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DRAFT



**DAVIDSON, DOYLE & HILTON**  
**CERTIFIED PUBLIC ACCOUNTANTS**

October 5, 2022

SPORTABLE RICHMOND ADAPTIVE SPORTS AND  
RECREATION, INC.  
1365 OVERBROOK ROAD, 2  
RICHMOND, VA 23220-1405

PROFESSIONAL SERVICES RENDERED IN THE PREPARATION OF YOUR 2021  
EXEMPT ORGANIZATION TAX RETURNS, INCLUDING:

FORM 990, RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX  
SCHEDULE A, PUBLIC CHARITY STATUS AND PUBLIC SUPPORT  
SCHEDULE B, SCHEDULE OF CONTRIBUTORS  
SCHEDULE D, SUPPLEMENTAL FINANCIAL STATEMENT  
SCHEDULE G, SUPPL INFO FUNDRAISING/GAMING ACT  
SCHEDULE I, GRANTS AND ASSIST ORG, GOV, AND IND  
SCHEDULE O, SUPPLEMENTAL INFORMATION  
FORM 8868, APPLICATION FOR AUTOMATIC FILING EXTENSION  
FORM 8879-TE, E-FILE SIGNATURE AUTHORIZATION  
CURRENT YEAR DEPRECIATION REPORT  
NEXT YEAR DEPRECIATION REPORT

TAX PREPARATION FEE



**DAVIDSON, DOYLE & HILTON**  
**CERTIFIED PUBLIC ACCOUNTANTS**

October 5, 2022

SPORTABLE RICHMOND ADAPTIVE SPORTS AND  
RECREATION, INC.  
1365 OVERBROOK ROAD 2  
RICHMOND, VA 23220-1405

SPORTABLE RICHMOND ADAPTIVE SPORTS AND RECREATION, INC.:

Enclosed is the organization's 2021 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-TE to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.

A copy of the return is enclosed for your files. We suggest that you retain this copy indefinitely.

VERY TRULY YOURS,

DAVIDSON, DOYLE & HILTON, LLP

DRAFT

IRS e-file Signature Authorization for a Tax Exempt Entity

Form 8879-TE

For calendar year 2021, or fiscal year beginning MAY 1, 2021, and ending APR 30, 2022

2021

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.

Name of filer SPORTABLE RICHMOND ADAPTIVE SPORTS AND RECREATION, INC.

EIN or SSN 20-8924701

Name and title of officer or person subject to tax HUNTER LEEMON EXECUTIVE DIRECTOR

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

Table with 3 columns: Line number (1a-10a), Description (Form type and check box), and Amount (1b-10b). Line 1a is checked with amount 1,024,056.

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity), (EIN) and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize DAVIDSON, DOYLE & HILTON, LLP to enter my PIN 12345. Enter five numbers, but do not enter all zeros.

as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax \*\*\*\*\* THIS IS NOT A FILEABLE COPY \*\*\*\*\* Date

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

54492784747 Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature Date

ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

# 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](http://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](http://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.

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>SPORTABLE RICHMOND ADAPTIVE SPORTS AND RECREATION, INC.</b>	Taxpayer identification number (TIN) <b>20-8924701</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>1365 OVERBROOK ROAD, 2</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>RICHMOND, VA 23220-1405</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return 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		

**HUNTER LEEMON**

• The books are in the care of ▶ **1365 OVERBROOK ROAD, SUITE 2 - RICHMOND, VA 23220**

Telephone No. ▶ **804-340-2991** Fax No. ▶ \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **MARCH 15, 2023**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year \_\_\_\_\_ or  
 ▶  tax year beginning **MAY 1, 2021**, and ending **APR 30, 2022**.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</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.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

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

**2021**

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.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A** For the 2021 calendar year, or tax year beginning **MAY 1, 2021** and ending **APR 30, 2022**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>SPORTABLE RICHMOND ADAPTIVE SPORTS AND RECREATION, INC.</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>1365 OVERBROOK ROAD 2</b> City or town, state or province, country, and ZIP or foreign postal code <b>RICHMOND, VA 23220-1405</b> <b>F</b> Name and address of principal officer: <b>HUNTER LEEMON</b> <b>1365 OVERBROOK ROAD, SUITE 2, RICHMOND, VA</b>	<b>D</b> Employer identification number <b>20-8924701</b> <b>E</b> Telephone number <b>804-340-2991</b> <b>G</b> Gross receipts \$ <b>1,063,217.</b> <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ <b>WWW.SPORTABLE.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>2007</b> <b>M</b> State of legal domicile: <b>VA</b>

**Part I Summary**

<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>TO CREATE OPPORTUNITIES AND TRANSFORM THE LIVES OF ATHLETES WITH PHYSICAL DISABILITIES AND</b>		
<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>18</b>
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>18</b>
<b>5</b>	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	<b>5</b>	<b>14</b>
<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>188</b>
<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>7b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>
<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> 781,381.	<b>Current Year</b> 918,096.
<b>9</b>	Program service revenue (Part VIII, line 2g)	25,035.	59,503.
<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	1,816.
<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	19,024.	44,641.
<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	825,440.	1,024,056.
<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	9,070.
<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	402,421.	533,489.
<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>223,908.</b>		
<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	198,768.	301,367.
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	601,189.	843,926.
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	224,251.	180,130.
<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Current Year</b> 599,846.	<b>End of Year</b> 799,933.
<b>21</b>	Total liabilities (Part X, line 26)	192,187.	212,171.
<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	407,659.	587,762.

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer <b>HUNTER LEEMON, EXECUTIVE DIRECTOR</b> Type or print name and title	Date
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>AMY A GALLAGHER, CPA</b>	Preparer's signature Date Check <input type="checkbox"/> if self-employed PTIN <b>P00884747</b>
	Firm's name ▶ <b>DAVIDSON, DOYLE &amp; HILTON, LLP</b> Firm's address ▶ <b>PO BOX 800 LYNCHBURG, VA 24505-0800</b>	Firm's EIN ▶ <b>54-1953476</b> Phone no. <b>434-846-7611</b>

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

SPORTABLE RICHMOND ADAPTIVE SPORTS AND RECREATION, INC.

Part 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: TO TRANSFORM THE LIVES OF PEOPLE WITH PHYSICAL DISABILITIES AND VISUAL IMPAIRMENTS THROUGH SPORTS.

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 No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 556,449. including grants of \$ 9,070. ) (Revenue \$ 61,383. ) SERVICED PARTICIPANTS IN ADAPTIVE SPORTS PROGRAMS. PROVIDED FACILITIES, EQUIPMENT, PROFESSIONAL COACHING, AND VOLUNTEERS. RECREATIONAL AND COMPETITIVE PARTICIPANTS. YOUTH AND ADULTS. DONATIONS OF TIME BY SPORTABLE VOLUNTEERS ARE VALUED AT \$136,853 THIS YEAR AND PROGRAMS WOULD NOT HAVE BEEN POSSIBLE WITHOUT THEM. VOLUNTEERS INCLUDE RECREATIONAL THERAPISTS, COACHES, PHYSICANS, OCCUPATIONAL THERAPISTS, PROFESSIONAL ATHLETES, EQUIPEMNT EXPERTS AND MORE. HAD THEIR TIME AND SKILLS NOT BEEN DONATED, SPORTABLE WOULD HAVE HAD TO PURCHASE THEIR SERVICES.

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 \$ )

4e Total program service expenses 556,449.

**SPORTABLE RICHMOND ADAPTIVE SPORTS AND RECREATION, INC.**

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	<b>X</b>	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions .....	<b>X</b>	
<b>3</b> 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> .....		<b>X</b>
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....		<b>X</b>
<b>5</b> 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? <i>If "Yes," complete Schedule C, Part III</i> .....		<b>X</b>
<b>6</b> 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? <i>If "Yes," complete Schedule D, Part I</i> .....		<b>X</b>
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....		<b>X</b>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		<b>X</b>
<b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV</i> .....		<b>X</b>
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> .....		<b>X</b>
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	<b>X</b>	
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....		<b>X</b>
<b>c</b> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .....		<b>X</b>
<b>d</b> 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? <i>If "Yes," complete Schedule D, Part IX</i> .....		<b>X</b>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>X</b>	
<b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>X</b>	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	<b>X</b>	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....		<b>X</b>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		<b>X</b>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....		<b>X</b>
<b>b</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? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....		<b>X</b>
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....		<b>X</b>
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....		<b>X</b>
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions .....		<b>X</b>
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....	<b>X</b>	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		<b>X</b>
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		<b>X</b>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> 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? <i>If "Yes," complete Schedule I, Parts I and II</i> .....		<b>X</b>



**SPORTABLE RICHMOND ADAPTIVE SPORTS AND RECREATION, INC.**

**Part IV Checklist of Required Schedules** *(continued)*

	Yes	No
<b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	<b>22</b> X	
<b>23</b> 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? <i>If "Yes," complete Schedule J</i> .....	<b>23</b>	X
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....	<b>24a</b>	X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....	<b>24b</b>	
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....	<b>24c</b>	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....	<b>24d</b>	
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....	<b>25a</b>	X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....	<b>25b</b>	X
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to 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? <i>If "Yes," complete Schedule L, Part II</i> .....	<b>26</b>	X
<b>27</b> 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? <i>If "Yes," complete Schedule L, Part III</i> .....	<b>27</b>	X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28a</b>	X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28b</b>	X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28c</b>	X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	<b>29</b>	X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....	<b>30</b>	X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....	<b>31</b>	X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....	<b>32</b>	X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....	<b>33</b>	X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	<b>34</b>	X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	<b>35a</b>	X
<b>b</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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>35b</b>	
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>36</b>	X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....	<b>37</b>	X
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? .....	<b>38</b> X	

**Note:** All Form 990 filers are required to complete Schedule O

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response or note to any line in this Part V

	Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....	<b>1a</b>	3
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....	<b>1b</b>	0
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	<b>1c</b> X	

**SPORTABLE RICHMOND ADAPTIVE SPORTS AND RECREATION, INC.**

**Part V Statements Regarding Other IRS Filings and Tax Compliance** (continued)

		Yes	No
<b>2a</b>	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 return ..... <b>2a</b> 14		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? ..... <b>2b</b> X	X	
<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? ..... <b>3a</b>		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O ..... <b>3b</b>		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? ..... <b>4a</b>		X
<b>b</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).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? ..... <b>5a</b>		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? ..... <b>5b</b>		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? ..... <b>5c</b>		
<b>6a</b>	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? ..... <b>6a</b>		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? ..... <b>6b</b>		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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? ..... <b>7a</b>	X	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? ..... <b>7b</b>	X	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? ..... <b>7c</b>		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year ..... <b>7d</b>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ..... <b>7e</b>		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ..... <b>7f</b>		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? ... <b>7g</b>		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? <b>7h</b>		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? ..... <b>8</b>		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966? ..... <b>9a</b>		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? ..... <b>9b</b>		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 ..... <b>10a</b>		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities ..... <b>10b</b>		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders ..... <b>11a</b>		
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) ..... <b>11b</b>		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? ..... <b>12a</b>		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year ..... <b>12b</b>		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? ..... <b>13a</b>		
<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
<b>b</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 ..... <b>13b</b>		
<b>c</b>	Enter the amount of reserves on hand ..... <b>13c</b>		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year? ..... <b>14a</b>		X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O ..... <b>14b</b>		
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? ..... <b>15</b>		X
If "Yes," see the instructions and file Form 4720, Schedule N.			
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? ..... <b>16</b>		X
If "Yes," complete Form 4720, Schedule O.			
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? ..... <b>17</b>		
If "Yes," complete Form 6069.			

