
(D)									
(E)									
Total									
iulai								1	1

Schedul	e A (Form 990) 2022 <b>TEAM ADDO</b> ,					82-0774288	
Part	II Support Schedule for Organiz	ations Desci	ribed in Sect	tions 170(b)(	1)(A)(iv) and	170(b)(1)(A)(	vi)
	(Complete only if you checked th	ne box on line	e 5, 7, or 8 of	Part I or if the	e organizatior	failed to qua	lify under
	Part III. If the organization fails to	o qualify unde	er the tests lis	sted below, pl	ease complet	te Part III.)	-
Secti	on A. Public Support	• •			•	•	
	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
-	furnished by a governmental unit to the						
	organization without charge						
4	<b>Total.</b> Add lines 1 through 3						
5	The portion of total contributions by						
•	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.						
	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	(4) 2010	(6) 2010	(0) 2020	(d) 2021	(0) 2022	
8	Gross income from interest, dividends,						
U	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources						
9	Net income from unrelated business						
9	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						
10	loss from the sale of capital assets						
	(Explain in Part VI.)						
11	<b>Total support.</b> Add lines 7 through 10						
11	Gross receipts from related activities, etc.					12	
12 13	First 5 years. If the Form 990 is for the o						)(2)
15							
Socti	organization, check this box and stop her on C. Computation of Public Suppo	<u>e</u> rt Porcontag	• • • • • • • •		• • • • • • • •	• • • • • • • •	•••••
14	Public support percentage for 2022 (line 6			11 column (f))		14	%
14	Public support percentage from 2022 (intel Public support percentage from 2021 Sch					15	%
16a	<b>33 1/3% support test - 2022.</b> If the organ					-	
Tua	box and <b>stop here.</b> The organization qua						
b	<b>33 1/3% support test - 2021.</b> If the organ						
D	this box and <b>stop here.</b> The organization						
17a	10%-facts-and-circumstances test - 20						
IIa							
	10% or more, and if the organization mee Part VI how the organization meets the fa						
	-			-	-		_
h	organization						
b	10%-facts-and-circumstances test - 20	-					
	15 is 10% or more, and if the organization					-	•
	in Part VI how the organization meets the			-	-		·
10	organization						
18	Private foundation. If the organization di						
	instructions						· · · · · · L

Part III

TEAM ADDO, INC.

Support Schedule 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 gualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 94,329 56,457 117,792 194,691 162,140 625,409 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 . . . . 11,790 30,540 3,337 46,342 46,350 138,359 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . . 5 The value of services or facilities furnished by a governmental unit to the organization without charge .... 6 Total. Add lines 1 through 5 . . . . 106,119 192,680 59,794 164,134 241,041 763,768 7a Amounts included on lines 1, 2, and 3 received from disgualified persons **b** Amounts included on lines 2 and 3 received from other than disgualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b . . . . . . . . 8 Public support. (Subtract line 7c from 763,768 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total Amounts from line 6 . . . . . . . . . 9 106,119 192,680 59,794 164,134 241,041 763,768 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . С Add lines 10a and 10b . . . . . . . . 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . . . . . . . . Total support. (Add lines 9, 10c, 11, 13 106,119 192,680 59,794 164,134 241,041 763,768 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) 15 100.00 % 16 Public support percentage from 2021 Schedule A, Part III, line 15 16 97.19 % . . . . . . . . . . . . . . . . . Section D. Computation of Investment Income Percentage 0.00 % 17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) 17 18 Investment income percentage from 2021 Schedule A, Part III, line 17 ..... 18 0.00 % 19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization х b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization gualifies as a publicly supported organization . . . . 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . .

