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TIN: 20-8924701

Form **990**

Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

Open to Public Inspection

A Fo	or the	e 2023 c	alendar year, or tax year beginning 05-01-2023 $$, and ending 04-30 $$	-2024					
B Che	ck if ap	pplicable:	C Name of organization SPORTABLE RICHMOND ADAPTIVE SPORTS		D Employe	er identif	ication number		
O Add	dress o	change	AND RECREATION INC		20-8924	701			
	me cha	-	Doing business as		_				
_	tial ret	urn n/terminated	Doing business as						
		l return	Number and street (or P.O. box if mail is not delivered to street address) Room/suit	e	E Telephone	e number			
		on pending	1365 OVERBROOK ROAD SUITE 2	_	(804) 34	40-2991			
_			City or town, state or province, country, and ZIP or foreign postal code						
			RICHMOND, VA 232201405		G Gross red	ceipts \$ 2	,017,588		
			F Name and address of principal officer:	H(a) Is th	nis a group ret	urn for			
			THOMAS HUNTER LEEMON 1365 OVERBROOK ROAD SUITE 2		ordinates?		□Yes ✓No		
			RICHMOND, VA 23220	H(b) Are	all subordinate	es	☐ Yes ☐No		
I Tax	-exem	npt status:	✓ 501(c)(3) □ 501(c)() (insert no.) □ 4947(a)(1) or □ 527		ıded? Io," attach a li	ct Soo			
1 \A/	ebsit	O. \\/\A	/W.SPORTABLE.ORG		up exemption				
J W	EDSIL	e. ww	W.SPORTABLE.ORG	() 0.00	ap exemption	namber			
K Forn	n of or	ganization:	: Corporation Trust Association Other	L Year of form	nation: 2007	M State	of legal domicile: VA		
Pa	ırt I	Sum	 mary						
10			scribe the organization's mission or most significant activities:						
	Т	O CREAT	E OPPORTUNITIES AND TRANSFORM THE LIVES OF ATHLETES WITH PHYSIC	CAL DISABII	ITIES AND VI	SUAL IN	1PAIRMENTS		
)Ce	<u> </u>	HROUGH	SPORT, RECREATION, HEALTH AND WELLNESS.						
<u>a</u>	_								
le l	-								
Governance	_	2 Check this box 3 Number of voting members of the governing body (Part VI, line 1a)							
		3, (
es			4	22					
Activities &	5	Total nun	nber of individuals employed in calendar year 2023 (Part V, line 2a)		•	5	24		
E C	6	Total nun	nber of volunteers (estimate if necessary)			6	633		
•			elated business revenue from Part VIII, column (C), line 12		•	7a	0		
	b	Net unrel	ated business taxable income from Form 990-T, Part I, line 11			7b			
				Pı	ior Year		Current Year		
Q.	8	Contribut	tions and grants (Part VIII, line 1h)		1,362,4	00	1,779,779		
Revenue	9	Program	service revenue (Part VIII, line 2g)		58,3	53	192,886		
ě	10	Investme	ent income (Part VIII, column (A), lines 3, 4, and 7d)		3-	47	14,347		
ш.	11	Other rev	venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		18,3	08	9,366		
	12	Total reve	enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,439,4	08	1,996,378		
	13	Grants ar	nd similar amounts paid (Part IX, column (A), lines 1–3)		27,3	26	34,575		
	14	Benefits	paid to or for members (Part IX, column (A), line 4)				0		
S			other compensation, employee benefits (Part IX, column (A), lines 5–10)		713,3	05	912,945		
se	16a	Professio	onal fundraising fees (Part IX, column (A), line 11e)		24,0	_	. 0		
Expenses			raising expenses (Part IX, column (D), line 25) 386,830		,				
ă			penses (Part IX, column (A), lines 11a-11d, 11f-24e)		472,5	76	858,398		
		-	enses. Add lines 13–17 (must equal Part IX, column (A), line 25)		1,237,2	_	1,805,918		
			less expenses. Subtract line 18 from line 12		202,2		190,460		
> S	19	Revenue	icos expenses. Subtract fine 10 from fine 12	Beginning	g of Current Ye		End of Year		
Net Assets or Fund Balances					,				
sse 3ala	20	Total asse	ets (Part X, line 16)		1,177,7	40	1,539,354		
A P			ilities (Part X, line 26)		342,2	08	513,362		
žĒ			ts or fund balances. Subtract line 21 from line 20		835,5	_	1,025,992		

anv	Kno	IWC	eac	ıe.

٠.	<u> </u>	2025-02-11									
Sign Here	Signature of officer Date THOMAS HUNTER LEEMON CEO										
		e or print name and title Print/Type preparer's name	Dropowowie eignotywe	Date		PTIN					
Paid	d	Print/Type preparer's name	Preparer's signature	2025-02-11	Check if self-employed	P11N P00585821					
Preparer		Firm's name HARRIS HARDY & JO	DHNSTONE PC		Firm's EIN 54	-1451026					
Use	Only	Firm's address 300 ARBORETUM PL	STE 660		Phone no. (804	1) 560-0560					
		RICHMOND, VA 232	36								
		cuss this return with the preparer				. 🛂 Yes 🗌 No					
For P	aperwork	Reduction Act Notice, see the	separate instructions.	Cat. I	No. 11282Y	Form 990 (2023					
			————— Page 2 —								
Form	990 (2023	•				Page					
Pai		atement of Program Service	-	4.00							
1		eck if Schedule O contains a responsible the organization's mission:	onse or note to any line in this Pa	art III	<u></u>						
		THE LIVES OF PEOPLE WITH PHY	SICAL DISABILITIES AND VISUA	L IMPAIRMENTS THRO	UGH SPORT, R	ECREATION, HEALTH AND					
WELL	NESS.										
2		ganization undertake any significa Form 990 or 990-EZ?	ant program services during the y	ear which were not lis	sted on	☐ Yes 🔽 No					
	•	escribe these new services on Sch	nedule O.			a res a no					
3		ganization cease conducting, or m		conducts, any progra	am						
	services?					. 🗆 Yes 🛂 No					
4	•	escribe these changes on Schedu									
7	Section 50	the organization's program service O1(c)(3) and 501(c)(4) organization ue, if any, for each program servi	ons are required to report the am								
4a	AND COMPI WOULD NO) (Expenses \$ PARTICIPANTS IN ADAPTIVE SPORTS PI ETITIVE PARTICIPANTS. YOUTH AND AD T HAVE BEEN POSSIBLE WITHOUT THE NAL ATHLETES, EQUIPMENT EXPERTS / VICES.	OULTS. DONATIONS OF TIME BY SPOR M. VOLUNTEERS INCLUDE RECREATIO	UIPMENT, PROFESSIONAL TABLE VOLUNTEERS ARE VINAL THERAPISTS, COACH	VALUED AT 115,0 HES, PHYSICIANS	000 THIS YEAR AND PROGRAMS 5, OCCUPATIONAL THERAPISTS,					
4b	(Code:) (Expenses \$	including grants o	of \$) (Revenue \$)					
4c	(Code:) (Expenses \$	including grants o	ıf \$) (Revenue \$)					
4d	Other pro	gram services (Describe in Sched	ule O.) luding grants of \$) (Revenue	\$)					

1 225 212

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Form 990 (2023) Page **3**

	330 (2023)			Page .
Pai	rt IV Checklist of Required Schedules		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions. 🐒	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		No
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D,</i> Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X, as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Yes	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🧐	11e	Yes	
f	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 📆	11f	Yes	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	l
	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b		No
13	is the organization a school described in section 170(b)(1)(A)(ii): It res, complete schedule E	13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If</i> "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization	ı or	domestic
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		₩.