**SPORTABLE RICHMOND ADAPTIVE SPORTS AND RECREATION, INC.**

**Part VI Governance, Management, and Disclosure.** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

**Section A. Governing Body and Management**

			Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	<b>1a</b>	18		
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>b</b> Enter the number of voting members included on line 1a, above, who are independent	<b>1b</b>	18		
<b>2</b> 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?	<b>2</b>			<b>X</b>
<b>3</b> 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?	<b>3</b>			<b>X</b>
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>			<b>X</b>
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>			<b>X</b>
<b>6</b> Did the organization have members or stockholders?	<b>6</b>			<b>X</b>
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	<b>7a</b>			<b>X</b>
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>			<b>X</b>
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
<b>a</b> The governing body?	<b>8a</b>		<b>X</b>	
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>8b</b>		<b>X</b>	
<b>9</b> 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 O.	<b>9</b>			<b>X</b>

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?	<b>10a</b>			<b>X</b>
<b>b</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?	<b>10b</b>			
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>11a</b>		<b>X</b>	
<b>b</b> Describe on Schedule O the process, if any, used by the organization to review this Form 990.				
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>12a</b>		<b>X</b>	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>12b</b>		<b>X</b>	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	<b>12c</b>		<b>X</b>	
<b>13</b> Did the organization have a written whistleblower policy?	<b>13</b>			<b>X</b>
<b>14</b> Did the organization have a written document retention and destruction policy?	<b>14</b>			<b>X</b>
<b>15</b> 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?				
<b>a</b> The organization's CEO, Executive Director, or top management official	<b>15a</b>		<b>X</b>	
<b>b</b> Other officers or key employees of the organization	<b>15b</b>			<b>X</b>
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	<b>16a</b>			<b>X</b>
<b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	<b>16b</b>			

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **▶VA**
- 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.  
 Own website     Another's website     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 **▶**  
**HUNTER LEEMON - 804-340-2991**  
**1365 OVERBROOK ROAD, SUITE 2, RICHMOND, VA 23220**

**SPORTABLE RICHMOND ADAPTIVE SPORTS AND RECREATION, INC.**

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

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

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See 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, 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 the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) THOMAS HUNTER LEEMON EXECUTIVE DIRECTOR	50.00				X			105,780.	0.	0.
(2) RYAN BYRD DIRECTOR	1.00	X						0.	0.	0.
(3) DOHN GUYER DIRECTOR	1.00	X						0.	0.	0.
(4) GRAY MCDERMID DIRECTOR	1.00	X						0.	0.	0.
(5) JEREMY BALL SECRETARY	1.00	X		X				0.	0.	0.
(6) MISSY BASS DIRECTOR	1.00	X						0.	0.	0.
(7) J.C. POMA DIRECTOR	1.00	X						0.	0.	0.
(8) ZACK SMITH VICE CHAIR	1.00	X		X				0.	0.	0.
(9) BOBBY COWGILL DIRECTOR	1.00	X						0.	0.	0.
(10) SCOTT ZAREMBA DIRECTOR	1.00	X						0.	0.	0.
(11) CHRISTIE WILSON DIRECTOR	1.00	X						0.	0.	0.
(12) NATISHA KNIGHT DIRECTOR	1.00	X						0.	0.	0.
(13) WAYNE DUMAN TREASURER	1.00	X		X				0.	0.	0.
(14) ALAN LOMBARDO DIRECTOR	1.00	X						0.	0.	0.
(15) SCOTT GOLDEN BOARD CHAIR	1.00	X		X				0.	0.	0.
(16) MEGAN SHULTZ DIRECTOR	1.00	X						0.	0.	0.
(17) STEVE FARGIS DIRECTOR	1.00	X						0.	0.	0.

**SPORTABLE RICHMOND ADAPTIVE SPORTS AND RECREATION, INC.**

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) DAN SCHMITT DIRECTOR	1.00	X					0.	0.	0.	
(19) ROBIN GORDAN DIRECTOR	1.00	X					0.	0.	0.	
<b>1b Subtotal</b>							105,780.	0.	0.	
<b>c Total from continuation sheets to Part VII, Section A</b>							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b>							105,780.	0.	0.	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 1

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0

**SPORTABLE RICHMOND ADAPTIVE SPORTS AND RECREATION, INC.**

**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>	144,909.				
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	129,143.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	644,044.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$				
	<b>h Total.</b> Add lines 1a-1f .....			918,096.			
<b>Program Service Revenue</b>	<b>2 a</b> <u>PROGRAM EVENT REVENUE</u>	<b>Business Code</b>					
		711300	35,303.	35,303.			
	<b>b</b> <u>PROGRAM REGISTRATION F</u>	711300	24,200.	24,200.			
	<b>c</b> .....						
	<b>d</b> .....						
	<b>e</b> .....						
	<b>f</b> All other program service revenue .....						
<b>g Total.</b> Add lines 2a-2f .....			59,503.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		1,816.			1,816.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses ...	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss) .....						
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities				
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>					
<b>c</b> Gain or (loss) .....	<b>7c</b>						
<b>d</b> Net gain or (loss) .....							
<b>8 a</b> Gross income from fundraising events (not including \$ <u>144,909.</u> of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>		81,922.				
		<b>b</b> Less: direct expenses .....	<b>8b</b>	39,161.			
		<b>c</b> Net income or (loss) from fundraising events .....		42,761.		42,761.	
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
		<b>b</b> Less: direct expenses .....	<b>9b</b>				
		<b>c</b> Net income or (loss) from gaming activities .....					
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
		<b>b</b> Less: cost of goods sold .....	<b>10b</b>				
		<b>c</b> Net income or (loss) from sales of inventory .....					
<b>Miscellaneous Revenue</b>	<b>11 a</b> <u>MISCELLANEOUS INCOME</u>	<b>Business Code</b>					
		711300	1,110.	1,110.			
	<b>b</b> <u>MERCHANDISE SALES</u>	711300	770.	770.			
	<b>c</b> .....						
	<b>d</b> All other revenue .....						
<b>e Total.</b> Add lines 11a-11d .....			1,880.				
<b>12 Total revenue.</b> See instructions .....			1,024,056.	61,383.	0.	44,577.	

**SPORTABLE RICHMOND ADAPTIVE SPORTS AND RECREATION, INC.**

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....	9,070.	9,070.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	100,750.	59,442.	11,083.	30,225.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	377,316.	223,577.	32,865.	120,874.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits .....	20,234.	15,078.	1,018.	4,138.
<b>10</b> Payroll taxes .....	35,189.	20,813.	3,246.	11,130.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	203.		203.	
<b>c</b> Accounting .....	4,287.		4,287.	
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	12,432.	2,652.	729.	9,051.
<b>12</b> Advertising and promotion .....	11,262.	2,428.		8,834.
<b>13</b> Office expenses .....	7,327.	5,529.	446.	1,352.
<b>14</b> Information technology .....				
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	32,801.	27,322.	579.	4,900.
<b>17</b> Travel .....				
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	14,098.	7,490.	1,615.	4,993.
<b>20</b> Interest .....	4,928.	748.	4,180.	
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	51,058.	43,599.	210.	7,249.
<b>23</b> Insurance .....	14,486.	10,812.	2,075.	1,599.
<b>24</b> 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.)				
<b>a</b> <b>SPORTS PROGRAMS EXPENSE</b>	60,511.	60,511.		
<b>b</b> <b>PROGRAM EVENT EXPENSE</b>	21,160.	19,569.		1,591.
<b>c</b> <b>AUTO EXPENSES</b>	14,862.	14,796.	12.	54.
<b>d</b> <b>DUES &amp; SUBSCRIPTIONS</b>	8,649.	3,146.	35.	5,468.
<b>e</b> All other expenses .....	43,303.	29,867.	986.	12,450.
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	843,926.	556,449.	63,569.	223,908.
<b>26</b> <b>Joint costs.</b> 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)

**SPORTABLE RICHMOND ADAPTIVE SPORTS AND RECREATION, INC.**

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	361,438.	<b>1</b>	616,497.
	<b>2</b> Savings and temporary cash investments .....	3,796.	<b>2</b>	3,706.
	<b>3</b> Pledges and grants receivable, net .....	75,000.	<b>3</b>	59,950.
	<b>4</b> Accounts receivable, net .....	936.	<b>4</b>	0.
	<b>5</b> 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 .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	36,768.	<b>9</b>	17,642.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	10a 396,128.		
	<b>b</b> Less: accumulated depreciation .....	10b 293,990.	121,908.	10c 102,138.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	599,846.	<b>16</b>	799,933.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	9,227.	<b>17</b>	14,608.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	28,041.	<b>19</b>	45,545.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	150,000.	<b>23</b>	150,000.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....	4,919.	<b>25</b>	2,018.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	192,187.	<b>26</b>	212,171.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	214,850.	<b>27</b>	525,545.
	<b>28</b> Net assets with donor restrictions .....	192,809.	<b>28</b>	62,217.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	407,659.	<b>32</b>	587,762.
	<b>33</b> Total liabilities and net assets/fund balances .....	599,846.	<b>33</b>	799,933.



**SPORTABLE RICHMOND ADAPTIVE SPORTS AND RECREATION, INC.**

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1,024,056.</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>843,926.</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>180,130.</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>407,659.</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>-27.</b>
<b>6</b>	Donated services and use of facilities	
<b>7</b>	Investment expenses	
<b>8</b>	Prior period adjustments	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>0.</b>
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>587,762.</b>

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  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? .....  
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? .....  
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
- c** 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? .....  
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 Single Audit Act and OMB Circular A-133? .....
- 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 .....

	Yes	No
<b>2a</b>		<b>X</b>
<b>2b</b>	<b>X</b>	
<b>2c</b>	<b>X</b>	
<b>3a</b>		<b>X</b>
<b>3b</b>		

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

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.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization: SPORTABLE RICHMOND ADAPTIVE SPORTS AND RECREATION, INC. Employer identification number: 20-8924701

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii).
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii).
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv).
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi).
8 A community trust described in section 170(b)(1)(A)(vi).
9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture.
10 [X] An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions...
11 An organization organized and operated exclusively to test for public safety.
12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s).
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s).
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s).
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated.
e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations
g Provide the following information about the supported organization(s).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.

**SPORTABLE RICHMOND ADAPTIVE SPORTS AND RECREATION, INC.**

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....						
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4 .....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First 5 years.</b> 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 <b>stop here</b> .....						► <input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) .....	14	%
<b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 .....	15	%
<b>16a 33 1/3% support test - 2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		► <input type="checkbox"/>
<b>b 33 1/3% support test - 2020.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		► <input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		► <input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		► <input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		► <input type="checkbox"/>

**SPORTABLE RICHMOND ADAPTIVE SPORTS AND RECREATION, INC.**

**Part III 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 qualify 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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	507,345.	555,217.	507,864.	678,663.	719,040.	2968129.
<b>2</b> 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 .....	92,612.	63,348.	62,120.	25,186.	60,273.	303,539.
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....	599,957.	618,565.	569,984.	703,849.	779,313.	3271668.
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						0.
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						0.
<b>c</b> Add lines 7a and 7b .....						0.
<b>8 Public support.</b> (Subtract line 7c from line 6.)						3271668.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>9</b> Amounts from line 6 .....	599,957.	618,565.	569,984.	703,849.	779,313.	3271668.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	114.	167.	253.		1,816.	2,350.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....	114.	167.	253.		1,816.	2,350.
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	600,071.	618,732.	570,237.	703,849.	781,129.	3274018.