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No

TEAM ADDO, INC. 82-0774288 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 Yes Are all of the organization's supported organizations listed by name in the organization's governing 1 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. 1 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). 2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer 3a lines 3b and 3c below. 3a b Did the organization confirm that each supported organization gualified 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. 3b Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) С purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. 3c Was any supported organization not organized in the United States ("foreign supported organization")? If 4a "Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below. 4a 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. 4b Did the organization support any foreign supported organization that does not have an IRS determination С 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. 4c 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). 5a Type I or Type II only. Was any added or substituted supported organization part of a class already b 5b designated in the organization's organizing document? Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c С 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. 6 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). 7 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). 8 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disgualified 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. 9a Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which b the supporting organization had an interest? If "Yes," provide detail in Part VI. 9b С 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. 9c Was the organization subject to the excess business holdings rules of section 4943 because of section 10a 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below. 10a 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.) 10b

ιαι			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		163	NU
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
u	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
c	A 35% controlled entity of a person described on 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
•	provide detail in <b>Part VI.</b>	11c		
Secti	on B. Type I Supporting Organizations	<u> </u>		
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one 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.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting 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.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	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 supporting organization was vested in the same persons that controlled or managed			
0	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations		Vaa	
4	Did the energiantics are ide to each of its supervised exercised in a hutbe last day of the fifth month of the		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	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	1		
2	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 <b>Part VI</b> how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have	~		
3	a significant 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 <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations	<u> </u>		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	e inst	ructic	ons)
a	The organization satisfied the Activities Test. <i>Complete line 2 below.</i>			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instru-	ctions)		
2	Activities Test. Answer lines 2a and 2b below.	,	Yes	No
а	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 responsive? 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.	2a		
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.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	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.	3a		
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 <b>Part VI</b> the role played by the organization in this regard.	3b		
EEA	Schedu	le A (F	orm 99	0) 2022

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 Schedule A (Form 990) 2022
 TEAM ADDO, INC.

 Part IV
 Supporting Organizations (continued)

Part 1	V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	g trust	on Nov. 20, 1970 <i>(exp</i>	-	
Secti	instructions. All other Type III non-functionally integrated supporting organ on A - Adjusted Net Income	izatio	(A) Prior Year	ons A through E. (B) Current Yea (optional)	
1	Net short-term capital gain	1		(optional)	
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6			
7		7			
7 8	Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
С	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other factors (explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Secti	on C - Distributable Amount			Current Year	
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior 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 year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
7	emergency temporary reduction (see instructions).	6			

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2022

TEAM ADDO, INC.

Schedule A (Form 990) 2022

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	e A (Form 990) 2022 <b>TEAM ADDO, INC.</b>		82-07		88 Page 7
Part		s) Supporting Organi	zations (continued	<i>(</i> ג	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish e	xempt purposes	1	1	
2	Amounts paid to perform activity that directly furthers exer	mpt purposes of supporte	ed		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organi		3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required)	- provide details in Part		5	
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp		_	
	(provide details in <b>Part VI</b> ). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			0	(!!!)
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	S	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
C	From 2019				
d	From 2020				
e	From 2021				
f	Total of lines 3a through 3e			_	
<u> </u>	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2022 distributable amount				
	Carryover from 2017 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2022 from				
4					
	Section D, line 7: \$ Applied to underdistributions of prior years				
a b	Applied to underdistributions of phor years				
 C	Remainder. Subtract lines 4a and 4b from line 4.			_	
5	Remaining underdistributions for years prior to 2022, if			-	
5	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 2022. Subtract lines 3h				
•	and 4b from line 1. For result greater than zero, <i>explain in</i>				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
-	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2018				
b	Excess from 2019				
C	Excess from 2020				
d	Excess from 2021				
е	Excess from 2022				
EEA				S	chedule A (Form 990) 2022

	France Representation Provide the explorections required by Part II, line 40, Part II, line 47, or 47, Part
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)

Department of the Treasury

Internal Revenue Service

# Schedule of Contributors

OMB No. 1545-0047

# Attach to Form 990 or Form 990-PF.

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

2022

Name of the organization	Employer identification number
TEAM ADDO, INC.	82-0774288
Organization type (check one):	

Filers of:	Section:
Form 990 or 990-EZ	501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	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**

Even 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 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).