21

Form **990** (2023)

—— Page 4 -

orm 990 (2023)	Page 4
01111 330 (2023)	Page 4

Par	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. 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>	25a		No
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>	25b		No
26	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? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L,</i> Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
c	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>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M **S	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M </i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	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>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
Pa	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No

b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .	1b			0			
С	Did the organization comply with backup withholding rules for reportable payments to ve (gambling) winnings to prize winners?	endors	and •	d reporta	ble gaming •	1c	Yes	

Form **990** (2023)

———— Page 5 —

orm	990 (2023)			Page 5
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
D	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		No
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
_	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
_	Enter the amount of receives on hand	l l		I

·	Litter the amount of reserves on hand		ı			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b				
15	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?	15		No		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No		
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17				
		F	orm 99	0 (2023)		
	Page 6					
	rage 0					
Form	990 (2023)			Page 6		
Par	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	-		~		
Se	ction A. Governing Body and Management					
			Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year 22					
	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 in Schedule O.					
b	Enter the number of voting members included in line 1a, above, who are independent 1b 22					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No		
4	$ \hbox{ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . } \\$	4		No		
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No		
6	Did the organization have members or stockholders?	6		No		
	7a 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?					
	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		V			
	The governing body?	8a 8b	Yes Yes			
9	Each committee with authority to act on behalf of the governing body?	OD	res			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No		
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	e.)			
			Yes	No		
	Did the organization have local chapters, branches, or affiliates?	10a		No		
	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the	10b				
тта	form?	11a	Yes			
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes			
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes			
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	Yes			
13	Did the organization have a written whistleblower policy?	13		No		
14	Did the organization have a written document retention and destruction policy?	14		No		
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		V			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	No		
b	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	15b		No		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No		
	, aug a.o., you	Ja				

b	If "Yes," did the organization follow a writt										
	in joint venture arrangements under applic status with respect to such arrangements?									on's exempt	b
Se	ection C. Disclosure									'	
17	List the states with which a copy of this Fo	rm 990 is requ	ired to I	oe file	ed		VA				
18	Section 6104 requires an organization to n 501(c)(3)s only) available for public inspec										
	Own website <a> Another's website				-	-					
19	Describe in Schedule O whether (and if so, policy, and financial statements available to						vernir	ng do	ocuments, conflict o	of interest	
20	State the name, address, and telephone no HUNTER LEEMON 1365 OVERBROOK ROAD									d records:	
											Form 990 (2023)
				Page	7						
Form	990 (2023)										Page 7
Pai	t VII Compensation of Officers, D		stees,	Key	/ En	npl	oyee	s, I	Highest Compe	nsated Employ	
	and Independent Contractor					_					
Se	Check if Schedule O contains a respection A. Officers, Directors, Truste										U
	omplete this table for all persons required to					_					ganization's tax
year.	List all of the organization's current officers	directors tru	stees (v	wheth	ner ir	ndiv	iduals	or	organizations) rega	ardless of amount	
of co	mpensation. Enter -0- in columns (D), (E), a	and (F) if no co	mpensa	tion \	was	paid	l.		,, ,		
	ist all of the organization's current key em										
who	ist the organization's five current highest creceived reportable compensation (box 5 of rganization and any related organizations.										an \$100,000 from
of rep	ist all of the organization's former officers, portable compensation from the organization	n and any relate	ed orga	nizati	ons.				•	·	,000
orgar	ist all of the organization's former directo nization, more than \$10,000 of reportable co he instructions for the order in which to list	empensation fro	om the								
	Check this box if neither the organization no	•		tion c	omp	ens	ated a	any (current officer, dire	ctor, or trustee.	
	(A)	(B)			(C))			(D)	(E)	(F)
	Name and title	Average hours per	Position				eck m ınless		Reportable compensation	Reportable compensation	Estimated amount of other
		week (list any hours	pers	on is	both	h an	office	er	from the organization (W-	from related organizations	compensation from the
		for related	0 =		9	•		,	2/1099-	(W-2/1099-	organization and
		organizations below dotted			fficer	еу е	Highest employe	orm	MISC/1099- NEC)	MISC/1099- NEC)	related organizations
		line)	dividual trustee director	stitutional	æ	y employee	jhest compensated iployee	藍	,	,	
			or #			loye	e om				
			8	Trustee		ŏ	pen				
			Φ	tee.			sate				
							ă				
. ,	HOMAS HUNTER LEEMON	40.00			х				136,408	0	0
(2) CI	HRISTIE WILSON	0.50									
CHAIR	\		X		Х				0	0	0
(3) AI	AN LOMBARDO	0.50									
	CHAIR		Х		Х				0	0	0
(4) 7	JCK SWITH	0.50				l					

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(4) ZACK SMITH

(5) MEGAN SCHULTZ

(6) SCOTT ZAREMBA SECRETARY

(7) WAYNE DUMAN

DEVELOPMENT

GOVERNANCE C

TREASURER

(8) MISSY BASS DIRECTOR	0.25	х			0	0	0
(9) CLAY BOWLES DIRECTOR	0.25	Х			0	0	0
(10) RYAN BYRD DIRECTOR	0.25	Х			0	0	0
(11) BOBBY COWGILL DIRECTOR	0.25	Х			0	0	0
(12) CORBIN ENSIGN DIRECTOR	0.25	Х			0	0	0
(13) STEVE FARGIS DIRECTOR	0.25	Х			0	0	0
(14) MIKE GOLDMAN DIRECTOR	0.25	Х			0	0	0
(15) DOHN GUYER DIRECTOR	0.25	Х			0	0	0
(16) ERIC HIEBER DIRECTOR	0.25	Х			0	0	0
(17) JERRINE LEE DIRECTOR	0.25	Х			0	0	0

Form **990** (2023)

— Page 8 **—**

Form 990 (2023)