**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**

<b>15</b> Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	99.93 %
<b>16</b> Public support percentage from 2020 Schedule A, Part III, line 15 .....	<b>16</b>	99.98 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	.07 %
<b>18</b> Investment income percentage from 2020 Schedule A, Part III, line 17 .....	<b>18</b>	.02 %

**19a 33 1/3% support tests - 2021.** 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

**b 33 1/3% support tests - 2020.** 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 qualifies 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

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on 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	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**SPORTABLE RICHMOND ADAPTIVE SPORTS AND RECREATION, INC.**

**Part IV Supporting Organizations** *(continued)*

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	<b>11a</b>	
<b>b</b> A family member of a person described on line 11a above?	<b>11b</b>	
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>	<b>11c</b>	

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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? <i>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.</i>	<b>1</b>	
<b>2</b> 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? <i>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.</i>	<b>2</b>	

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>	<b>1</b>	

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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 organization's governing documents in effect on the date of notification, to the extent not previously provided?	<b>1</b>	
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	<b>2</b>	
<b>3</b> By reason of the relationship described on line 2, above, did the organization's supported organizations have 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	<b>3</b>	

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
<b>2</b> Activities Test. Answer lines 2a and 2b below.		Yes	No
<b>a</b> 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? <i>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.</i>	<b>2a</b>		
<b>b</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? <i>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.</i>	<b>2b</b>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.			
<b>a</b> 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? <i>If "Yes" or "No" provide details in Part VI.</i>	<b>3a</b>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	<b>3b</b>		

**SPORTABLE RICHMOND ADAPTIVE SPORTS AND  
RECREATION, INC.**

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( *explain in Part VI*). **See instructions.**  
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3.	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>	

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
<b>2</b>	Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d.	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by 0.035.	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	

<b>Section C - Distributable Amount</b>		(A) Prior Year	(B) Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, column A)		Current Year
<b>2</b>	Enter 0.85 of line 1.		
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, column A)		
<b>4</b>	Enter greater of line 2 or line 3.		
<b>5</b>	Income tax imposed in prior year		
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).		
<b>7</b>	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**SPORTABLE RICHMOND ADAPTIVE SPORTS AND  
RECREATION, INC.**

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2021 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2021</b>	<b>(iii) Distributable Amount for 2021</b>
<b>1</b> Distributable amount for 2021 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2021			
<b>a</b> From 2016			
<b>b</b> From 2017			
<b>c</b> From 2018			
<b>d</b> From 2019			
<b>e</b> From 2020			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2021 distributable amount			
<b>i</b> Carryover from 2016 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2021 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2021 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2017			
<b>b</b> Excess from 2018			
<b>c</b> Excess from 2019			
<b>d</b> Excess from 2020			
<b>e</b> Excess from 2021			



SPORTABLE RICHMOND ADAPTIVE SPORTS AND  
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**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.)

DRAFT

**Schedule B**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990 or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Name of the organization

**SPORTABLE RICHMOND ADAPTIVE SPORTS AND  
RECREATION, INC.**

Employer identification number

**20-8924701**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

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 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).

Name of organization <b>SPORTABLE RICHMOND ADAPTIVE SPORTS AND RECREATION, INC.</b>	Employer identification number <b>20-8924701</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	THE COMMUNITY FOUNDATION 3409 W. MOORE STREET RICHMOND, VA 23230	\$ 56,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	WALLACE AND MARY STETTINIUS 206 DRYDEN LANE RICHMOND, VA 23229	\$ 18,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	CAR MAX FOUNDATION 12800 TUCKAHOE CREEK PKWY RICHMOND, VA 23238	\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	ALTRIA COMPANIES EMPLOYEE COMMUNITY FUND 6603 WEST BROAD STREET RICHMOND, VA 23230	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	HONEY FOUNDATION LLC 2001 MAYWILL ST SUITE 100 RICHMOND, VA 23230	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	CRAIG H. NEILSEN FOUNDATION 16830 VENTURA BLVD, SUITE 352 ENCINA, CA 91436	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>SPORTABLE RICHMOND ADAPTIVE SPORTS AND RECREATION, INC.</b>	Employer identification number <b>20-8924701</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	VCU HEALTH SYSTEM PO BOX 980275 RICHMOND, VA 23298	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	MID-ATLANTIC CHAPTER PVA 11620 BUSY STREET RICHMOND, VA 23236	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	DOMINION ENERGY CHARITABLE FOUNDATION 701 E. CARY STREET RICHMOND, VA 23219	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	MARKEL CORPORATION 4521 HIGHWOODS PARKWAY GLEN ALLEN, VA 23060	\$ 30,408.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	SOUTH STATE BANK 901 EAST CARY ST, STE 210 RICHMOND, VA 23219	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	MISSY BASS 3122 EDGEWOOD DRIVE RICHMOND, VA 23222	\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>SPORTABLE RICHMOND ADAPTIVE SPORTS AND RECREATION, INC.</b>	Employer identification number <b>20-8924701</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	JEREMY AND LEAH BALL 1433 SHADY HOLLOW LANE MANAKIN SABOT, VA 23103	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	BILL RAMSEY 9101 STONEY POINT PKWY RICHMOND, VA 23235	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	HOURIGAN GROUP 411 EAST FRANKLIN ST, STE 400 RICHMOND, VA 23219	\$ 5,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	NATIONAL PHILANTROPIC TRUST 165 TOWNSHIP LINE RD, STE 1200 JENKINTOWN, PA 19046	\$ 36,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	VIRGINIA SARGEANT REYNOLDS FOUND 1802 BAYBERRY COURT, STE 401 RICHMOND, VA 23226	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	C&F BANK PO BOX 391 WEST POINT, VA 23181	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>SPORTABLE RICHMOND ADAPTIVE SPORTS AND RECREATION, INC.</b>	Employer identification number <b>20-8924701</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	CHRISTOPHER & DENA MOORE FAMILY FOUNDATION 406 ST CHRISTOPHERS RD RICHMOND, VA 23226	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	BANK OF AMERICA CHARITABLE GIFT FUND 225 FRANKLIN ST 4TH FLOOR BOSTON, MA 02110	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	EMILY & COLEMAN HUNTER CHARITABLE TRUST PO BOX 4655 ATLANTA, GA 30302	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	SMARTBOX 8030 WHITEPINE RD NORTH CHESTERFIELD, VA 23237	\$ 9,480.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
23	WILLIAM & MARY BETH NASH 2906 AYLESFORD DR MIDLOTHIAN, VA 23113	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	WILLIAM SWEENEY 5101 CALEDONIA RD RICHMOND, VA 23225	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>SPORTABLE RICHMOND ADAPTIVE SPORTS AND RECREATION, INC.</b>	Employer identification number <b>20-8924701</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	JEFF AND BOBBIE SUE TUNSTALL 4718 WYNGATE LN MECHANICSVILLE, VA 23116	\$ 12,557.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	ARC3 GASSES PO BOX 1708 DUNN, NC 28335	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	BETTERMED URGENT CARE 3200 ROCKBRIDGE ST SUITE 103 RICHMOND, VA 23230	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	C&F MORTGAGE CORP 1400 ALVERSER DRIVE MIDLOTHIAN, VA 23113	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	CHARITIES AID FOUNDATION OF AMERICA PO BOX 7174 PRINCETON, NJ 08543	\$ 8,775.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	GRAY HOLDINGS 1700 BAYBERRY COURT, SUITE 300 RICHMOND, VA 23220	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>SPORTABLE RICHMOND ADAPTIVE SPORTS AND RECREATION, INC.</b>	Employer identification number <b>20-8924701</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	KENNETH AND PATRICIA HALL CHARITABLE FOUNDATION  4500 PRETTY LAKE DRIVE, SUITE 106  NORFOLK, VA 23518	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	ANTHEM, INC  3075 VANDERCAR WAY, AP OH3403-A300  CINCINNATI, OH 45209	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	DAVID R MCGEORGE CAR CO  9319 WEST BROAD ST  RICHMOND, VA 23294	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	VIRGINIA DEPT FOR THE BLIND AND VISUALLY IMPAIRED  397 AZALEA AVE  RICHMOND, VA 23227	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	PEATC  403 HOLIDAY COURT  WARRENTON, VA 20186	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	ALTRIA CLIENT SERVICES LLC  6601 W BROAD ST  RICHMOND, VA 23230	\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization <b>SPORTABLE RICHMOND ADAPTIVE SPORTS AND RECREATION, INC.</b>	Employer identification number <b>20-8924701</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	BON SECOURS HEALTH SYSTEMS INC 5875 BREMO RD, SUITE 603 RICHMOND, VA 23226	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38	CHESTERFIELD COUNTY 9901 LORI RD CHESTERFIELD, VA 23832	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39	COUNTY OF HENRICO DEPT OF FINANCE PO BOX 90775 HENRICO, VA 23273	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40	HANGER FOUNDATION 7594 W BROAD ST RICHMOND, VA 23294	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41	THE NUNNALLY FOUNDATION 100 N MAIN ST WINSTON-SALEM, NC 27101	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42	SHELTON H SHORT JR TRUST ONE WEST FOURTH ST WINSTON-SALEM, NC 27101	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>SPORTABLE RICHMOND ADAPTIVE SPORTS AND RECREATION, INC.</b>	Employer identification number <b>20-8924701</b>
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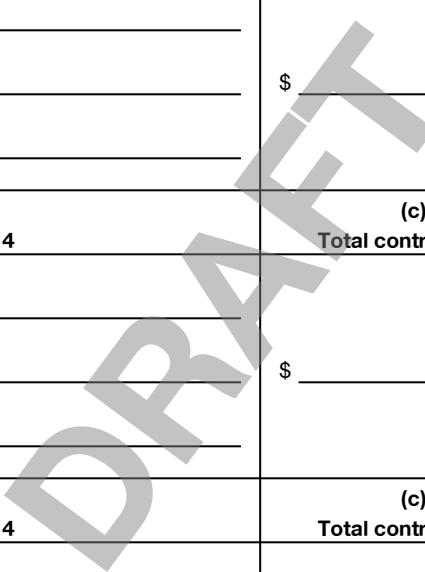
**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43	THE AUGUST HEID TRUST 620 S TRYON ST CHARLOTTE, NC 28255	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44	UNITED STATES TENNIS ASSOC INC 70 WEST RED OAK LANE WEST HARRISON, NY 10604	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45	THE UNIVERSAL LEAF FOUNDATION PO BOX 25099 RICHMOND, VA 25099	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46	VIRGINIA CAPITAL TRAIL FOUNDATION 200 SOUTH THIRD ST RICHMOND, VA 23219	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47	WINDSOR FOUNDATION TRUST U/W QUINCY COLE PO BOX 6254 RICHMOND, VA 23230	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
48	YMCA OF GREATER RICHMOND 2 W FRANKLIN ST RICHMOND, VA 23220	\$ 130,536.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>SPORTABLE RICHMOND ADAPTIVE SPORTS AND RECREATION, INC.</b>	Employer identification number 20-8924701
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

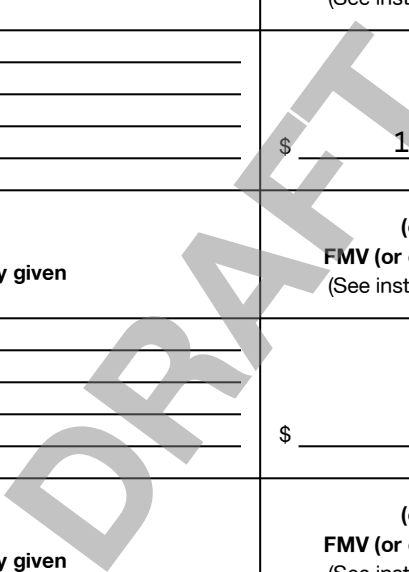
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49	CHESTERFIELD COUNTY  PO BOX 40  CHESTERFIELD, VA 23832	\$ 7,037.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
50	DEPARTMENT OF AGING AND REHABILITATIVE SERVICES  8004 FRANKLIN FARMS DRIVE  HENRICO, VA 23229	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization <b>SPORTABLE RICHMOND ADAPTIVE SPORTS AND RECREATION, INC.</b>	Employer identification number <b>20-8924701</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
22	RENTAL STORAGE <hr/> <hr/> <hr/>	\$ 9,480.	<hr/>
48	MEMBERSHIPS <hr/> <hr/> <hr/>	\$ 130,536.	<hr/>
49	FACILITIES RENTAL <hr/> <hr/> <hr/>	\$ 7,037.	<hr/>
<hr/>	<hr/> <hr/> <hr/>	\$ <hr/>	<hr/>
<hr/>	<hr/> <hr/> <hr/>	\$ <hr/>	<hr/>
<hr/>	<hr/> <hr/> <hr/>	\$ <hr/>	<hr/>



Name of organization <b>SPORTABLE RICHMOND ADAPTIVE SPORTS AND RECREATION, INC.</b>	Employer identification number <b>20-8924701</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

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

Name of the organization SPORTABLE RICHMOND ADAPTIVE SPORTS AND RECREATION, INC. Employer identification number 20-8924701

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Form with multiple sections: 1. Purpose(s) of conservation easements (checkboxes for land, habitat, open space, historic area, structure). 2. Conservation contribution details (2a-2d table). 3-7. Monitoring and enforcement details. 8-9. Reporting requirements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form with sections 1a-1b and 2. 1a: Reporting on revenue and assets for public exhibition. 1b: Reporting on revenue and assets for public exhibition. 2: Reporting on revenue and assets for financial gain.