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

Part I	<b>Contributors</b> (see instructions). Use duplicate co	pies of Part I if additional space i	s needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
1	DEALERS AUTO EXCHANGE	\$ 20,00	Person x Payroll 0 Noncash		
	ZEPHYRHILLS FL 33540		(Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
2	PEAK POWER 7819 PROFESSIONAL PL	\$ 15,00	Person x Payroll 0 Noncash		
	TAMPA FL 33637		(Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		

S

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Page 2

x

x

 $\square$ 

х

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Person Payroll

Noncash

Person

Payroll

Person

Payroll

Person

Payroll

Noncash

(Complete Part II for

noncash contributions.)

Noncash

(Complete Part II for

noncash contributions.)

(d)

Type of contribution

Noncash

(Complete Part II for

noncash contributions.)

(d)

Type of contribution

(Complete Part II for

noncash contributions.)

(d)

Type of contribution

5,000

5,000

5,000

5,000

(c)

(c)

(c)

**Total contributions** 

**Total contributions** 

**Total contributions** 

Schedule B (Form 990) (2022)

3

(a)

No.

4

(a)

No.

5

(a)

No.

6

JAMESON FINANCIAL SOLUTIONS

3152 LITTLE ROAD SUITE 144

(b)

(b)

(b)

Name, address, and ZIP + 4

Name, address, and ZIP + 4

Name, address, and ZIP + 4

NEW PORT RICHEY FL 34655

JLM WINDOWS LLC

5655 CARDER ROAD

ORLANDO FL 32810

BMW OF TAMPA

109 E FOWLER AVE

TAMPA FL 33612

CORAL TOWER

**TAMPA FL 33637** 

7819 PROFESSIONAL PLACE

Part I	Contributors (see instructions). Use duplicate cop	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			
7	XLERATE GROUP 10333 N MERIDIAN ST STE 200	\$13,000	Person   x     Payroll      Noncash      (Complete Part II for			
(a)	INDIANAPOLIS IN 46290 (b)	(c)	noncash contributions.) (d)			
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution			
8	HELEN COLTON FOUNDATION 1155 N LA CIENEGA BLVD APT 609 WEST HOLLYWOOD CA 90069	\$5,000	PersonImage: CompletePayrollImage: CompleteNoncashImage: Complete(CompletePart II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	PersonPayrollNoncash(Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	PersonPayrollNoncash(Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	PersonPayrollNoncash(Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	PersonPayrollNoncash(Complete Part II for noncash contributions.)			

Employer identification number 82-0774288

Schedule B (Form 990) (2022)
------------------------------

Name of organization

TEAM ADDO, INC.

SCHEDULE D	
(Form 990)	

# **Supplemental Financial Statements**

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

	Go to	www.irs.g	ov/Form990 for	instructions	and the	latest	information
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ation.	Inspection
Employer identification	ation number

TEAM	ADDO, INC.			82-0774288			
	rt I Organizations Maintaining Donor Advise	d Funds or Other Similar Fu					
	Complete if the organization answered "Yes						
	· ·	(a) Donor advised funds		(b) Funds and other accounts			
1	Total number at end of year						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors	in writing that the assets held in d	onor advised				
	funds are the organization's property, subject to the organ	ization's exclusive legal control?		Yes 🗌 No			
6	Did the organization inform all grantees, donors, and dono	r advisors in writing that grant fun	ds can be used				
	only for charitable purposes and not for the benefit of the	lonor or donor advisor, or for any o	other purpose				
	conferring impermissible private benefit?			Yes 🗌 No			
Pa	t II Conservation Easements.						
	Complete if the organization answered "Yes	on Form 990, Part IV, line 7	•				
1	Purpose(s) of conservation easements held by the organi	zation (check all that apply).					
	Preservation of land for public use (for example, recrea	tion or education)	ervation of a histori	cally important land area			
	Protection of natural habitat	Pres	ervation of a certifi	ed historic structure			
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qu	alified conservation contribution in	the form of a cons	servation			
	easement on the last day of the tax year.			Held at the End of the Tax Year			
а							
b	Total acreage restricted by conservation easements						
С	Number of conservation easements on a certified historic structure included in (a)       2c						
d	Number of conservation easements included in (c) acquired after July 25, 2006, and not on a						
	historic structure listed in the National Register						
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the						
	tax year						
4	Number of states where property subject to conservation						
5	Does the organization have a written policy regarding the						
	violations, and enforcement of the conservation easement						
6	Staff and volunteer hours devoted to monitoring, inspecting	, handling of violations, and enfor	cing conservation	easements during the year			
_							
7	Amount of expenses incurred in monitoring, inspecting, ha	ndling of violations, and enforcing	conservation ease	ements during the year			
•		hann a the the second second second					
8	Does each conservation easement reported on line 2(d) a	• •					
•							
9	In Part XIII, describe how the organization reports conser		•				
	balance sheet, and include, if applicable, the text of the foc organization's accounting for conservation easements.						
Pa	t III Organizations Maintaining Collection	s of Art Historical Treas	ures or Othe	r Similar Assets			
Iu	Complete if the organization answered "Yes			omilai Assets.			
1a	· · · · · · · · · · · · · · · · · · ·			nce sheet works			
.u	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public						
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.						
b							
	art, historical treasures, or other similar assets held for pu						
	provide the following amounts relating to these items:			· · · · · · · · · · · · · · · · ·			
	(i) Revenue included on Form 990, Part VIII, line 1			· · · · \$			
	(ii) Assets included in Form 990, Part X						
2	If the organization received or held works of art, historical						
-	following amounts required to be reported under FASB A						
а	Revenue included on Form 990, Part VIII, line 1	-		\$			
b	Assets included in Form 990, Part X						