Page 8 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	than o	one b	ox, ι n of	t ch unle fice	r and a	son	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099- MISC/1099- NEC)	(W-2/1099- MISC/1099- NEC)	organization and related organizations
(18) MANDY MARCHIANO	0.25	х						10,300	0	0
DIRECTOR		^						10,300	U	U
(19) MARY-BETH NASH DIRECTOR	0.25	x						0	0	0
(20) MEGAN O'NEILL DIRECTOR	0.25	хх						0	0	0
(21) DAN SCHMITT	0.25	x						0	0	0
DIRECTOR (22) DWAYNE VENEY DIRECTOR	0.25	x						0	0	0
(23) SCOTT WHITEHEAD DIRECTOR	0.25	X						0	0	0

					oxdot								
	Sub-Total					•				<u> </u>	丁		
	otal from continuation sheets otal (add lines 1b and 1c)						ļ		146,708		_		
!	Total number of individuals (incli of reportable compensation from	uding but no	t limited to		sted abo	ove) w	ho rec	eived n		00,000	<u> </u>		
												Yes	No
3	Did the organization list any for line 1a? <i>If "Yes," complete Sche</i>	,			•			_	•	employee on	3		No
	For any individual listed on line organization and related organization individual									n the			
	Did any person listed on line 1a	receive or a	crue comp	ensation	from a	nv uni	elated	organi	zation or indi	vidual for	4		No
	services rendered to the organiz					,		_			5		No
Se	ction B. Independent Cont	tractors											
	Complete this table for your five from the organization. Report co										mpensa	ation	
	· ·	(A))	,	ar crian		1 01 111	ciliii cili	Ī	(B)		(0	
	IN	lame and busi	ness address						Desc	ription of services		Comper	isation
	otal number of independent contr		alta a la cata a a		l	1:				th #100.00	00 - 6		
т	otal number of independent conti	actors (inicia	uning but no				a abo	ve) wiii	o received inc	ne than \$100,0	00 01		
	ompensation from the organization		-								f	Form 99	0 (202
С	ompensation from the organization				Page '						f	Form 99	
rm	- · · · · · · · · · · · · · · · · · · ·	on .									F	Form 99	
rm	990 (2023)	enue	onse or not		Page '	9 —	art VIII						Page
orm	990 (2023) rt VIII Statement of Reve	enue	onse or not		Page '	9 —		Re e fı	(B) elated or exempt unction	(C) Unrelated business revenue		(D) Rever excluded x under	Page
orm Pa	990 (2023) rt VIII Statement of Reve	e nue ntains a resp	onse or not		Page '	9 — this P		Re e fı	(B) elated or exempt	Unrelated business		(D) Rever	Page
Pa Fonti	990 (2023) rt VIII Statement of Reve Check if Schedule O cor	enue	onse or not		Page '	9 — this P		Re e fı	(B) elated or exempt unction	Unrelated business		(D) Rever excluded x under	Page
Pa Fontr	990 (2023) It VIII Statement of Reve Check if Schedule O con Tederated campaigns	e nue ntains a resp	onse or not		Page '	9 — this P		Re e fı	(B) elated or exempt unction	Unrelated business		(D) Rever excluded x under	Page
rm Pa	990 (2023) rt VIII Statement of Reve Check if Schedule O con Federated campaigns	enue ntains a resp	onse or not		Page '	9 — this P		Re e fı	(B) elated or exempt unction	Unrelated business		(D) Rever excluded x under	Page
Pa	990 (2023) rt VIII Statement of Reve Check if Schedule O cor Federated campaigns	enue ntains a resp	onse or not		Page '	9 — this P		Re e fı	(B) elated or exempt unction	Unrelated business		(D) Rever excluded x under	Page
Pa Pa Fontrifts fight	990 (2023) rt VIII Statement of Reve Check if Schedule O con Federated campaigns	enue ntains a resp	onse or not		Page '	9 — this P		Re e fı	(B) elated or exempt unction	Unrelated business		(D) Rever excluded x under	Page
Pa Pa France	990 (2023) It VIII Statement of Reve Check if Schedule O con Tederated campaigns	enue ntains a resp	onse or not		Page '	9 — this P		Re e fı	(B) elated or exempt unction	Unrelated business		(D) Rever excluded x under	Page
Pa From Pa	990 (2023) It VIII Statement of Reverence Check if Schedule O considerated campaigns	enue ntains a resp 1a 1b 1c 1d	onse or not		Page '	9 — this P		Re e fı	(B) elated or exempt unction	Unrelated business		(D) Rever excluded x under	Page
Pa Fontriifts, but their imiliation of the contribution of the co	990 (2023) It VIII Statement of Reverence Check if Schedule O constitutions, Grants Membership dues	enue ntains a resp 1a 1b 1c 1d 1e	onse or not		Page '	9 — this P		Re e fı	(B) elated or exempt unction	Unrelated business		(D) Rever excluded x under	Page
Pa Francisco Grant Francisco G	990 (2023) It VIII Statement of Reverence Check if Schedule O constitutions, Grants, Grants, Hembership dues Related organizations Government grants (contributions) 758,207 All other contributions, gifts, grants, and similar amounts not included	enue ntains a resp 1a 1b 1c 1d 1e	onse or not		Page '	9 — this P		Re e fı	(B) elated or exempt unction	Unrelated business		(D) Rever excluded x under	Page
Pa Fontinition of F	990 (2023) It VIII Statement of Rever Check if Schedule O constitutions, Grants, Membership dues	enue ntains a resp 1a 1b 1c 1d 1e		te to any	Page '	9 — this P		Re e fı	(B) elated or exempt unction	Unrelated business		(D) Rever excluded x under	Page
Pa Fa Fa Fa Fa Fa Fa Fa Fa Fa	990 (2023) To VIII Statement of Reversal Control Cont	enue ntains a resp 1a 1b 1c 1d 1e		te to any	Page '	9 — this P		Re e fı	(B) elated or exempt unction	Unrelated business		(D) Rever excluded	Page
Pa France Fr	990 (2023) It VIII Statement of Rever Check if Schedule O constitutions, Grants, Membership dues	enue ntains a resp 1a 1b 1c 1d 1e	. 1	te to any	Page '	9 — this P (A) I rever		Re e fı	(B) elated or exempt unction	Unrelated business		(D) Rever excluded	Page

