Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2015

OMB No. 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

ΑI	or the	2015 calenda	ar year, or tax year beginning , 2015, and ending			, 20	j	
В	Check if ap	ck if applicable: C Name of organization D Er				D Employer identification number		
	Address c	ddress change Operation Helmet Inc.			20-1756585			
	Name cha					E Telephone number		
=	Initial retu			936-449-9706				
=	Final retur Amended	n/terminated	74 Greenview St. City or town, state or province, country, and ZIP or foreign postal code	F Grou				
=		n pending	Montgomery, Texas 77356		nber ▶	•		
		ting Method:		Check	► ☐ if	the organization	on is no t	
	Vebsite	•	operation-helmet.org			ach Schedule B		
			eck only one) — ✓ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527	•)-EZ, or 990-PF		
			✓ Corporation ☐ Trust ☐ Association ☐ Other				′	
		•	7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if tot	al assets				
			v) are \$500,000 or more, file Form 990 instead of Form 990-EZ		₽ 		116530	
_	art I		e, Expenses, and Changes in Net Assets or Fund Balances (see the		vtions	for Part I)	110550	
	arti		the organization used Schedule O to respond to any question in this Part					
_	1		ons, gifts, grants, and similar amounts received		1		116530	
	2		ervice revenue including government fees and contracts		2		110030	
	3		ip dues and assessments	1	3			
	4	Investment			4			
					4			
	5a							
	b	Less: cost or other basis and sales expenses						
	6 6	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c Gaming and fundraising events						
ne	а	Gross inc \$15,000)						
Revenue	b	Gross inco	me from fundraising events (not including \$ of contribution)	ns				
ş			aising events reported on line 1) (attach Schedule G if the					
_		sum of suc	h gross income and contributions exceeds \$15,000) 6b					
	С	Less: direc	t expenses from gaming and fundraising events 6c					
	d							
		line 6c)			6d			
	7a	Gross sale	s of inventory, less returns and allowances 7a					
	b		of goods sold					
	C		it or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c			
	8	•	nue (describe in Schedule O)		8			
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9		116530	
	10		I similar amounts paid (list in Schedule O)		10		117289	
	11		aid to or for members	• •	11		117200	
S	12	•	ther compensation, and employee benefits	• •	12			
se	13		al fees and other payments to independent contractors	1	13			
Sen	14		/, rent, utilities, and maintenance		14			
Expenses	15		ublications, postage, and shipping		15		3	
	16		enses (describe in Schedule O)		16			
	17				_		154	
_	+		enses. Add lines 10 through 16		17		117446	
şts	18 19		(deficit) for the year (Subtract line 17 from line 9)		18		{916)	
Net Assets	13		r figure reported on prior year's return)		40			
	00				19		25509	
	20		nges in net assets or fund balances (explain in Schedule O)		20			
	21	inet assets	or fund balances at end of year. Combine lines 18 through 20	. ▶	21		24593	

Form 990-EZ (2015) Page 2 Balance Sheets (see the instructions for Part II) Part II Check if the organization used Schedule O to respond to any question in this Part II (A) Beginning of year (B) End of year 25509 22 22 Cash, savings, and investments 24593 23 23 24 Other assets (describe in Schedule O) 24 25 25 25509 24593 0 26 26 Total liabilities (describe in Schedule O) 0 Net assets or fund balances (line 27 of column (B) must agree with line 21) 27 25509 27 24593 Part III Statement of Program Service Accomplishments (see the instructions for Part III) **Expenses** Check if the organization used Schedule O to respond to any question in this Part III (Required for section What is the organization's primary exempt purpose? 501(c)(3) and 501(c)(4) Describe the organization's program service accomplishments for each of its three largest program services, organizations; optional for others.) as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title. Provide free helmet pad upgrade kits for additional helmet protection to military personnel in combat situations. Over 4000 units provided to over 4000 mi; itary personnel 28a) If this amount includes foreign grants, check here (Grants \$ 117289 29) If this amount includes foreign grants, check here 29a 30) If this amount includes foreign grants, check here 30a) If this amount includes foreign grants, check here . . . 31a Total program service expenses (add lines 28a through 31a) 32 117289 List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated – see the instructions for Part IV) Check if the organization used Schedule O to respond to any question in this Part IV (c) Reportable (d) Health benefits, (b) Average compensation contributions to employee (e) Estimated amount of hours per week (a) Name and title (Forms W-2/1099-MISC) benefit plans, and other compensation devoted to position (if not paid, enter -0-) deferred compensation Dr. Robert Meaders President, Director 40 0 0 0 Richard Vetter 0 0 Treasurer, Director 1 0 R D 0 R S 0