**SPORTABLE RICHMOND ADAPTIVE SPORTS AND  
RECREATION, INC.**

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 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)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

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)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**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	
(2) <b>LEASE LIABILITY</b>	<b>2,018.</b>
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	<b>2,018.</b>

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 ...



**SPORTABLE RICHMOND ADAPTIVE SPORTS AND RECREATION, INC.**

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	1,176,682.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	-27.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	152,653.
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	152,626.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	1,024,056.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	1,024,056.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	996,579.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	152,653.
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	152,653.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	843,926.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	843,926.

**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.

**PART X, LINE 2:**

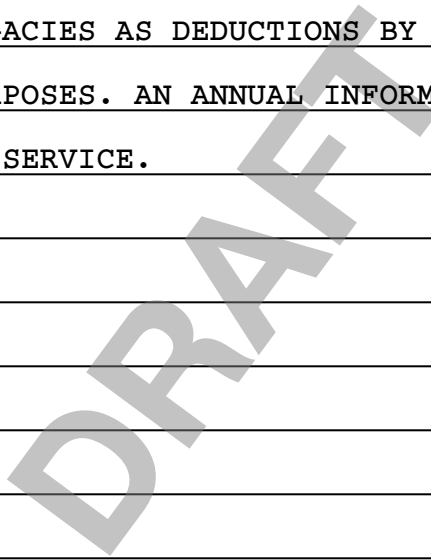
THE FINANCIAL ACCOUNTING STANDARDS BOARD ISSUED ASC 740-10, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, WHICH PRESCRIBED A COMPREHENSIVE MODEL FOR HOW AN ORGANIZATION SHOULD MEASURE, RECOGNIZE, PRESENT, AND DISCLOSE IN ITS FINANCIAL STATEMENTS UNCERTAIN TAX POSITIONS THAT AN ORGANIZATION HAS TAKEN OR EXPECTS TO TAKE ON A TAX RETURN. THE ORGANIZATION HAS ANALYZED TAX POSITIONS TAKEN FOR FILING WITH THE INTERNAL REVENUE SERVICE AND ALL STATE JURISDICTIONS WHERE IT OPERATES. THE ORGANIZATION BELIEVES THAT INCOME TAX FILING POSITIONS WILL BE SUSTAINED UPON EXAMINATION AND DOES NOT ANTICIPATE ANY ADJUSTMENTS THAT WOULD RESULT IN A MATERIAL ADVERSE AFFECT ON THE ORGANIZATION'S FINANCIAL CONDITION, RESULTS OF OPERATIONS OR CASH FLOWS. ACCORDINGLY, THE ORGANIZATION HAS NOT RECORDED ANY RESERVES,

Part XIII Supplemental Information (continued)

OR RELATED ACCRUALS FOR INTEREST AND PENALTIES FOR UNCERTAIN INCOME TAX POSITIONS AT APRIL 30, 2022. FISCAL YEARS ENDING ON OR AFTER DECEMBER 31, 2020 REMAIN SUBJECT TO EXAMINATION BY FEDERAL AND STATE TAX AUTHORITIES.

FORM 990, PART IV, LINE 11F

THE ORGANIZATION IS EXEMPT FROM INCOME TAX UNDER SECTION 501(A) OF THE INTERNAL REVENUE CODE AND HAS BEEN DETERMINED TO BE A CHARITABLE ORGANIZATION UNDER SECTION 501(C)(3) OF THE CODE WHICH QUALIFIES CONTRIBUTIONS, BEQUESTS, AND LEGACIES AS DEDUCTIONS BY THE DONOR, FOR INCOME, ESTATE, AND GIFT TAX PURPOSES. AN ANNUAL INFORMATION RETURN IS FILED WITH THE INTERNAL REVENUE SERVICE.



**SCHEDULE G  
(Form 990)**

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

**2021**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization **SPORTABLE RICHMOND ADAPTIVE SPORTS AND RECREATION, INC.** Employer identification number **20-8924701**

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>Total</b> .....						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

**SPORTABLE RICHMOND ADAPTIVE SPORTS AND RECREATION, INC.**

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		TAILGATE (event type)	GOLF TOURNAMENT (event type)	1 (total number)		
Revenue	1	Gross receipts	162,298.	32,983.	31,550.	226,831.
	2	Less: Contributions	113,568.	15,586.	15,755.	144,909.
	3	Gross income (line 1 minus line 2)	48,730.	17,397.	15,795.	81,922.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	19,946.	13,761.	5,455.	39,162.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				39,162.
11	Net income summary. Subtract line 10 from line 3, column (d)				42,760.	

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Revenue	1	Gross revenue				
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7	Direct expense summary. Add lines 2 through 5 in column (d)				
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No

b If "Yes," explain: \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

<b>13a</b>		%
<b>13b</b>		%

  - a The organization's facility
  - b An outside facility
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_
- c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**16** Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Director/officer
- Employee
- Independent contractor

**17** Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

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**Part IV** Supplemental Information *(continued)*

DRAFT

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Name of the organization **SPORTABLE RICHMOND ADAPTIVE SPORTS AND RECREATION, INC.**

**Employer identification number  
20-8924701**

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  **Yes**  **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance

DRAFT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... ▶ \_\_\_\_\_
- 3** Enter total number of other organizations listed in the line 1 table ..... ▶ \_\_\_\_\_

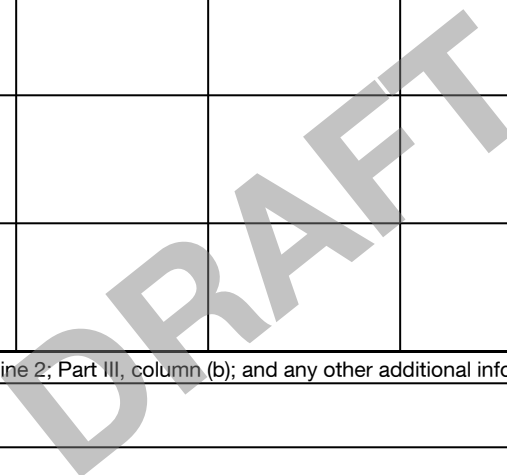
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2021

SPORTABLE RICHMOND ADAPTIVE SPORTS AND  
RECREATION, INC.

**Part III** Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
TRAVEL STIPEND AND SCHOLARSHIPS	24	9,070.	0.		



**Part IV** Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

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**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization

SPORTABLE RICHMOND ADAPTIVE SPORTS AND  
RECREATION, INC.

Employer identification number  
20-8924701

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

VISUAL IMPAIRMENTS THROUGH SPORTS.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR, COO, TREASURER, FINANCE  
COMMITTEE AND THE ENTIRE BOARD OF DIRECTORS PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

CONFLICTS OF INTEREST ARE MONITORED THROUGHOUT THE YEAR.

FORM 990, PART VI, SECTION B, LINE 15A:

THE BOARD APPROVED SALARY INCREASE FOR EXECUTIVE DIRECTOR IN 2021. THE  
BOARD RELIES ON EXPERIENCE OF SENIOR MEMBERS AND REVIEW OF GUIDESTAR'S  
ANNUAL COMPENSATION REPORT IN DETERMINING COMPENSATION FOR THE EXECUTIVE  
DIRECTOR.

FORM 990, PART VI, SECTION C, LINE 19:

THESE DOCUMENTS ARE AVAILABLE UPON REQUEST. THE DOCUMENTS ARE ALSO UPLOADED  
BY THE ORGANIZATION TO GUIDESTAR'S WEBSITE.

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	BUILDINGS														
72	LEASEHOLD IMPROVEMENTS	12/01/17	150DB	15.00	MC	17	17,186.				17,186.	4,356.		1,283.	5,639.
	* 990 PAGE 10 TOTAL BUILDINGS						17,186.				17,186.	4,356.		1,283.	5,639.
	FURNITURE & FIXTURES														
24	CREEDMOOR SPORTS AIRGUN TARGET RANGE	01/18/11	SL	5.00		16	1,294.				1,294.	1,294.		0.	1,294.
25	2 FINGER CONTROL HAND DEVICES AND 3 TRIPODS	01/18/11	SL	5.00		16	617.				617.	617.		0.	617.
82	LEASED LEXMARK COPIER SC4140 & ACCESSORY	03/08/19	SL	5.00		16	3,141.				3,141.	1,361.		628.	1,989.
85	LEASED COMPUTER EQUIPMENT	04/30/19	SL	5.00		16	6,408.				6,408.	2,564.		1,282.	3,846.
95	WEBSITE DESIGN	01/31/20	SL	3.00		16	5,000.				5,000.	2,084.		1,667.	3,751.
96	WEBSITE DESIGN (IN-KIND)	01/31/20	SL	3.00		16	34,840.				34,840.	14,516.		11,613.	26,129.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES						51,300.				51,300.	22,436.		15,190.	37,626.
	MACHINERY & EQUIPMENT														
1	TERRATRIKE, "PATH", 3 SPEED, COLOR:YELLOW	02/16/10	SL	5.00		16	1,916.				1,916.	1,916.		0.	1,916.
2	TOP END EXCELERATOR:ORANGE	04/14/10	SL	5.00		16	1,799.				1,799.	1,799.		0.	1,799.
3	TOP END XLT PRO:ORANGE	04/14/10	SL	5.00		16	2,711.				2,711.	2,711.		0.	2,711.
4	TOP END FORCE: ORANGE	04/14/10	SL	5.00		16	2,979.				2,979.	2,979.		0.	2,979.
5	TOP END BASKETBALL, SEMI-PRO, #5: ORANGE	07/12/10	SL	5.00		16	1,700.				1,700.	1,700.		0.	1,700.
6	TOP END BASKETBALL, SEMI-PRO, #2: ORANGE	07/12/10	SL	5.00		16	1,707.				1,707.	1,707.		0.	1,707.