Schedul	le D (Form 990) 2022 TEAM ADDO, INC						82-0774		Page 2
Part	t III Organizations Maintaining	Collections of	Art, His	torical T	reasures,	or Ot	her Similar As	sets (cc	ntinued)
3	Using the organization's acquisition, access	sion, and other recor	ds, check a	ny of the fo	blowing that m	nake się	pnificant use of its		
	collection items (check all that apply):								
а	Public exhibition		d	Loan o	r exchange pr	ogram			
b	Scholarly research		е		0.1	-			
с	Preservation for future generations			_					
4	Provide a description of the organization's	collections and expla	in how the	y further the	e organization	's exen	npt purpose in Part		
	XIII.			•	0				
5	During the year, did the organization solicit	or receive donations	of art. histo	orical treas	ures. or other	similar			
	assets to be sold to raise funds rather than							. 🗌 Yes	No
Part			•						
	Complete if the organization	•	" on Forr	n 990, P	art IV, line	9. or	reported an am	ount on I	Form
	990, Part X, line 21.			,	,	,	•		
1a	Is the organization an agent, trustee, custo	dian or other intermed	diary for cor	ntributions	or other asset	s not			
	included on Form 990, Part X?		-					. 🗌 Yes	No
b	If "Yes," explain the arrangement in Part XI								
		·	Ū				Am	ount	
с	Beginning balance					. 10	:		
d	Additions during the year						ł		
е	Distributions during the year						•		
f	Ending balance								
2a	Did the organization include an amount on						ty?	. 🗌 Yes	No
b	If "Yes," explain the arrangement in Part XI						•		
Part	·								
	Complete if the organization	answered "Yes	on Forr	n 990, P	art IV, line	10.			
		(a) Current year		ior year	(c) Two years		(d) Three years back	(e) Four	years back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and								
	losses								
d	Grants or scholarships								
е	Other expenditures for facilities and								
	programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:								
а	Board designated or quasi-endowment			. ,					
b	Permanent endowment 9								
с	Term endowment %								
	The percentages on lines 2a, 2b, and 2c sh	ould equal 100%.							
3a	Are there endowment funds not in the poss		zation that a	are held ar	nd administere	d for th	е		
	organization by:							Γ	Yes No
	(i) Unrelated organizations							. 3a(i)	
	(ii) Related organizations							. 3a(ii)	
b	If "Yes" on line 3a(ii), are the related organ	izations listed as req	uired on Sc	hedule R?				. 3b	
4	Describe in Part XIII the intended uses of t	he organization's end	dowment fu	ınds.					·
Part	t VI Land, Buildings, and Equi	pment.							
	Complete if the organization	answered "Yes	<u>on</u> Forr	<u>n 99</u> 0, P	art IV, line	<u>11</u> a. \$	See Form 990,	Part X, li	ne 10.
	Description of property	(a) Cost or ot	her basis	(b) Cost o	r other basis	(c)	Accumulated	(d) Book	value
		(investm	nent)	(0	other)	d	epreciation		
1a	Land								
b	Buildings								
с	Leasehold improvements	[							
d	Equipment								
е	Other								
Total.	Add lines 1a through 1e. (Column (d) must		art X, colum	nn (B), line	10c.)				