obert Fellers				
irector	1	0	0	
od Mc Mahon				
ecretary, Director	1	0	0	
				Form 990-EZ (2019

Part V

instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V Yes No 33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a 33 34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) 34 Did the organization have unrelated business gross income of \$1,000 or more during the year from business 35a 35a If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 35b Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III 35c Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets 36 during the year? If "Yes," complete applicable parts of Schedule N 36 37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 37b 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? . . 38a If "Yes," complete Schedule L, Part II and enter the total amount involved 38b Section 501(c)(7) organizations. Enter: 39 39a Gross receipts, included on line 9, for public use of club facilities Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ► ; section 4955 ► Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 40b 1 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter 41 List the states with which a copy of this return is filed ▶ 42a The organization's books are in care of ► Richard Vetter Telephone no. ▶ 936-697-5063 Located at ► 35 Greenview St., Montgomery, Texas ZIP + 4 ▶ 77356 **b** At any time during the calendar year, did the organization have an interest in or a signature or other authority over Yes No a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 42b If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: ▶ Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here 43 and enter the amount of tax-exempt interest received or accrued during the tax year Yes No 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be 44a Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be 44b 44c If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an 44d 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of 45b

Other Information (Note the Schedule A and personal benefit contract statement requirements in the

Page 3

Form 990	0-EZ (2	015)						F	age 4
								Yes	No
		ne organization engage, directly or ir							
		ndidates for public office? If "Yes," o		, Part I			46		'
Part \		Section 501(c)(3) organizations							
		All section 501(c)(3) organization	s must answer que	stions 47–49b ar	nd 52, and	complete the	e tables f	or lin	es
		50 and 51.							
		Check if the organization used Sch	nedule O to respond	I to any question in	n this Part '	VI			. \square
		-						Yes	No
47	Did t	he organization engage in lobbying	activities or have a	section 501(h) elec	tion in effe	ct during the t	tax		
		If "Yes," complete Schedule C, Pari					. 47		\ \cdot\
48	Is the	organization a school as described in	section 170(b)(1)(A)(i	i)? If "Yes " comple	te Schedule	F	48		1
		s the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E							1
		id the organization make any transfers to an exempt non-charitable related organization?							
		olete this table for the organization's						os an	d ka
30		oyees) who each received more than							
-	CITIPI	byces) who caem received more than	- Ψ100,000 01 00111ρ01			alth benefits,	, critor i	ionic.	
	(2)	Name and title of each employee	(b) Average	(c) Reportable compensation		ons to employee	(e) Estimate	ed amo	unt of
	(a)	Name and title of each employee	hours per week devoted to position	(Forms W-2/1099-MIS		ans, and deferred	other con	npensat	tion
				,	con	npensation			
f	Total	number of other employees paid over	er \$100.000	•		<u> </u>			
51		olete this table for the organization			nt contract	- ors who each	received	more	thar
		,000 of compensation from the orga							
	(2)	Name and business address of each independ	lont contractor	(b) Type of s	convice	(6)	Compensati	on	
	(a)	Name and business address of each independ	ient contractor	(b) Type of s	SCI VICE	(6)	Compensati	OII	
				_					
-									
				1					
				-					
d	Total	number of other independent contra	octors each receiving	over \$100,000	•				
		the organization complete Schedu	~		nanizatione	must attach			
O_		bleted Schedule A	ile A: Note. All se		_		.⊳⊓ Yes	. 🗆 1	No
Lindorna		of perjury, I declare that I have examined this r	ratura including accompan						
		d complete. Declare that I have examined this i					owiedge and	i bellet,	IL IS
		<u> </u>	, 		<u> </u>				
Sign		Signature of officer				Date			
Here		·							
		Richard Vetter, Treasurer Type or print name and title							
			Preparer's signature	T	Date		., PTIN		
Paid		Print/Type preparer's name	. Topasor o digitatoro			Check L self-employ	IT		
Prepa	I =								
Use (Firm's EIN ►			
May th	DO IDC	Firm's address ► discuss this return with the preparer	rehown above? See	inetructions		Phone no.	► □ V		No
ıvıay ill	ie iuo	discuss this return with the preparer	SHOWIT ADOVE! See				► ∐ Yes	· 🗀 l	No