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
7	TOP END BASKETBALL, SEMI-PRO, #3: ORANGE	07/12/10	SL	5.00		16	1,706.				1,706.	1,706.		0.	1,706.
8	TOP END TENNIS, T5	07/12/10	SL	5.00		16	1,968.				1,968.	1,968.		0.	1,968.
10	TOP END RACING CHAIR, ELIMINATOR OSR:ORANGE	01/14/11	SL	5.00		16	2,441.				2,441.	2,441.		0.	2,441.
11	TOP END RACING CHAIR, ELIMINATOR OSR:ORANGE	01/14/11	SL	5.00		16	2,662.				2,662.	2,662.		0.	2,662.
12	TOP END RACING CHAIR, ELIMINATOR OSR:ORANGE	01/14/11	SL	5.00		16	2,441.				2,441.	2,441.		0.	2,441.
13	BROTHER PRINTER, MFC-8890DW	01/18/11	SL	5.00		16	422.				422.	422.		0.	422.
14	WINTECH EXPLORER 21	06/22/11	SL	5.00		16	4,400.				4,400.	4,400.		0.	4,400.
15	WINTECH EXPLORER 30	08/03/11	SL	5.00		16	5,915.				5,915.	5,915.		0.	5,915.
16	WHEEL CHAIR	08/23/11	SL	5.00		16	884.				884.	884.		0.	884.
20	POWER SOCCER EQUIPMENT:1 ALUMINUM GUARD AND 2 TEAM ST	09/01/11	SL	5.00		16	3,980.				3,980.	3,980.		0.	3,980.
21	TOP END BASKETBALL, SEMI-PRO, #10: ORANGE	10/28/11	SL	5.00		16	1,717.				1,717.	1,717.		0.	1,717.
22	TOP END BASKETBALL, SEMI-PRO, #8: ORANGE	10/28/11	SL	5.00		16	1,654.				1,654.	1,654.		0.	1,654.
23	(3) CONCEPT 2, MODEL D W/ PM 3 ROWING	10/28/11	SL	5.00		16	2,620.				2,620.	2,620.		0.	2,620.
27	TOP END XLT PRO:ORANGE	02/01/12	SL	5.00		16	2,897.				2,897.	2,897.		0.	2,897.
28	TOP END XLT JUNIOR:MIDNIGHT BLUE	02/01/12	SL	5.00		16	1,850.				1,850.	1,850.		0.	1,850.
29	TOP END LIL EXCELEATOR HANDBIKE:MIDNIGHT BLUE	02/01/12	SL	5.00		16	1,615.				1,615.	1,615.		0.	1,615.
30	TOP END FORCE G:ORANGE	02/01/12	SL	5.00		16	3,167.				3,167.	3,167.		0.	3,167.
31	TOP END BASKETBALL, SEMI-PRO: ORANGE	02/01/12	SL	5.00		16	1,699.				1,699.	1,699.		0.	1,699.

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
32	TOP END TENNIS, SEMI-PRO: MIDNIGHT BLUE	02/01/12	SL	5.00		16	1,634.				1,634.	1,634.		0.	1,634.
33	TOP END TENNIS, T-5 7000 SERIES:MIDNIGHT BLUE	02/10/12	SL	5.00		16	2,308.				2,308.	2,308.		0.	2,308.
34	TOP END TENNIS, SEMI-PRO: MIDNIGHT BLUE	02/10/12	SL	5.00		16	1,750.				1,750.	1,750.		0.	1,750.
35	TOP END TENNIS, T-5 7000 SERIES:MIDNIGHT BLUE	02/10/12	SL	5.00		16	2,478.				2,478.	2,478.		0.	2,478.
36	TOP END INDOOR TRAINING ROLLER	03/01/12	SL	5.00		16	1,931.				1,931.	1,931.		0.	1,931.
37	TOP END RACING CHAIR, YELLOW	03/01/12	SL	5.00		16	890.				890.	890.		0.	890.
38	EAGLE RACING CHAIR:DARK BLUE	03/01/12	SL	5.00		16	694.				694.	694.		0.	694.
39	TOP END BASKETBALL, PRO:ORANGE	10/05/12	SL	5.00		16	1,765.				1,765.	1,765.		0.	1,765.
40	WINTECH EXPLORER 21	08/02/12	SL	5.00		16	5,168.				5,168.	5,168.		0.	5,168.
41	FIXED SEATS	03/04/13	SL	5.00		16	484.				484.	484.		0.	484.
42	ERG. MODEL D	05/22/13	SL	5.00		16	945.				945.	945.		0.	945.
43	TRIBUTE STRIKE TWO PERSON INFLATABLE KAYAK	06/03/13	SL	5.00		16	950.				950.	950.		0.	950.
44	PACE AMERICAN TRAILER MODEL #JV714TA2	06/13/13	SL	5.00		16	4,129.				4,129.	4,129.		0.	4,129.
45	LOGO DESIGN FOR TRAILER	07/29/13	SL	5.00		16	612.				612.	612.		0.	612.
46	MFG/INSTALL OF LOGO ON TRAILER	08/15/13	SL	5.00		16	1,740.				1,740.	1,740.		0.	1,740.
47	FIXED SEATS	12/11/13	SL	5.00		16	1,846.				1,846.	1,846.		0.	1,846.
48	LOBSTER ELITE FREEDOM TENNIS BALL MACHINE	12/11/13	SL	5.00		16	841.				841.	841.		0.	841.
49	TOP END PRO-2 SPORT W/FRONT WHEEL ATTACHMENT BLUE #12 S/	02/24/15	SL	5.00		16	1,997.				1,997.	1,997.		0.	1,997.

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
50	TOP END PRO-2 SPORT W/FRONT WHEEL ATTACHMENT BLUE #11 S/	02/24/15	SL	5.00		16	1,997.				1,997.	1,997.		0.	1,997.
51	TOP END YOUTH BASKETBALL CHAIR ORANGE 2011 USED #13 S	06/23/15	SL	5.00		16	1,200.				1,200.	1,200.		0.	1,200.
52	TOP END PRO BASKETBALL CHAIR ORANGE #15 S/N TE1511000053	12/17/15	SL	5.00		16	1,826.				1,826.	1,826.		0.	1,826.
53	EXPLORER 21 W/D CONSTRUCTION, PONTOONS, SING	12/11/15	SL	5.00		16	5,218.				5,218.	5,218.		0.	5,218.
54	EXPLORER 21 W/D CONSTRUCTION, PONTOONS, SING	12/11/15	SL	5.00		16	5,218.				5,218.	5,218.		0.	5,218.
55	EXPLORER 21 W/D CONSTRUCTION, PONTOONS, SING	12/11/15	SL	5.00		16	5,218.				5,218.	5,218.		0.	5,218.
57	TOP END PRO-2 SPORT WC .16" RED. W/FLAT FREE WHEEL S/N 1	02/25/16	SL	5.00		16	1,877.				1,877.	1,877.		0.	1,877.
58	TOP END PRO-2 SPORT WC .16" RED. W/FLAT FREE WHEEL S/N 1	02/25/16	SL	5.00		16	1,877.				1,877.	1,877.		0.	1,877.
59	TOP END PRO-2 SPORT WC .16" RED. W/FLAT FREE WHEEL S/N 1	02/25/16	SL	5.00		16	1,877.				1,877.	1,877.		0.	1,877.
60	TOP END PRO-2 SPORT WC .18" BLUE. W/FLAT FREE WHEEL S/N	02/25/16	SL	5.00		16	1,877.				1,877.	1,877.		0.	1,877.
61	DELL INSPIRON 24 83/8G (QBS COMPUTER)	12/22/16	SL	5.00		16	675.				675.	585.		90.	675.
62	PER4MAX THUNDER (ALEXA HALKO IS USING). PINK.S/N TH9672	02/07/17	SL	5.00		16	3,694.				3,694.	3,140.		554.	3,694.
64	TOP END ELIMINATOR. SILVER S/N TE1703000313	06/27/17	SL	5.00		16	3,009.				3,009.	2,308.		602.	2,910.
65	TOP END FORCE 3 HANDCYCLE (USED)	09/12/17	200DB	5.00		MC17	1,600.				1,600.	1,240.		222.	1,462.
66	CONFERENCE TABLE AND CHAIRS	11/28/17	200DB	5.00		MC17	1,383.				1,383.	1,036.		185.	1,221.
67	KMX COBRA TRIKE. BLACK S/N KMX0005177	11/30/17	200DB	5.00		MC17	1,350.				1,350.	1,012.		180.	1,192.
68	CATRIKE. ORANGE. S/N 32375	11/30/17	200DB	5.00		MC17	2,950.				2,950.	2,210.		395.	2,605.
69	TOP END PRO-2 S/N TE170900125	11/30/17	200DB	5.00		MC17	1,494.				1,494.	1,119.		200.	1,319.

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
70	TOP END STK XCL HANDCYCLE S/N TE170900120	11/30/17	200DB	5.00		MC17	1,629.				1,629.	1,220.		218.	1,438.
71	10' X10' EZ UP TENT W/ SPORTABLE LOGO	12/11/17	200DB	5.00		MC17	1,419.				1,419.	1,063.		190.	1,253.
73	TOP END PRO BBALL CHAIR. BLACK. S/N TE1711000038	12/29/17	200DB	5.00		MC17	1,904.				1,904.	1,427.		254.	1,681.
74	TOP END HANDCYCLE. KNEELER	01/26/18	200DB	5.00		MC17	1,400.				1,400.	1,046.		315.	1,361.
75	TOP END SHULTE 7000 BBALL CHAIR	02/26/18	200DB	5.00		MC17	3,356.				3,356.	2,509.		753.	3,262.
76	SUNSEEKER. EZ-3. RECUMBENT TRIKE. SILVER	05/25/18	200DB	5.00		MC17	1,550.				1,550.	1,039.		215.	1,254.
77	RUGBY CHAIRS (4 CHAIRS)	12/17/18	200DB	5.00		MC17	15,401.				15,401.	8,964.		2,575.	11,539.
78	CANNONDALE 700M QUICK DISC 4. ORANGE. SMALL	01/04/19	SL	5.00		16	790.				790.	369.		158.	527.
79	CANNONDALE 700M QUICK DISC 4. ORANGE. SMALL	01/04/19	SL	5.00		16	790.				790.	369.		158.	527.
80	CANNONDALE SYNAPSE DISC SORA AGR 54. GREEN	01/04/19	SL	5.00		16	1,100.				1,100.	513.		220.	733.
81	CANNONDALE SYNAPSE DISC SORA AGR 56. GREEN	01/04/19	SL	5.00		16	1,100.				1,100.	513.		220.	733.
83	TRICE SPRINT 26. CHARCOAL GRAY	03/08/19	SL	5.00		16	2,800.				2,800.	1,213.		560.	1,773.
84	CATTRIKE 559. ORANGE	03/08/19	SL	5.00		16	3,000.				3,000.	1,300.		600.	1,900.
86	2 RUGBY CHAIRS	09/16/19	SL	5.00		16	12,989.				12,989.	4,113.		2,598.	6,711.
87	TOP END LIL EXCELEATOR (REDF)(0129)	08/15/19	SL	5.00		16	875.				875.	306.		175.	481.
88	TOP END LIL EXCELEATOR (REDF)(0143)	08/15/19	SL	5.00		16	875.				875.	306.		175.	481.
89	4 RUGBY CHAIRS	09/15/19	SL	5.00		16	24,779.				24,779.	8,260.		4,956.	13,216.
90	2 SEAT SCULL	09/15/19	SL	5.00		16	9,609.				9,609.	3,203.		1,922.	5,125.