Š) MEMBERSHIE LEES					,	,		Ī
á	<u> </u>					7,442	7,442		
Corrido Doug	PROGRAM EVENT RE	VENUE				7,442	7,442		
ż	<u> </u>					6,555	6,555		
ő	PROGRAM REVENUE:	OUTREACH				0,555	0,555		
2	CONFERENCES & MEI	ETINCS				6,526	6,526		
Drogram	CONFERENCES & MEI	EIINGS				5,525	3,523		
à						570	570		
	f All other program	service rev	venue.			370	370		
	9 Total. Add lines 2	2a-2f			192,886	<u> </u>			<u> </u>
	3 Investment income			nds ir	nterest and other				
	similar amounts)				ite. eet, und etne.	14,347			14,347
	4 Income from invest	tment of ta	ıx-exem	pt bo	nd proceeds				
	5 Royalties								
			(i) Rea		(ii) Personal				
	6a Gross rents	6a							
	b Less: rental expenses	6b							
	c Rental income or	6с							
	(loss) d Net rental income	or (loss)	_	_					
	- Net rental income								
	75 Course and court	<u> ``</u>	Securit	lies	(ii) Other				
	7a Gross amount from sales of	7a							
	assets other than								
a	inventory								
Ē	b Less: cost or other basis and	7b							
2	sales expenses								
Revenue	c Gain or (loss)	7c							
i d	d Net gain or (loss)								
Other	a Gross income from fu			—					
C	(not including \$	andraising ev	of						
	contributions reporte								
	See Part IV, line 18		•	8a	18,000				
	b Less: direct expen	nses		8b	11,824				
	c Net income or (los	ss) from fur	ndraisin	ig eve	ents	6,176			6,176
	9a Gross income from								
	See Part IV, line 19	,	•	9a					
	b Less: direct expen	nses		9b					
	c Net income or (los	ss) from ga	ming a	ctiviti	es				
	10aGross sales of inverturns and allowa	entory, less	5						
				10a	12,437				
	b Less: cost of good	is sold .		10b	9,386				
	c Net income or (los	ss) from sa	les of ir	nvent	ory	3,051			3,051
					Business Code				
	11a _{OTHER} INCOME					139	139		
	b								
	-								
Oth	er R evenueMiscAmt								
	d All other revenue								
	e Total. Add lines 1								
				•	• •	139			
	12 Total revenue. S	ee instruct	ions .	•		1,996,378	193,025		23,574
						1,550,570	155,025	I .	25,574

Part IX Statement of Functional Expenses

S
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	Check if Schedule O contains a response or note to ar	contains a response or note to any line in this Part IX						
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses			
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21							
2	Grants and other assistance to domestic individuals. See Part IV, line 22	34,575	34,575					
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16							
4	Benefits paid to or for members				_			
5	Compensation of current officers, directors, trustees, and key employees	146,708	86,558	14,671	45,479			
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$							
7	Other salaries and wages	665,728	395,778	63,639	206,311			
	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	·	·		<u> </u>			
9	Other employee benefits	41,981	18,594	14,490	8,897			
10	Payroll taxes	58,528	34,447	5,883	18,198			
11	Fees for services (non-employees):							
а	Management							
	Legal							
	Accounting	66,828	30,073	17,375	19,380			
	Lobbying	,		, , , ,				
	Professional fundraising services. See Part IV, line 17							
	Investment management fees			-				
	Other (If line 11g amount exceeds 10% of line 25, column	95,853	43,475	25,235	27,143			
9	(A) amount, list line 11g expenses on Schedule ()	33,033	.5,	23,233	27,110			
12	Advertising and promotion	6,078	3,354	314	2,410			
13	Office expenses	25,225	13,087	3,456	8,682			
14	Information technology	6,781	5,322	1,459				
15	Royalties							
16	Occupancy	44,917	41,935	318	2,664			
17	Travel	18,180	12,788	3,310	2,082			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .							
19	Conferences, conventions, and meetings	12,266	8,114	1,958	2,194			
20	Interest	4,447	175	4,207	65			
21	Payments to affiliates							
22	Depreciation, depletion, and amortization	50,326	41,718	562	8,046			
23	Insurance	29,770	23,350	6,370	50			
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)							
	PROGRAM EXPENSES	301,546	282,618		18,928			
	- CDODTC DDOCDAMC	112.610	112.462	147				
	b SPORTS PROGRAMS	113,610	113,463	147				
	c MISCELLANEOUS	35,761	17,808	17,655	298			
	d PROGRAM OVERHEAD:DUES & S	18,388	8,048	2,457	7,883			
	e All other expenses	28,422	19,730	572	8,120			
25	Total functional expenses. Add lines 1 through 24e	1,805,918	1,235,010	184,078	386,830			
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined advertiged comparison and fundaminal collections.							

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☐ if following SOP	98-2 (ASC 958-	720).	

Form 990 (2023)	Form	990	(2023)
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----- Page 11 ----

Form 990 (2023)	Page 11

Part X						Page II
	Check if Schedule O contains a response or not	e to an	y line in this Part IX			🗆
	·		,	(A) Beginning of year		(B) End of year
1	Cash-non-interest-bearing			874,350	1	1,181,808
2	Savings and temporary cash investments			3,586	2	3,466
3	Pledges and grants receivable, net		.	106,718	3	62,704
4				500	4	
5	Loans and other receivables from any current or trustee, key employee, creator or founder, subst controlled entity or family member of any of the	antial	contributor, or 35%		5	
6		ied pe	rsons (as defined under		6	
رم م	Notes and loans receivable, net				7	
ssets	Inventories for sale or use			8		
9	Prepaid expenses and deferred charges			22,524	9	43,262
10	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	518,902			
	Less: accumulated depreciation	10b	368,926	162,300	10c	149,976
11	Investments—publicly traded securities .				11	
12	• •	📙		12		
13	Investments—program-related. See Part IV, line			13		
14	Intangible assets	_		14		
15	Other assets. See Part IV, line 11	_	7,762	15	98,138	
16	Total assets. Add lines 1 through 15 (must equ			1,177,740	16	1,539,354
17	Accounts payable and accrued expenses	39,510	17	134,334		
18	Grants payable	,-:-	18	,		
19	Deferred revenue		-	7,620	19	
20	Tax-exempt bond liabilities	•		7,020	20	
	•		of Cohodulo D			
S 21	Escrow or custodial account liability. Complete P				21	
Liabilities	Loans and other payables to any current or form employee, creator or founder, substantial contribution or family member of any of these persons	outor, o	or 35% controlled entity		22	
<u>ت</u> 23	Secured mortgages and notes payable to unrela	ted thi	rd parties		23	
24	Unsecured notes and loans payable to unrelated		· —	150,000	24	150,000
25	Other liabilities (including federal income tax, pa and other liabilities not included on lines 17 - 24 Complete Part X of Schedule D	ayables	_	145,078	25	229,028
26	Total liabilities. Add lines 17 through 25 .			342,208	26	513,362
Fund Balances	Organizations that follow FASB ASC 958, ch lines 27, 28, 32, and 33.	eck h	ere 🗸 and complete			
<u>=</u> 27	Net assets without donor restrictions			780,333	27	975,056
28	Net assets with donor restrictions		[55,199	28	50,936
	Organizations that do not follow FASB ASC complete lines 29 through 33.	heck here ▶ □ and				
් 29	Capital stock or trust principal, or current funds			29		
Assets 30	Paid-in or capital surplus, or land, building or eq	nt fund		30	<u> </u>	
SS 31	Retained earnings, endowment, accumulated inc	or other funds		31		
32	Total net assets or fund balances		[835,532	32	1,025,992
33 35	Total liabilities and net assets/fund balances .			1,177,740	33	1,539,354

Form **990** (2023)