Schedule B

(Form 990, 990-EZ, or 990-PF)

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

Schedule of Contributors

OMB No. 1545-0047

Operation Helmet Inc. 20-1756585 Organization type (check one): Filers of: Section: Form 990 or 990-EZ ✓ 501(c)() (enter number) organization 3 4947(a)(1) nonexempt charitable trust **not** 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** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), 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. 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. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions

Name of organization

Operation Helmet Inc.

Employer identification number
20-1756585

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

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1	Vince and Linda McMahon Foundation 1241 East Main Street Stamford CT 06902	\$25000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
2	Don Bradshaw 505 Edgewoon Dr. Montgomery, Tx 77356	\$12800	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
3	Rod and Jamice McMahon 7052 Edgewater Willis, Tx 77318	\$10000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
4	Robert Meaders 74 Greenview St. Montgomery, Tx 77356	\$6000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
		\$	Person
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person

Name of organization Employer identification number

Operation Helmet Inc. 20-1756585 Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. Part II (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions) (a) No. (c) (b) (d) FMV (or estimate) from Date received Description of noncash property given (see instructions) Part I (c) FMV (or estimate) (a) No. (b) (d) from Description of noncash property given **Date received** (see instructions) Part I (a) No. (c) (b) (d) from FMV (or estimate) Date received Description of noncash property given Part I (see instructions) (a) No. (c) (b) (d) FMV (or estimate) from Description of noncash property given **Date received** Part I (see instructions) (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given **Date received** Part I (see instructions)

Name of or	ganization			Employer identification number			
	Helmet Inc.			20-1756585			
Part III	Exclusively religious, charitable, etc (10) that total more than \$1,000 for the the following line entry. For organization contributions of \$1,000 or less for the Use duplicate copies of Part III if addit	he year from any one cons completing Part III, ea year. (Enter this informat	ontributor. Completenter the total of <i>exclu</i>	e columns (a) through (e) and usively religious, charitable, etc.,			
(a) No.			(1) =				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) D	escription of how gift is held			
Faiti							
	I	(e) Transfer of g	gift				
	Transferee's name, address, and	ZIP + 4	Relationship of to	ransferor to transferee			
(a) No. from	(b) Purpose of gift	(c) Use of gift	(q) D	escription of how gift is held			
Part I	(b) i dipose oi giit	(0) 030 01 911	(a) D	escription of now girt is neig			
	(e) Transfer of gift						
	Transferee's name, address, and	ZIP + 4	Relationship of to	ransferor to transferee			
(a) No. from	(b) Purpose of gift (c) Use		(d) D	escription of how gift is held			
Part I							
<u> </u>	(e) Transfer of gift						
	(0)						
	Transferee's name, address, and	ZIP + 4	Relationship of to	ransferor to transferee			
	,,						
(a) No.							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) D	escription of how gift is held			
raiti							
<u> </u>	(e) Transfer of gift						
	· , · · · · · · · · · · · · · · · · · ·						
	Transferee's name, address, and	ZIP + 4	Relationship of to	ransferor to transferee			
<u> </u>							

SCHEDULE 0 (Form 990 or 990-EZ)

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.

OMB No. 1545-0047

2015

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Open to Public Inspection

Name of the organization	Employer identification number
Operation Helmet Inc.	20-1756585
Sportation Holling.	1 20-1730303
Page 1, Part 1, Line 16 Other Expenses \$ 154	