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
91	TOP END BASKETBALL CHAIR:ORANGE (0054)	09/17/19	SL	5.00		16	2,858.				2,858.	905.		572.	1,477.
93	TOP END SHULTE 7000 BBALL CHAIR (0104)	10/28/19	SL	5.00		16	3,542.				3,542.	1,062.		708.	1,770.
94	TOP END SHULTE 7000 BBALL CHAIR (0041)	11/14/19	SL	5.00		16	3,516.				3,516.	1,055.		703.	1,758.
97	ROVER TANDEM	09/10/19	SL	5.00		16	2,600.				2,600.	867.		520.	1,387.
98	TE PRO 2 ALL SPORTS CHAIR BLUE	10/28/20	SL	5.00		16	1,200.				1,200.	120.		240.	360.
99	TE EXCELERATOR HANDCYCLE	10/28/20	SL	5.00		16	1,800.				1,800.	180.		360.	540.
100	KAYAK TRAILER, MEGASPORT. MODEL MPG535	02/07/21	SL	5.00		16	2,609.				2,609.	130.		522.	652.
101	QUAD EHANDCYCLE 48V FORCE 3 BASE BLACK ØTE2102000099	06/07/21	SL	5.00		16	5,000.				5,000.			917.	917.
102	QUAD EHANDCYCLE 48V FORCE 3 BASE BLACK ØTE1912000087	06/07/21	SL	5.00		16	4,850.				4,850.			889.	889.
103	1 CURRENT DESIGNS KESTREL 1200C KAYAK W/SEAT AND OUTRI	12/06/21	SL	5.00		16	2,815.				2,815.			235.	235.
104	2 CURRENT DESIGNS KESTREL 1200C KAYAKS W/SEAT AND OUTR	12/23/21	SL	5.00		16	4,975.				4,975.			332.	332.
105	QUAD EHANDCYCLE 48V FORCE 3 BASE BLACK TE2110000045	01/12/22	SL	5.00		16	6,824.				6,824.			455.	455.
106	QUAD EHANDCYCLE 48V FORCE 3 BASE BLACK ØTE2105000102	01/12/22	SL	5.00		16	6,824.				6,824.			455.	455.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						268,131.				268,131.	171,899.		25,598.	197,497.
	TRANSPORTATION EQUIPMENT														
26	CHRYSLER TOWN & COUNTRY VAN	01/24/12	SL	5.00		16	11,676.				11,676.	11,676.		0.	11,676.
63	2017 DODGE RAM PROMASTER VIN 3C6URVHG1HE620059	03/17/17	SL	5.00		16	34,835.				34,835.	28,448.		6,387.	34,835.
92	2012 1500 CHEVY SILVERADO EXTENDED CAB	09/23/19	SL	5.00		16	13,000.				13,000.	4,117.		2,600.	6,717.

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	* 990 PAGE 10 TOTAL TRANSPORTATION EQUIPMENT						59,511.				59,511.	44,241.		8,987.	53,228.
	MANAGEMENT AND GENERAL														
56	LOAN COSTS	09/02/15		12M		HY43	1,043.				1,043.	1,043.		0.	1,043.
	* 990 PAGE 10 TOTAL MANAGEMENT AND GENERAL						1,043.				1,043.	1,043.		0.	1,043.
	* GRAND TOTAL 990 PAGE 10 DEPR & AMORT						397,171.				397,171.	243,975.		51,058.	295,033.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						365,883.			0.	365,883.	243,975.			291,750.
	ACQUISITIONS						31,288.			0.	31,288.	0.			3,283.
	DISPOSITIONS/RETIRED						0.			0.	0.	0.			0.
	ENDING BALANCE						397,171.			0.	397,171.	243,975.			295,033.
	ENDING ACCUM DEPR											295,033.			
	ENDING BOOK VALUE											102,138.			



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- CURRENT YEAR FEDERAL - SPORTABLE RICHMOND ADAPTIVE SPORTS AND RECREATION, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	BUILDINGS											
	LEASEHOLD											
72	IMPROVEMENTS	120117	150DB	15.00	17	17,186.			17,186.	4,356.		1,283.
	* 990 PAGE 10 TOTAL											
	BUILDINGS					17,186.		0.	17,186.	4,356.		1,283.
	FURNITURE & FIXTURES											
	CREEDMOOR SPORTS											
24	AIRGUN TARGET RANGE	011811	SL	5.00	16	1,294.			1,294.	1,294.		0.
	2 FINGER CONTROL											
25	HAND DEVICES AND 3	011811	SL	5.00	16	617.			617.	617.		0.
	LEASED LEXMARK											
82	COPIER SC4140 & ACC	030819	SL	5.00	16	3,141.			3,141.	1,361.		628.
	LEASED COMPUTER											
85	EQUIPMENT	043019	SL	5.00	16	6,408.			6,408.	2,564.		1,282.
	WEBSITE DESIGN											
95	WEBSITE DESIGN	013120	SL	3.00	16	5,000.			5,000.	2,084.		1,667.
	(IN-KIND)											
96	(IN-KIND)	013120	SL	3.00	16	34,840.			34,840.	14,516.		11,613.
	* 990 PAGE 10 TOTAL											
	FURNITURE & FIXTURE					51,300.		0.	51,300.	22,436.		15,190.
	MACHINERY & EQUIPMENT											
	TERRATRIKE, "PATH",											
1	3 SPEED, COLOR:YELL	021610	SL	5.00	16	1,916.			1,916.	1,916.		0.
	TOP END											
2	EXCELERATOR:ORANGE	041410	SL	5.00	16	1,799.			1,799.	1,799.		0.
	TOP END XLT											
3	PRO:ORANGE	041410	SL	5.00	16	2,711.			2,711.	2,711.		0.
	TOP END FORCE:											
4	ORANGE	041410	SL	5.00	16	2,979.			2,979.	2,979.		0.
	TOP END BASKETBALL,											
5	SEMI-PRO, #5: ORANG	071210	SL	5.00	16	1,700.			1,700.	1,700.		0.
	TOP END BASKETBALL,											
6	SEMI-PRO, #2: ORANG	071210	SL	5.00	16	1,707.			1,707.	1,707.		0.

2021 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - SPORTABLE RICHMOND ADAPTIVE SPORTS AND RECREATION, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
7	TOP END BASKETBALL, SEMI-PRO, #3: ORANG	071210	SL	5.00	16	1,706.			1,706.	1,706.		0.
8	TOP END TENNIS, T5	071210	SL	5.00	16	1,968.			1,968.	1,968.		0.
10	TOP END RACING CHAIR, ELIMINATOR O	011411	SL	5.00	16	2,441.			2,441.	2,441.		0.
11	TOP END RACING CHAIR, ELIMINATOR O	011411	SL	5.00	16	2,662.			2,662.	2,662.		0.
12	TOP END RACING CHAIR, ELIMINATOR O	011411	SL	5.00	16	2,441.			2,441.	2,441.		0.
13	BROTHER PRINTER, MFC-8890DW	011811	SL	5.00	16	422.			422.	422.		0.
14	WINTECH EXPLORER 21	062211	SL	5.00	16	4,400.			4,400.	4,400.		0.
15	WINTECH EXPLORER 30	080311	SL	5.00	16	5,915.			5,915.	5,915.		0.
16	WHEEL CHAIR	082311	SL	5.00	16	884.			884.	884.		0.
20	POWER SOCCER EQUIPMENT:1 ALUMINU	090111	SL	5.00	16	3,980.			3,980.	3,980.		0.
21	TOP END BASKETBALL, SEMI-PRO, #10: ORAN	102811	SL	5.00	16	1,717.			1,717.	1,717.		0.
22	TOP END BASKETBALL, SEMI-PRO, #8: ORANG	102811	SL	5.00	16	1,654.			1,654.	1,654.		0.
23	(3) CONCEPT 2, MODEL D W/ PM 3 ROW	102811	SL	5.00	16	2,620.			2,620.	2,620.		0.
27	TOP END XLT PRO:ORANGE	020112	SL	5.00	16	2,897.			2,897.	2,897.		0.
28	TOP END XLT JUNIOR:MIDNIGHT BLU	020112	SL	5.00	16	1,850.			1,850.	1,850.		0.
29	TOP END LIL EXCELEATOR HANDBIK	020112	SL	5.00	16	1,615.			1,615.	1,615.		0.
30	TOP END FORCE G:ORANGE	020112	SL	5.00	16	3,167.			3,167.	3,167.		0.
31	TOP END BASKETBALL, SEMI-PRO: ORANGE	020112	SL	5.00	16	1,699.			1,699.	1,699.		0.

2021 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - SPORTABLE RICHMOND ADAPTIVE SPORTS AND RECREATION, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
32	TOP END TENNIS, SEMI-PRO: MIDNIGHT	020112	SL	5.00	16	1,634.			1,634.	1,634.		0.
33	TOP END TENNIS, T-5 7000 SERIES: MIDNIGHT	021012	SL	5.00	16	2,308.			2,308.	2,308.		0.
34	TOP END TENNIS, SEMI-PRO: MIDNIGHT	021012	SL	5.00	16	1,750.			1,750.	1,750.		0.
35	TOP END TENNIS, T-5 7000 SERIES: MIDNIGHT	021012	SL	5.00	16	2,478.			2,478.	2,478.		0.
36	TOP END INDOOR TRAINING ROLLER	030112	SL	5.00	16	1,931.			1,931.	1,931.		0.
37	TOP END RACING CHAIR, YELLOW	030112	SL	5.00	16	890.			890.	890.		0.
38	EAGLE RACING CHAIR: DARK BLUE	030112	SL	5.00	16	694.			694.	694.		0.
39	TOP END BASKETBALL, PRO: ORANGE	100512	SL	5.00	16	1,765.			1,765.	1,765.		0.
40	WINTECH EXPLORER 21	080212	SL	5.00	16	5,168.			5,168.	5,168.		0.
41	FIXED SEATS	030413	SL	5.00	16	484.			484.	484.		0.
42	ERG. MODEL D	052213	SL	5.00	16	945.			945.	945.		0.
43	TRIBUTE STRIKE TWO PERSON INFLATABLE K	060313	SL	5.00	16	950.			950.	950.		0.
44	PACE AMERICAN TRAILER MODEL #JV71	061313	SL	5.00	16	4,129.			4,129.	4,129.		0.
45	LOGO DESIGN FOR TRAILER	072913	SL	5.00	16	612.			612.	612.		0.
46	MFG/INSTALL OF LOGO ON TRAILER	081513	SL	5.00	16	1,740.			1,740.	1,740.		0.
47	FIXED SEATS	121113	SL	5.00	16	1,846.			1,846.	1,846.		0.
48	LOBSTER ELITE FREEDOM TENNIS BALL	121113	SL	5.00	16	841.			841.	841.		0.
49	TOP END PRO-2 SPORT W/FRONT WHEEL ATTAC	022415	SL	5.00	16	1,997.			1,997.	1,997.		0.