Part XI Reconcilliation of Net Assets				
Check if Schedule O contains a response or note to any line in this Part XI				
4. 7. 1. (2. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.				006 070
1 Total revenue (must equal Part VIII, column (A), line 12)	1			,996,378
2 Total expenses (must equal Part IX, column (A), line 25)	2		1,	,805,918
Revenue less expenses. Subtract line 2 from line 1	3			190,460
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			835,532
5 Net unrealized gains (losses) on investments	5			
6 Donated services and use of facilities	6			
7 Investment expenses	7			
8 Prior period adjustments	8			
9 Other changes in net assets or fund balances (explain in Schedule O)	9			
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)	10		1	,025,992
Part XII Financial Statements and Reporting				_
Check if Schedule O contains a response or note to any line in this Part XII				
			Yes	No
1 Accounting method used to prepare the Form 990: ☐ 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?		2a		No
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a	20		140
If les, check a box below to indicate whether the infancial statements for the year were complied or reviewed	i Uii a			
separate basis, consolidated basis, or both:				
separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis				
Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant?		2b	Yes	
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	e basis,	2b	Yes	
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 separat	e basis,	2b	Yes	
□ 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 separat 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	e basis,			
□ 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 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?		2c	Yes	
□ 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 separat 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		2c		
□ 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 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?	edule O.	2c		No
□ 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 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 in Sch	edule O. Jniform	2c		No

Form 990 (2023)

Additional Data Return to Form

> **Software ID: Software Version:**

Form 990, Special Condition Description:

TIN: 20-8924701

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 <u>www.irs.gov/Form990</u> for instructions and the latest information.

OMB No. 1545-0047

2023

n. Open to Public Inspection

SPOR	TABLE F	RICHMOND ADAPTIVE SPORTS TION INC	5				20 0024701			
	rt I	Reason for Public	Charity State	us (All organization	s must comple	oto this part \ 9	20-8924701			
		ration is not a private four					see mscructions.			
1		A church, convention of	churches, or as	ssociation of churches	described in sec	tion 170(b)(1)	(A)(i).			
2		A school described in se	ection 170(b)(1)(A)(ii). (Attach Sch	nedule E (Form 9	990).)				
3		A hospital or a cooperat	ive hospital ser	vice organization desc	ribed in section	170(b)(1)(A)(iii).			
4		A medical research organame, city, and state:	nization operat	ed in conjunction with	a hospital descr	ibed in section :	170(b)(1)(A)(iii). E	nter the hospital's		
5		An organization operate 170(b)(1)(A)(iv). (Co			rsity owned or o	perated by a gov	ernmental unit descril	oed in section		
6		A federal, state, or local	government or	governmental unit de	scribed in section	on 170(b)(1)(A)(v).			
7		An organization that no section 170(b)(1)(A)			s support from a	governmental u	nit or from the genera	al public described in		
8		A community trust desc			(Complete Part I	I.)				
9		An agricultural research non-land grant college o						ege or university or a		
10	✓	from activities related to investment income and	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—subject to certain exceptions, and (2) no more than $33_{1/3}$ % of its support from gross investment income and unrelated business taxable income (less section 511_{13} tax) from businesses acquired by the organization after June $30, 1975$. See section $509(a)(2)$. (Complete Part III.)							
11		An organization organized and operated exclusively to test for public safety. See section 509(a)(4).								
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) . See section 509(a)(3) . Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.								
а		Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.								
b		Type II. A supporting of management of the sup must complete Part I	porting organiza	ation vested in the sar						
С		Type III functionally supported organization(ted with, its		
d		Type III non-function functionally integrated. instructions). You must	nally integrate The organizatio	d. A supporting organing generally must satis	zation operated fy a distribution	in connection wirequirement and	th its supported orgar	ization(s) that is not uirement (see		
е		Check this box if the org	ganization recei	ved a written determir	ation from the I		pe I, Type II, Type III	functionally		
f	Ento	integrated, or Type III r r the number of supported	,	integrated supporting	3					
g g		• •	-				· · · · · · · · <u> </u>			
	Provide the following informa (i) Name of supported organization		(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the org	anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
					Yes	No				
			1							
Tota	<u> </u>									
For F	Paperv	work Reduction Act Not or 990-EZ.	L tice, see the Ii	nstructions for	Cat. No. 1128	I 5F	Schedule	A (Form 990) 2023		
				Pa	ge 2 ———					
Sche	dule A	(Form 990) 2023						Page 2		

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.

Part II

(or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.")	507,864	678,663	719,040	1,362,400	1,779,779	5,047,746
Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
The value of services or facilities furnished by a governmental unit to						
the organization without charge	507,864	678,663	719,040	1,362,400	1,779,779	5,047,746
Total. Add lines 1 through 3 The portion of total contributions by	307,804	078,003	719,040	1,302,400	1,//9,//9	3,047,740
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)						86,248
Public support. Subtract line 5 from line 4.						4,961,498
Section B. Total Support	l		I	I		
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	507,864	678,663	719,040	1,362,400	1,779,779	5,047,746
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	253		1,816	347	14,347	16,763
9 Net income from unrelated business activities, whether or not the business is regularly carried on					5,176	5,176
Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).					12,437	12,437
1 Total support. Add lines 7 through 10						5,082,122
2 Gross receipts from related activities,	etc. (see instruction	ons)			12	410,825
.3 First 5 years. If the Form 990 is for t	-			•	. , . ,	ization, check
this box and stop here					▶□	
Section C. Computation of Publi			(6)			
4 Public support percentage for 2023 (li		•			14	97.630 %
Public support percentage for 2022 Sc6a 33 1/3% support test—2023. If the					15	hov
and stop here. The organization qual						
b 33 1/3% support test—2022. If the						
box and stop here. The organization 7a 10%-facts-and-circumstances tes and if the organization meets the "factors or the state of t	t—2023. If the or ts-and-circumstan	ganization did not ces" test, check th	check a box on linis box and stop l	ne 13, 16a, or 16b 1ere. Explain in Pa	o, and line 14 is 10 ort VI how the orga	% or more, anization
meets the "facts-and-circumstances" to 10%-facts-and-circumstances test more, and if the organization meets to	st-2022. If the o	rganization did no	t check a box on I	line 13, 16a, 16b,	or 17a, and line 15	5 is 10% or
meets the "facts-and-circumstances" Private foundation. If the organizati						▶□
instructions						
					Schedule A (I	Form 990) 2023
		D 2				
		Page 3				
schedule A (Form 990) 2023						Page 3
Part III Support Schedule f	or Organizatio	ns Described i	in Section 509	(a)(2)		raye 3
(Complete only if you	checked the bo	x on line 10 of	Part I or if the o	rganization faile		er Part II. If
the organization fails	to quality under	the tests listed	i below, please o	complete Part II	.)	