Schedule D (Form 990) 2022	2	
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Part VII Investments - Other Securities.		
Complete if the organization answered "Yes" on For	m 990, Part IV, line	11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.).		

#### Part VIII Investments - Program Related.

TEAM ADDO, INC.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total, (Column (b) must equal Form 990, Part X, col. (B) line 13.).		

#### Part IX Other Assets.

Schedule D (Form 990) 2022

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) TRADEMARK	69
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.).	69

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (	a) Description of liability	(b) Book value
(1) Federal income	taxes	
(2CREDIT CARD		14,761
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) musi	equal Form 990, Part X, col. (B) line 25.) .	14,761

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII. . . . .

82-0774288

Page 3

Schedul	e D (Form 990) 2022 TEAM ADDO, INC.	82-0774288	Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	er Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).	5	
Part		per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
C	Add lines <b>4a</b> and <b>4b</b>		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
Part	XIII Supplemental Information.		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SCH	EDULE G	Supplement	al Information	n Regardi	ng Fundra	aising or Gami	ing A	ctivities	OMB No. 1545-0047
	n 990)	Solution entered into that \$15,000 or Form 990-E2, line 6a.						2022	
	ment of the Treasury Revenue Service	(				90-EZ. Id the latest informat	ion.		Open to Public Inspection
	the organization							Employer identifie	•
TEAM	ADDO, INC.							82-07	74288
Part	I Fundrai	sing Activities.	Complete if th	ne organiza	ation answ	vered "Yes" on I	Form	990, Part IV	, line 17.
	Form 990	-EZ filers are not	required to com	plete this p	art.				
1	Indicate whether	the organization rais	ed funds through	any of the fol	0				
а	Mail solicitatio			e		of non-government	-		
b		mail solicitations		f		of government gran	nts		
C	Phone solicita			g	Special fun	draising events			
d 2a	Did the organizat	ion have a written o	r oral agreement w	uith any indivi	dual (includin	a officers directors	trusto	05	
24	-	s listed in Form 990,	-	-		-			Yes No
b	• • •	0 highest paid individ	· ·			•			
		east \$5,000 by the c			-				
			T			<u>,                                     </u>			
	(i) Name and addres or entity (fun		(ii) Activity	custody o	draiser have r control of outions?	(iv) Gross receipts from activity	(c	Amount paid to or retained by) draiser listed in col. <b>(i)</b>	<b>(vi)</b> Amount paid to (or retained by) organization
				Yes	No				
1									
2									
3									
4									
5									
6									
-									
7									
8									
9									
10									
Total									
3	List all states in w registration or lice	which the organizatic	n is registered or l	icensed to so	blicit contribu	tions or has been no	otified	it is exempt from	<u> </u> 1

Sche	edule G		M ADDO, INC.			0774288 Page 2
Pa	art II	Fundraising Events. Com	plete if the organization	answered "Yes" on For	m 990, Part IV, line 18,	or reported more
		than \$15,000 of fundraising	event contributions and	d gross income on Form	n 990-EZ, lines 1 and 6b	. List events with
		gross receipts greater than	\$5,000.			
			(a) Event #1 <u>FISHING TOUR</u> (event type)	(b) Event #2 <u>TB THROWDOWN</u> (event type)	(c) Other events (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts				
	2 3	Less: Contributions Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
sesu	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Dire	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lin	•	,	-	
Dr	11 art III	Net income summary. Subtract lin Gaming. Complete if the or				are then
1 6		\$15,000 on Form 990-EZ, li	-			
Revenue		φ10,000 011 0111 000 E2, 1	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses	<b>Yes</b> %	Yes %	Yes %	
	6	Volunteer labor	No	No	No	
	7	Direct expense summary. Add lin	es 2 through 5 in column (o	d)		
	8	Net gaming income summary. Su	ubtract line 7 from line 1, co	lumn (d)		
ç	<b>a</b> Ist	nter the state(s) in which the organiz the organization licensed to conduc "No," explain:	t gaming activities in each			
10		ere any of the organization's gamin "Yes," explain:		nded, or terminated during t	-	🗌 Yes 🗌 No