2021 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - SPORTABLE RICHMOND ADAPTIVE SPORTS AND RECREATION, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
50	TOP END PRO-2 SPORT W/FRONT WHEEL ATTAC	022415	SL	5.00	16	1,997.			1,997.	1,997.		0.
51	TOP END YOUTH BASKETBALL CHAIR OR	062315	SL	5.00	16	1,200.			1,200.	1,200.		0.
52	TOP END PRO BASKETBALL CHAIR OR	121715	SL	5.00	16	1,826.			1,826.	1,826.		0.
53	EXPLORER 21 W/D CONSTRUCTION, PONTO	121115	SL	5.00	16	5,218.			5,218.	5,218.		0.
54	EXPLORER 21 W/D CONSTRUCTION, PONTO	121115	SL	5.00	16	5,218.			5,218.	5,218.		0.
55	EXPLORER 21 W/D CONSTRUCTION, PONTO	121115	SL	5.00	16	5,218.			5,218.	5,218.		0.
57	TOP END PRO-2 SPORT WC .16" RED. W/FLAT	022516	SL	5.00	16	1,877.			1,877.	1,877.		0.
58	TOP END PRO-2 SPORT WC .16" RED. W/FLAT	022516	SL	5.00	16	1,877.			1,877.	1,877.		0.
59	TOP END PRO-2 SPORT WC .16" RED. W/FLAT	022516	SL	5.00	16	1,877.			1,877.	1,877.		0.
60	TOP END PRO-2 SPORT WC .18" BLUE. W/FLA	022516	SL	5.00	16	1,877.			1,877.	1,877.		0.
61	DELL INSPIRON 24 83/8G (QBS COMPUTER	122216	SL	5.00	16	675.			675.	585.		90.
62	PER4MAX THUNDER (ALEXA HALKO IS USI	020717	SL	5.00	16	3,694.			3,694.	3,140.		554.
64	TOP END ELIMINATOR. SILVER S/N TE170300	062717	SL	5.00	16	3,009.			3,009.	2,308.		602.
65	TOP END FORCE 3 HANDCYCLE (USED)	091217	200DB	5.00	17	1,600.			1,600.	1,240.		222.
66	CONFERENCE TABLE AND CHAIRS	112817	200DB	5.00	17	1,383.			1,383.	1,036.		185.
67	KMX COBRA TRIKE. BLACK S/N KMX000517	113017	200DB	5.00	17	1,350.			1,350.	1,012.		180.
68	CATRIKE. ORANGE. S/N 32375	113017	200DB	5.00	17	2,950.			2,950.	2,210.		395.
69	TOP END PRO-2 S/N TE170900125	113017	200DB	5.00	17	1,494.			1,494.	1,119.		200.

2021 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - SPORTABLE RICHMOND ADAPTIVE SPORTS AND RECREATION, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
70	TOP END STK XCL HANDCYCLE S/N TE170	113017	200DB	5.00	17	1,629.			1,629.	1,220.		218.
71	10' X10' EZ UP TENT W/ SPORTABLE LOGO	121117	200DB	5.00	17	1,419.			1,419.	1,063.		190.
73	TOP END PRO BBALL CHAIR. BLACK. S/N	122917	200DB	5.00	17	1,904.			1,904.	1,427.		254.
74	TOP END HANDCYCLE. KNEELER	012618	200DB	5.00	17	1,400.			1,400.	1,046.		315.
75	TOP END SHULTE 7000 BBALL CHAIR	022618	200DB	5.00	17	3,356.			3,356.	2,509.		753.
76	SUNSEEKER. EZ-3. RECUMBENT TRIKE. SI	052518	200DB	5.00	17	1,550.			1,550.	1,039.		215.
77	RUGBY CHAIRS (4 CHAIRS)	121718	200DB	5.00	17	15,401.			15,401.	8,964.		2,575.
78	CANNONDALE 700M QUICK DISC 4. ORANG	010419	SL	5.00	16	790.			790.	369.		158.
79	CANNONDALE 700M QUICK DISC 4. ORANG	010419	SL	5.00	16	790.			790.	369.		158.
80	CANNONDALE SYNAPSE DISC SORA AGR 54. G	010419	SL	5.00	16	1,100.			1,100.	513.		220.
81	CANNONDALE SYNAPSE DISC SORA AGR 56. G	010419	SL	5.00	16	1,100.			1,100.	513.		220.
83	TRICE SPRINT 26. CHARCOAL GRAY	030819	SL	5.00	16	2,800.			2,800.	1,213.		560.
84	CATTRIKE 559. ORANGE	030819	SL	5.00	16	3,000.			3,000.	1,300.		600.
86	2 RUGBY CHAIRS	091619	SL	5.00	16	12,989.			12,989.	4,113.		2,598.
87	TOP END LIL EXCELEATOR (REDF)	081519	SL	5.00	16	875.			875.	306.		175.
88	TOP END LIL EXCELEATOR (REDF)	081519	SL	5.00	16	875.			875.	306.		175.
89	4 RUGBY CHAIRS	091519	SL	5.00	16	24,779.			24,779.	8,260.		4,956.
90	2 SEAT SCULL	091519	SL	5.00	16	9,609.			9,609.	3,203.		1,922.

2021 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - SPORTABLE RICHMOND ADAPTIVE SPORTS AND RECREATION, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
91	TOP END BASKETBALL CHAIR:ORANGE (0054)	091719	SL	5.00	16	2,858.			2,858.	905.		572.
93	TOP END SHULTE 7000 BBALL CHAIR (0104)	102819	SL	5.00	16	3,542.			3,542.	1,062.		708.
94	TOP END SHULTE 7000 BBALL CHAIR (0041)	111419	SL	5.00	16	3,516.			3,516.	1,055.		703.
97	ROVER TANDEM	091019	SL	5.00	16	2,600.			2,600.	867.		520.
98	TE PRO 2 ALL SPORTS CHAIR BLUE	102820	SL	5.00	16	1,200.			1,200.	120.		240.
99	TE EXCELERATOR HANDCYCLE	102820	SL	5.00	16	1,800.			1,800.	180.		360.
100	KAYAK TRAILER, MEGASPORT. MODEL MP	020721	SL	5.00	16	2,609.			2,609.	130.		522.
101	QUAD EHANDCYCLE 48V FORCE 3 BASE BLACK	060721	SL	5.00	16	5,000.			5,000.			917.
102	QUAD EHANDCYCLE 48V FORCE 3 BASE BLACK	060721	SL	5.00	16	4,850.			4,850.			889.
103	1 CURRENT DESIGNS KESTREL 1200C KAYAK	120621	SL	5.00	16	2,815.			2,815.			235.
104	2 CURRENT DESIGNS KESTREL 1200C KAYAK	122321	SL	5.00	16	4,975.			4,975.			332.
105	QUAD EHANDCYCLE 48V FORCE 3 BASE BLACK	011222	SL	5.00	16	6,824.			6,824.			455.
106	QUAD EHANDCYCLE 48V FORCE 3 BASE BLACK	011222	SL	5.00	16	6,824.			6,824.			455.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPME					268,131.		0.	268,131.	171,899.		25,598.
26	TRANSPORTATION EQUIPMENT CHRYSLER TOWN & COUNTRY VAN	012412	SL	5.00	16	11,676.			11,676.	11,676.		0.
63	2017 DODGE RAM PROMASTER VIN 3C6UR	031717	SL	5.00	16	34,835.			34,835.	28,448.		6,387.
92	2012 1500 CHEVY SILVERADO EXTENDED	092319	SL	5.00	16	13,000.			13,000.	4,117.		2,600.

2021 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - SPORTABLE RICHMOND ADAPTIVE SPORTS AND RECREATION, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	* 990 PAGE 10 TOTAL TRANSPORTATION EQUI MANAGEMENT AND GENERAL					59,511.		0.	59,511.	44,241.		8,987.
56	LOAN COSTS	090215		12M	43	1,043.			1,043.	1,043.		0.
	* 990 PAGE 10 TOTAL MANAGEMENT AND GENE					1,043.		0.	1,043.	1,043.		0.
	* GRAND TOTAL 990 PAGE 10 DEPR & AMOR					397,171.		0.	397,171.	243,975.		51,058.
	CURRENT YEAR ACTIVITY											
	BEGINNING BALANCE					365,883.		0.	365,883.	243,975.		
	ACQUISITIONS					31,288.		0.	31,288.	0.		
	DISPOSITIONS					0.		0.	0.	0.		
	ENDING BALANCE					397,171.		0.	397,171.	243,975.		

2022 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL -

SPORTABLE RICHMOND ADAPTIVE SPORTS AND RECREATION, INC.

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
	BUILDINGS								
72	LEASEHOLD IMPROVEMENTS	120117	150DB	15.00	17,186.		17,186.	5,639.	1,155.
	* 990 PAGE 10 TOTAL BUILDINGS				17,186.		17,186.	5,639.	1,155.
	FURNITURE & FIXTURES								
24	CREEDMOOR SPORTS AIRGUN TARGET RANGE	011811	SL	5.00	1,294.		1,294.	1,294.	0.
	2 FINGER CONTROL HAND DEVICES AND 3								
25	TRIPODS	011811	SL	5.00	617.		617.	617.	0.
	LEASED LEXMARK COPIER SC4140 &								
82	ACCESSORY	030819	SL	5.00	3,141.		3,141.	1,989.	628.
85	LEASED COMPUTER EQUIPMENT	043019	SL	5.00	6,408.		6,408.	3,846.	1,282.
95	WEBSITE DESIGN	013120	SL	3.00	5,000.		5,000.	3,751.	1,249.
96	WEBSITE DESIGN (IN-KIND)	013120	SL	3.00	34,840.		34,840.	26,129.	8,711.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES				51,300.		51,300.	37,626.	11,870.
	MACHINERY & EQUIPMENT								
	TERRATRIKE, "PATH", 3 SPEED,								
1	COLOR:YELLOW	021610	SL	5.00	1,916.		1,916.	1,916.	0.
2	TOP END EXCELERATOR:ORANGE	041410	SL	5.00	1,799.		1,799.	1,799.	0.
3	TOP END XLT PRO:ORANGE	041410	SL	5.00	2,711.		2,711.	2,711.	0.
4	TOP END FORCE: ORANGE	041410	SL	5.00	2,979.		2,979.	2,979.	0.
	TOP END BASKETBALL, SEMI-PRO, #5:								
5	ORANGE	071210	SL	5.00	1,700.		1,700.	1,700.	0.
	TOP END BASKETBALL, SEMI-PRO, #2:								
6	ORANGE	071210	SL	5.00	1,707.		1,707.	1,707.	0.
	TOP END BASKETBALL, SEMI-PRO, #3:								
7	ORANGE	071210	SL	5.00	1,706.		1,706.	1,706.	0.
8	TOP END TENNIS, T5	071210	SL	5.00	1,968.		1,968.	1,968.	0.
	TOP END RACING CHAIR, ELIMINATOR								
10	OSR:ORANGE	011411	SL	5.00	2,441.		2,441.	2,441.	0.
	TOP END RACING CHAIR, ELIMINATOR								
11	OSR:ORANGE	011411	SL	5.00	2,662.		2,662.	2,662.	0.
	TOP END RACING CHAIR, ELIMINATOR								
12	OSR:ORANGE	011411	SL	5.00	2,441.		2,441.	2,441.	0.
13	BROTHER PRINTER, MFC-8890DW	011811	SL	5.00	422.		422.	422.	0.

(D) - Asset disposed

\* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone



2022 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL - SPORTABLE RICHMOND ADAPTIVE SPORTS AND RECREATION, INC.