Section A. Public Support		_			_	
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .	507,864	678,663	719,040	1,362,400	1,779,779	5,047,746
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	62,120	25,186	60,273	70,221	193,025	410,825
3 Gross receipts from activities that are not an unrelated trade or business under section 513				30,900	12,437	43,337
Tay revenues levied for the		<u> </u>	-			

4	iax revenues ievieu iui uie	İ	ı		Ī	1			
	organization's benefit and either paid	ļ							
_	to or expended on its behalf								
5	The value of services or facilities								
	furnished by a governmental unit to the organization without charge	ļ							
6	Total. Add lines 1 through 5	569,984	703,849	779,313	1,463,521	1,985,	241	5.5	501,908
	Amounts included on lines 1, 2, and	,	,	.,	,,.	,,,,,,		-,-	,
, .	3 received from disqualified persons								
b	Amounts included on lines 2 and 3								
	received from other than disqualified	ļ							
	persons that exceed the greater of	ļ							
	\$5,000 or 1% of the amount on line 13 for the year.								
c	Add lines 7a and 7b								
8	Public support. (Subtract line 7c								
•	from line 6.)	 						5,5	501,908
Se	ction B. Total Support								
	ndar year		41 2 2 2 2 2	() 0001	/ I) 2000		Τ.		
	iscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(1	f) Total	
` 9	Amounts from line 6	569,984	703,849	779,313	1,463,521	1,985,	241	5,5	501,908
10a	Gross income from interest,								
	dividends, payments received on	253		1,816	347	14,	347		16,763
	securities loans, rents, royalties and			_,		/			/
	income from similar sources								
b	Unrelated business taxable income (less section 511 taxes) from								
	businesses acquired after June 30,								
	1975.								
c	Add lines 10a and 10b.	253		1,816	347	14,	347		16,763
11	Net income from unrelated business								
	activities not included on line 10b,					5.	176		5,176
	whether or not the business is					,			-,
12	regularly carried on.								
	Other income. Do not include gain or loss from the sale of capital								
12	assets (Explain in Part VI.)								
12	Total support. (Add lines 9, 10c,	570,237	703,849	781,129	1,463,868	2,004,	764	5.0	523,847
13	iotai support. (Add lilles 5, 10c,	370,237	703,043		1,403,000	2,004,	704	•	
	11, and 12.)								
		he organization's			tax year as a sect	ion 501(c)(3) c	rganiz	zation, ch	neck
13	11, and 12.) First 5 years. If the Form 990 is for t	_	first, second, thir	d, fourth, or fifth	•		-		_
13 14	11, and 12.). First 5 years. If the Form 990 is for this box and stop here		first, second, thir	d, fourth, or fifth	•		-		_
13 14 Se	11, and 12.). First 5 years. If the Form 990 is for this box and stop here	Support Perce	first, second, thir	d, fourth, or fifth	<u> </u>		-	1	▶□
13 14 Se 15	11, and 12.). First 5 years. If the Form 990 is for this box and stop here. ction C. Computation of Public Public support percentage for 2023 (limited)	Support Percenne 8, column (f) of	first, second, thir entage divided by line 13,	d, fourth, or fifth	· · · · · · · · · · · · · · · · · · ·	15	-	99.	600 %
13 14 Se	11, and 12.). First 5 years. If the Form 990 is for this box and stop here	Support Percenne 8, column (f) of	first, second, thir entage divided by line 13,	d, fourth, or fifth	· · · · · · · · · · · · · · · · · · ·		-	99.	600 %
13 14 Se 15 16	11, and 12.). First 5 years. If the Form 990 is for this box and stop here. ction C. Computation of Public Public support percentage for 2023 (line Public support percentage from 2022 section D. Computation of Invest	Support Percene 8, column (f) of Schedule A, Part I	first, second, thir entage divided by line 13, III, line 15 Percentage	d, fourth, or fifth column (f))		15	-	99.	600 %
13 14 Se 15 16	11, and 12.). First 5 years. If the Form 990 is for this box and stop here. ction C. Computation of Public Public support percentage for 2023 (line Public support percentage from 2022)	Support Percene 8, column (f) of Schedule A, Part I	first, second, thir entage divided by line 13, III, line 15 Percentage	d, fourth, or fifth column (f))		15	-	99.	600 % 940 %
13 14 Se 15 16 Se 17	11, and 12.). First 5 years. If the Form 990 is for this box and stop here	Support Perce ne 8, column (f) of Schedule A, Part I ment Income 23 (line 10c, colu	first, second, thir	d, fourth, or fifth column (f))	f))	15 16	-	99.	600 % 940 % 0 %
13 14 Se 15 16 Se 17 18	11, and 12.). First 5 years. If the Form 990 is for this box and stop here. ction C. Computation of Public Public support percentage for 2023 (line) Public support percentage from 2022 stopport percentage from 2022 stopport percentage from 2022 stopport percentage from 2021 Investment income percentage from 2021 Investment income percentage from 2021 stopport percentage from 2022 stopport percentage from 2021 stopport percentage from 2022 stopport percentage from 2021 stopport percentage from 2022 stopport	Support Perce ne 8, column (f) of Schedule A, Part I ment Income 23 (line 10c, colu 2022 Schedule A,	first, second, thir entage divided by line 13, III, line 15 Percentage Imn (f) divided by Part III, line 17 .	d, fourth, or fifth column (f))	f))	15 16 17 18		99.	600 % 940 % 0 %
13 14 Se 15 16 Se 17	11, and 12.). First 5 years. If the Form 990 is for this box and stop here. ction C. Computation of Public Public support percentage for 2023 (ling Public support percentage from 2022 stop D. Computation of Invest Investment income percentage from 20 Investment income percentage from 23 1/3% support tests-2023. If the	Support Percene 8, column (f) of Schedule A, Part Imment Income 23 (line 10c, column 2022 Schedule A, organization did in support in the supp	first, second, thir	d, fourth, or fifth column (f))	f))	15 16 17 18 n 33 1/3%, and	line 1	99. 99. 7 is not	600 % 940 % 0 %
13 14 Se 15 16 Se 17 18	11, and 12.). First 5 years. If the Form 990 is for this box and stop here. ction C. Computation of Public Public support percentage for 2023 (line) Public support percentage from 2022 stop D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2 33 1/3% support tests-2023. If the more than 33 1/3%, check this box and	Support Perce ne 8, column (f) of Schedule A, Part I ment Income 23 (line 10c, colu 2022 Schedule A, organization did in d stop here. The	first, second, thir	d, fourth, or fifth column (f))	f))	15 16 17 18 n 33 1/3%, and	line 1	99. 99. 7 is not	600 % 940 % 0 %
13 14 Se 15 16 Se 17 18	11, and 12.). First 5 years. If the Form 990 is for this box and stop here. ction C. Computation of Public Public support percentage for 2023 (line) Public support percentage from 2022 stopport percentage from 2022 stopport percentage from 2022 stopport percentage from 2022 stopport percentage from 2021 investment income percentage from 2021 investment income percentage from 2021 stopport tests-2023. If the more than 33 1/3%, check this box and 33 1/3% support tests-2022. If the	Support Perce ne 8, column (f) of Schedule A, Part I ment Income 23 (line 10c, colu 2022 Schedule A, organization did d stop here. The e organization did	first, second, thir	d, fourth, or fifth column (f)) line 13, column (on line 14, and li ifies as a publicly on line 14 or line	f))	15 16 17 18 n 33 1/3%, and ration s more than 33	line 1	99. 99. 7 is not	600 % 940 % 0 %