# 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 the latest information. OMB No. 1545-0047

**Open to Public** 

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number 82-0774288

### TEAM ADDO, INC.

### 01. Form 990 governing body review (Part VI, line 11)

THE BOARD OF DIRECTORS HAVE REVIEWED AND APPROVED THE 2022 990.

02. Conflict of interest policy compliance (Part VI, line 12c)

TEAM ADDO HAS REVIEWED AND ADOPTED A CONFLICT OF INTEREST POLICY TO ENSURE THAT THE

ORGANIZATOIN REMAINS COMMITTED TO ITS CHARITABLOE PURPOSE.

03. CEO, executive director, top management comp (Part VI, line 15a)

ALL DIRECTORS AND TOP MANAGEMENT WERE VOLUNTEERS FOR 2022.

## 04. Other officer or key employee compensation (Part VI, line 15b

ALL OFFICERS WERE VOLUNTEERS FOR 2022.

### 05. Governing documents, etc, available to public (Part VI, line 19)

TEAM ADDO HAS CANDID'S 2023 GOLD TRANSPARENCY SEAL. THE TAX RETURNS ARE AVAILABLE ON THE

COMPANY WEBSITE AS WELL AS AVAILABLE UPON REQUEST. ALL GOVERNING DOCUMENTS AND INTERNAL

POLICIES ARE AVAIALBLE UPON REQUEST. YEARLY TAX RETURNS ARE POSTED ON THE WEBSITE.

## 06. List of other expenses (Part IX, line 24e)

BRONCO GIVEAWAY 10,818

GOLF TOURNAMENT 5,664

TB THROWDOWN 5,239

CLAY SHOOT 11,687

Form	8868	
(Rev. Jan	uary 2022)	

# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service File a separate application for each return.

### ► Go to www.irs.gov/Form8868 for the latest information.

**Electronic filing** (*e-file*). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or	Name of exempt organization or other filer, see instructions.	Taxpayer identification number (TIN)			
print	TEAM ADDO, INC.	82-0774288			
File by the	Number, street, and room or suite no. If a P.O. box, see instructions.				
due date for	2111 W SWANN AVE				
filing your return. See	City, town or post office, state, and ZIP code. For a foreign address, see instructions.				
	TAMPA FL 33606				

Application	Return	Application	Return
Is For	Code	Is For	Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

• The books are in the care of **> JAMES BOGGS, PRESIDENT, 2111 W SWANN AVE TAMPA FL 33606** 

Τe	elephone No.▶ 813-477-7654 FAX No.▶			
• If t	the organization does not have an office or place of business in the United States, check this box			▶ 🗌
• If t	this is for a Group Retum, enter the organization's four digit Group Exemption Number (GEN)	If this is		
	e whole group, check this box $\ldots$ $\blacktriangleright$ []. If it is for part of the group, check this box. $\ldots$ $\blacktriangleright$ ] and att	ach		
	with the names and TINs of all members the extension is for.			
1	I request an automatic 6-month extension of time until11-15_, 20 23_, to file the exempt organization the organization named above. The extension is for the organization's return for: ► X calendar year 20 22 or	retum fo	r	
	▶	, 20	0	
2	If the tax year entered in line 1 is for less than 12 months, check reason: Initial returm Final returm Change in accounting period			
3a	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any			
	nonrefundable credits. See instructions.	3a	\$	
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and			
	estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	
С	Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by			
	using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	
Caut	ion: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and	Form 88	79-TE for payme	ent
instru	ictions.			
For F	Privacy Act and Paperwork Reduction Act Notice, see instructions.	For	m <b>8868</b> (Rev. 1-	2022)

EEA