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
14	WINTECH EXPLORER 21	062211	SL	5.00	4,400.		4,400.	4,400.	0.
15	WINTECH EXPLORER 30	080311	SL	5.00	5,915.		5,915.	5,915.	0.
16	WHEEL CHAIR	082311	SL	5.00	884.		884.	884.	0.
20	POWER SOCCER EQUIPMENT:1 ALUMINUM GUARD AND 2 TEAM STARTER KITS	090111	SL	5.00	3,980.		3,980.	3,980.	0.
21	TOP END BASKETBALL, SEMI-PRO, #10: ORANGE	102811	SL	5.00	1,717.		1,717.	1,717.	0.
22	TOP END BASKETBALL, SEMI-PRO, #8: ORANGE	102811	SL	5.00	1,654.		1,654.	1,654.	0.
	(3) CONCEPT 2, MODEL D W/ PM 3								
23	ROWING	102811	SL	5.00	2,620.		2,620.	2,620.	0.
27	TOP END XLT PRO:ORANGE	020112	SL	5.00	2,897.		2,897.	2,897.	0.
28	TOP END XLT JUNIOR:MIDNIGHT BLUE	020112	SL	5.00	1,850.		1,850.	1,850.	0.
	TOP END LIL EXCELERATOR								
29	HANDBIKE:MIDNIGHT BLUE	020112	SL	5.00	1,615.		1,615.	1,615.	0.
30	TOP END FORCE G:ORANGE	020112	SL	5.00	3,167.		3,167.	3,167.	0.
31	TOP END BASKETBALL, SEMI-PRO: ORANGE	020112	SL	5.00	1,699.		1,699.	1,699.	0.
	TOP END TENNIS, SEMI-PRO: MIDNIGHT								
32	BLUE	020112	SL	5.00	1,634.		1,634.	1,634.	0.
	TOP END TENNIS, T-5 7000								
33	SERIES:MIDNIGHT BLUE	021012	SL	5.00	2,308.		2,308.	2,308.	0.
	TOP END TENNIS, SEMI-PRO: MIDNIGHT								
34	BLUE	021012	SL	5.00	1,750.		1,750.	1,750.	0.
	TOP END TENNIS, T-5 7000								
35	SERIES:MIDNIGHT BLUE	021012	SL	5.00	2,478.		2,478.	2,478.	0.
36	TOP END INDOOR TRAINING ROLLER	030112	SL	5.00	1,931.		1,931.	1,931.	0.
37	TOP END RACING CHAIR, YELLOW	030112	SL	5.00	890.		890.	890.	0.
38	EAGLE RACING CHAIR:DARK BLUE	030112	SL	5.00	694.		694.	694.	0.
39	TOP END BASKETBALL, PRO:ORANGE	100512	SL	5.00	1,765.		1,765.	1,765.	0.
40	WINTECH EXPLORER 21	080212	SL	5.00	5,168.		5,168.	5,168.	0.
41	FIXED SEATS	030413	SL	5.00	484.		484.	484.	0.
42	ERG. MODEL D	052213	SL	5.00	945.		945.	945.	0.
	TRIBUTE STRIKE TWO PERSON INFLATABLE								
43	KAYAK	060313	SL	5.00	950.		950.	950.	0.

(D) - Asset disposed

\* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

2022 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL -

SPORTABLE RICHMOND ADAPTIVE SPORTS AND RECREATION, INC.

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
44	PACE AMERICAN TRAILER MODEL #JV714TA2	061313	SL	5.00	4,129.		4,129.	4,129.	0.
45	LOGO DESIGN FOR TRAILER	072913	SL	5.00	612.		612.	612.	0.
46	MFG/INSTALL OF LOGO ON TRAILER	081513	SL	5.00	1,740.		1,740.	1,740.	0.
47	FIXED SEATS	121113	SL	5.00	1,846.		1,846.	1,846.	0.
48	LOBSTER ELITE FREEDOM TENNIS BALL MACHINE	121113	SL	5.00	841.		841.	841.	0.
49	TOP END PRO-2 SPORT W/FRONT WHEEL ATTACHMENT BLUE #12 S/N 14A409869	022415	SL	5.00	1,997.		1,997.	1,997.	0.
50	TOP END PRO-2 SPORT W/FRONT WHEEL ATTACHMENT BLUE #11 S/N 14A409876	022415	SL	5.00	1,997.		1,997.	1,997.	0.
51	TOP END YOUTH BASKETBALL CHAIR ORANGE 2011 USED #13 S/N 11J394432	062315	SL	5.00	1,200.		1,200.	1,200.	0.
52	TOP END PRO BASKETBALL CHAIR ORANGE #15 S/N TE1511000053	121715	SL	5.00	1,826.		1,826.	1,826.	0.
53	EXPLORER 21 W/D CONSTRUCTION, PONTOONS, SINGLE SEAT, S/N RWCE1056G515	121115	SL	5.00	5,218.		5,218.	5,218.	0.
54	EXPLORER 21 W/D CONSTRUCTION, PONTOONS, SINGLE SEAT, S/N RWCE1055G515	121115	SL	5.00	5,218.		5,218.	5,218.	0.
55	EXPLORER 21 W/D CONSTRUCTION, PONTOONS, SINGLE SEAT, S/N RWCE1060G515	121115	SL	5.00	5,218.		5,218.	5,218.	0.
57	TOP END PRO-2 SPORT WC .16" RED. W/FLAT FREE WHEEL S/N 14K414646	022516	SL	5.00	1,877.		1,877.	1,877.	0.
58	TOP END PRO-2 SPORT WC .16" RED. W/FLAT FREE WHEEL S/N 14K414576	022516	SL	5.00	1,877.		1,877.	1,877.	0.
59	TOP END PRO-2 SPORT WC .16" RED. W/FLAT FREE WHEEL S/N 14K414600	022516	SL	5.00	1,877.		1,877.	1,877.	0.
60	TOP END PRO-2 SPORT WC .18" BLUE. W/FLAT FREE WHEEL S/N TE1602000066	022516	SL	5.00	1,877.		1,877.	1,877.	0.
61	DELL INSPIRON 24 83/8G (QBS COMPUTER)	122216	SL	5.00	675.		675.	675.	0.

(D) - Asset disposed

\* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

2022 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL -

SPORTABLE RICHMOND ADAPTIVE SPORTS AND RECREATION, INC.

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
62	PER4MAX THUNDER (ALEXA HALKO IS USING). PINK.S/N TH9672	020717	SL	5.00	3,694.		3,694.	3,694.	0.
64	TOP END ELIMINATOR. SILVER S/N TE1703000313	062717	SL	5.00	3,009.		3,009.	2,910.	99.
65	TOP END FORCE 3 HANDCYCLE (USED)	091217	200DB	5.00	1,600.		1,600.	1,462.	138.
66	CONFERENCE TABLE AND CHAIRS	112817	200DB	5.00	1,383.		1,383.	1,221.	162.
67	KMX COBRA TRIKE. BLACK S/N KMX0005177	113017	200DB	5.00	1,350.		1,350.	1,192.	158.
68	CATRIKE. ORANGE. S/N 32375	113017	200DB	5.00	2,950.		2,950.	2,605.	345.
69	TOP END PRO-2 S/N TE170900125	113017	200DB	5.00	1,494.		1,494.	1,319.	175.
70	TOP END STK XCL HANDCYCLE S/N TE170900120	113017	200DB	5.00	1,629.		1,629.	1,438.	191.
71	10' X10' EZ UP TENT W/ SPORTABLE LOGO	121117	200DB	5.00	1,419.		1,419.	1,253.	166.
73	TOP END PRO BBALL CHAIR. BLACK. S/N TE1711000038	122917	200DB	5.00	1,904.		1,904.	1,681.	223.
74	TOP END HANDCYCLE. KNEELER	012618	200DB	5.00	1,400.		1,400.	1,361.	39.
75	TOP END SHULTE 7000 BBALL CHAIR	022618	200DB	5.00	3,356.		3,356.	3,262.	94.
76	SUNSEEKER. EZ-3. RECUMBENT TRIKE. SILVER	052518	200DB	5.00	1,550.		1,550.	1,254.	215.
77	RUGBY CHAIRS (4 CHAIRS)	121718	200DB	5.00	15,401.		15,401.	11,539.	2,060.
78	CANNONDALE 700M QUICK DISC 4. ORANGE. SMALL	010419	SL	5.00	790.		790.	527.	158.
79	CANNONDALE 700M QUICK DISC 4. ORANGE. SMALL	010419	SL	5.00	790.		790.	527.	158.
80	CANNONDALE SYNAPSE DISC SORA AGR 54. GREEN	010419	SL	5.00	1,100.		1,100.	733.	220.
81	CANNONDALE SYNAPSE DISC SORA AGR 56. GREEN	010419	SL	5.00	1,100.		1,100.	733.	220.
83	TRICE SPRINT 26. CHARCOAL GRAY	030819	SL	5.00	2,800.		2,800.	1,773.	560.
84	CATTRIKE 559. ORANGE	030819	SL	5.00	3,000.		3,000.	1,900.	600.
86	2 RUGBY CHAIRS	091619	SL	5.00	12,989.		12,989.	6,711.	2,598.
87	TOP END LIL EXCELERATOR (REDF)(0129)	081519	SL	5.00	875.		875.	481.	175.
88	TOP END LIL EXCELERATOR (REDF)(0143)	081519	SL	5.00	875.		875.	481.	175.

(D) - Asset disposed

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2022 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL - SPORTABLE RICHMOND ADAPTIVE SPORTS AND RECREATION, INC.

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
89	4 RUGBY CHAIRS	091519	SL	5.00	24,779.		24,779.	13,216.	4,956.
90	2 SEAT SCULL	091519	SL	5.00	9,609.		9,609.	5,125.	1,922.
91	TOP END BASKETBALL CHAIR:ORANGE (0054)	091719	SL	5.00	2,858.		2,858.	1,477.	572.
93	TOP END SHULTE 7000 BBALL CHAIR (0104)	102819	SL	5.00	3,542.		3,542.	1,770.	708.
94	TOP END SHULTE 7000 BBALL CHAIR (0041)	111419	SL	5.00	3,516.		3,516.	1,758.	703.
97	ROVER TANDEM	091019	SL	5.00	2,600.		2,600.	1,387.	520.
98	TE PRO 2 ALL SPORTS CHAIR BLUE	102820	SL	5.00	1,200.		1,200.	360.	240.
99	TE EXCELERATOR HANDCYCLE	102820	SL	5.00	1,800.		1,800.	540.	360.
100	KAYAK TRAILER, MEGASPORT. MODEL MPG535	020721	SL	5.00	2,609.		2,609.	652.	522.
101	QUAD EHANDCYCLE 48V FORCE 3 BASE BLACK □TE2102000099	060721	SL	5.00	5,000.		5,000.	917.	1,000.
102	QUAD EHANDCYCLE 48V FORCE 3 BASE BLACK □TE1912000087	060721	SL	5.00	4,850.		4,850.	889.	970.
103	1 CURRENT DESIGNS KESTREL 1200C KAYAK W/SEAT AND OUTRIGGERS	120621	SL	5.00	2,815.		2,815.	235.	563.
104	2 CURRENT DESIGNS KESTREL 1200C KAYAKS W/SEAT AND OUTRIGGERS	122321	SL	5.00	4,975.		4,975.	332.	995.
105	QUAD EHANDCYCLE 48V FORCE 3 BASE BLACK TE2110000045	011222	SL	5.00	6,824.		6,824.	455.	1,365.
106	QUAD EHANDCYCLE 48V FORCE 3 BASE BLACK □TE2105000102	011222	SL	5.00	6,824.		6,824.	455.	1,365.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT				268,131.		268,131.	197,497.	25,690.
26	TRANSPORTATION EQUIPMENT CHRYSLER TOWN & COUNTRY VAN	012412	SL	5.00	11,676.		11,676.	11,676.	0.
63	2017 DODGE RAM PROMASTER VIN 3C6URVHG1HE620059	031717	SL	5.00	34,835.		34,835.	34,835.	0.
92	2012 1500 CHEVY SILVERADO EXTENDED CAB	092319	SL	5.00	13,000.		13,000.	6,717.	2,600.

(D) - Asset disposed

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2022 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL -

SPORTABLE RICHMOND ADAPTIVE SPORTS AND RECREATION, INC.

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
	* 990 PAGE 10 TOTAL TRANSPORTATION EQUIPMENT				59,511.		59,511.	53,228.	2,600.
56	MANAGEMENT AND GENERAL LOAN COSTS	09/02/15		12M	1,043.		1,043.	1,043.	0.
	* 990 PAGE 10 TOTAL MANAGEMENT AND GENERAL				1,043.		1,043.	1,043.	0.
	* GRAND TOTAL 990 PAGE 10 DEPR & AMORT				397,171.		397,171.	295,033.	41,315.

(D) - Asset disposed

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