13 14 Se 15 16 Se 17 18	11, and 12.). First 5 years. If the Form 990 is for this box and stop here. ction C. Computation of Public Public support percentage for 2023 (line) Public support percentage from 2022 stop D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2 33 1/3% support tests-2023. If the more than 33 1/3%, check this box and	Support Perce ne 8, column (f) of Schedule A, Part I ment Income 23 (line 10c, colu 2022 Schedule A, organization did d stop here. The e organization did	first, second, thir	d, fourth, or fifth column (f)) line 13, column (on line 14, and li ifies as a publicly on line 14 or line	f))	15 16 17 18 n 33 1/3%, and ration s more than 33	line 1	99. 99. 7 is not	600 % 940 % 0 %
13 14 Se 15 16 Se 17 18	11, and 12.). First 5 years. If the Form 990 is for this box and stop here. ction C. Computation of Public Public support percentage for 2023 (line) Public support percentage from 2022 section D. Computation of Invest Investment income percentage from 2021 Investment income percentage from 2031 1/3% support tests-2023. If the more than 33 1/3%, check this box and 33 1/3% support tests-2022. If the not more than 33 1/3%, check this box	Support Percene 8, column (f) of Schedule A, Part Imment Income 23 (line 10c, column 2022 Schedule A, organization did of stop here. The e organization did of and stop here.	first, second, thir first,	d, fourth, or fifth column (f)) line 13, column (on line 14, and li ifies as a publicly on line 14 or line qualifies as a publ	f))	15 16 17 18 n 33 1/3%, and ration	line 1	99. 99. 7 is not	600 % 940 % 0 %
13 14 Se 15 16 Se 17 18 19a b	11, and 12.). First 5 years. If the Form 990 is for this box and stop here. ction C. Computation of Public Public support percentage for 2023 (line) Public support percentage from 2022 stopport percentage from 2022 stopport percentage from 2022 stopport percentage from 2022 stopport percentage from 2021 stopport percentage from 2022 stopport percentage from 20	Support Percene 8, column (f) of Schedule A, Part Imment Income 23 (line 10c, column 2022 Schedule A, organization did of stop here. The e organization did of and stop here.	first, second, thir first,	d, fourth, or fifth column (f)) line 13, column (on line 14, and li ifies as a publicly on line 14 or line qualifies as a publ	f))	15 16 17 18 n 33 1/3%, and ration	line 1	99. 99. 7 is not	600 % 940 % 0 % 18 is
13 14 Se 15 16 Se 17 18 19a b	11, and 12.). First 5 years. If the Form 990 is for this box and stop here. ction C. Computation of Public Public support percentage for 2023 (line) Public support percentage from 2022 section D. Computation of Invest Investment income percentage from 2021 Investment income percentage from 2031 1/3% support tests-2023. If the more than 33 1/3%, check this box and 33 1/3% support tests-2022. If the not more than 33 1/3%, check this box	Support Percene 8, column (f) of Schedule A, Part Imment Income 23 (line 10c, column 2022 Schedule A, organization did of stop here. The e organization did of and stop here.	first, second, thir first,	d, fourth, or fifth column (f)) line 13, column (on line 14, and li ifies as a publicly on line 14 or line qualifies as a publ	f))	15 16 17 18 n 33 1/3%, and ration	line 1	99. 99. 7 is not	600 % 940 % 0 % 18 is
13 14 Se 15 16 Se 17 18 19a b	11, and 12.). First 5 years. If the Form 990 is for this box and stop here. ction C. Computation of Public Public support percentage for 2023 (line) Public support percentage from 2022 section D. Computation of Invest Investment income percentage from 2021 Investment income percentage from 2031 1/3% support tests-2023. If the more than 33 1/3%, check this box and 33 1/3% support tests-2022. If the not more than 33 1/3%, check this box	Support Percene 8, column (f) of Schedule A, Part Imment Income 23 (line 10c, column 2022 Schedule A, organization did of stop here. The e organization did of and stop here.	first, second, thir first,	d, fourth, or fifth column (f)) line 13, column (on line 14, and li ifies as a publicly on line 14 or line qualifies as a publ	f))	15 16 17 18 n 33 1/3%, and ration	line 1	99. 99. 7 is not	600 % 940 % 0 % 18 is
13 14 Se 15 16 Se 17 18 19a b	11, and 12.). First 5 years. If the Form 990 is for this box and stop here. ction C. Computation of Public Public support percentage for 2023 (line) Public support percentage from 2022 section D. Computation of Invest Investment income percentage from 2021 Investment income percentage from 2031 1/3% support tests-2023. If the more than 33 1/3%, check this box and 33 1/3% support tests-2022. If the not more than 33 1/3%, check this box	Support Percene 8, column (f) of Schedule A, Part Imment Income 23 (line 10c, column 2022 Schedule A, organization did of stop here. The e organization did of and stop here.	first, second, thir first,	d, fourth, or fifth column (f)) line 13, column (on line 14, and li ifies as a publicly on line 14 or line qualifies as a publ	f))	15 16 17 18 n 33 1/3%, and ration	line 1	99. 99. 7 is not	600 % 940 % 0 % 18 is
13 14 Se 15 16 Se 17 18 19a b	11, and 12.). First 5 years. If the Form 990 is for this box and stop here. ction C. Computation of Public Public support percentage for 2023 (line) Public support percentage from 2022 section D. Computation of Invest Investment income percentage from 2021 Investment income percentage from 2031 1/3% support tests-2023. If the more than 33 1/3%, check this box and 33 1/3% support tests-2022. If the not more than 33 1/3%, check this box	Support Percene 8, column (f) of Schedule A, Part Imment Income 23 (line 10c, column 2022 Schedule A, organization did of stop here. The e organization did of and stop here.	first, second, thir first, second, thir first, second, thir first, second, thir first, second for the second fo	d, fourth, or fifth column (f)) line 13, column (on line 14, and li ifies as a publicly on line 14 or line qualifies as a publ	f))	15 16 17 18 n 33 1/3%, and ration	line 1	99. 99. 7 is not	600 % 940 % 0 % 18 is
13 14 Se 15 16 Se 17 18 19a b	11, and 12.). First 5 years. If the Form 990 is for the this box and stop here. ction C. Computation of Public Public support percentage for 2023 (ling Public support percentage from 2022 stop D. Computation of Invest Investment income percentage from 2021 Investment income percentage from 203 1/3% support tests-2023. If the more than 33 1/3%, check this box and 33 1/3% support tests—2022. If the not more than 33 1/3%, check this box Private foundation. If the organization	Support Percene 8, column (f) of Schedule A, Part Imment Income 23 (line 10c, column 2022 Schedule A, organization did of stop here. The e organization did of and stop here.	first, second, thir first, second, thir first, second, thir first, second, thir first, second for the second fo	d, fourth, or fifth column (f)) line 13, column (on line 14, and li ifies as a publicly on line 14 or line qualifies as a publ	f))	15 16 17 18 n 33 1/3%, and ration	line 1	99. 99. 7 is not	600 % 940 % 0 % 18 is
13 14 Se 15 16 Se 17 18 19a b	11, and 12.). First 5 years. If the Form 990 is for this box and stop here. ction C. Computation of Public Public support percentage for 2023 (line) Public support percentage from 2022 section D. Computation of Invest Investment income percentage from 2021 Investment income percentage from 2031 1/3% support tests-2023. If the more than 33 1/3%, check this box and 33 1/3% support tests-2022. If the not more than 33 1/3%, check this box	Support Percene 8, column (f) of Schedule A, Part Imment Income 23 (line 10c, column 2022 Schedule A, organization did of stop here. The e organization did of and stop here.	first, second, thir first, second, thir first, second, thir first, second, thir first, second for the second fo	d, fourth, or fifth column (f)) line 13, column (on line 14, and li ifies as a publicly on line 14 or line qualifies as a publ	f))	15 16 17 18 n 33 1/3%, and ration	line 1	99. 99. 7 is not and line m 990)	600 % 940 % 0 % 18 is
13 14 Se 15 16 Se 17 18 19a b	11, and 12.). First 5 years. If the Form 990 is for this box and stop here. ction C. Computation of Public Public support percentage for 2023 (line Public support percentage from 2022 stop of the support percentage from 2022 stop of the support percentage from 2022 stop of the support percentage from 2021 Investment income percentage from 2021 Investment income percentage from 2021 stop of the support tests—2023. If the more than 33 1/3%, check this box and 33 1/3% support tests—2022. If the not more than 33 1/3%, check this box Private foundation. If the organization of the support tests—2021 stop of the support tests—2022 stop of the support tests—2023 stop of t	Support Percenters of the second seco	first, second, thir first, second, thir first, second, thir first, second, thir first, second for the second fo	d, fourth, or fifth column (f)) line 13, column (on line 14, and li ifies as a publicly on line 14 or line qualifies as a publ	f))	15 16 17 18 n 33 1/3%, and ration	line 1	99. 99. 7 is not and line m 990)	600 % 940 % 0 % 18 is
13 14 Se 15 16 Se 17 18 19a b 20	11, and 12.). First 5 years. If the Form 990 is for the this box and stop here. ction C. Computation of Public Public support percentage for 2023 (ling Public support percentage from 2022 stopport percentage from 2022 stopport percentage from 2022 stopport percentage from 2022 stopport income percentage from 203 1/3% support tests-2023. If the more than 33 1/3%, check this box and 33 1/3% support tests—2022. If the not more than 33 1/3%, check this box Private foundation. If the organization of the A (Form 990) 2023	Support Perce ne 8, column (f) of Schedule A, Part I ment Income 23 (line 10c, colu 2022 Schedule A, organization did of stop here. The e organization did of and stop here. ion did not check	first, second, thir	d, fourth, or fifth column (f)). line 13, column (on line 14, and li ifies as a publicly on line 14 or line qualifies as a publ	f))	15 16 17 18 n 33 1/3%, and ration	line 1	99. 99. 7 is not and line m 990)	600 % 940 % 0 % 0 % 18 is
13 14 Se 15 16 Se 17 18 19a b 20	11, and 12.). First 5 years. If the Form 990 is for this box and stop here. ction C. Computation of Public Public support percentage for 2023 (line Public support percentage from 2022 stop of the support percentage from 2022 stop of the support percentage from 2022 stop of the support percentage from 2021 Investment income percentage from 2021 Investment income percentage from 2021 stop of the support tests—2023. If the more than 33 1/3%, check this box and 33 1/3% support tests—2022. If the not more than 33 1/3%, check this box Private foundation. If the organization of the support tests—2021 stop of the support tests—2022 stop of the support tests—2023 stop of t	Support Perce ne 8, column (f) of Schedule A, Part I ment Income 23 (line 10c, colu 2022 Schedule A, organization did of stop here. The e organization did of and stop here. ion did not check of	first, second, thir first,	d, fourth, or fifth	f))	15 16 17 18 n 33 1/3%, and retion	line 1	99. 99. 7 is not 3 and line 4 m 990)	600 % 940 % 0 % 18 is
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Pail a b c Sec 1	dule A (Form 990) 2023 ***Extinct Supporting Organizations (continued) Has the organization accepted a gift or contribution from any of the following persons? 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? A family member of a person described on 11a above? A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI. **Exection B. Type I Supporting Organizations** Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization's directors or trustees at all times during the carganization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	11a 11b 11c		No No
Pail a b c Sec 1	Has the organization accepted a gift or contribution from any of the following persons? 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? A family member of a person described on 11a above? A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI. Bection B. Type I Supporting Organizations Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization's effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	11a 11b 11c	Yes	Page 5
Par 111 a b c	dule A (Form 990) 2023 **TV Supporting Organizations (continued) Has the organization accepted a gift or contribution from any of the following persons? 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? A family member of a person described on 11a above? A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI. **Extion B. Type I Supporting Organizations** Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supported organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting	11a 11b 11c	Yes	Page 5
Par 111 a b c	Has the organization accepted a gift or contribution from any of the following persons? 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? A family member of a person described on 11a above? A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI. Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization's offectively 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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported organization(s) that	11a 11b 11c	Yes	Page 5
11 a b c	dule A (Form 990) 2023 **** **IV** Supporting Organizations* (continued) Has the organization accepted a gift or contribution from any of the following persons? 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? A family member of a person described on 11a above? A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in **Part VI.** **Pection B. Type I Supporting Organizations** Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any,	11a 11b 11c	Yes	Page 5
11 a b c	dule A (Form 990) 2023 **** TV Supporting Organizations (continued) Has the organization accepted a gift or contribution from any of the following persons? 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? A family member of a person described on 11a above? A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI. **Pection B. Type I Supporting Organizations** Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or	11a 11b	Yes	Page 5
11 a b c	dule A (Form 990) 2023 **TIV Supporting Organizations (continued) Has the organization accepted a gift or contribution from any of the following persons? 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? A family member of a person described on 11a above? A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI. Section B. Type I Supporting Organizations	11a 11b	Yes	Page 5
11 a b c	dule A (Form 990) 2023 **TIV Supporting Organizations (continued) Has the organization accepted a gift or contribution from any of the following persons? 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? A family member of a person described on 11a above? A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.	11a 11b	Yes	Page 5
11 a	dule A (Form 990) 2023 **TIV Supporting Organizations (continued) Has the organization accepted a gift or contribution from any of the following persons? 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? A family member of a person described on 11a above? A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part	11a 11b	P	age 5
Pai	dule A (Form 990) 2023 **TIV Supporting Organizations (continued) Has the organization accepted a gift or contribution from any of the following persons? 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?	11a	P	age 5
Pai	dule A (Form 990) 2023 **EXIMATE OF THE PROPERTY OF THE PROPE		P	age 5
Pai	dule A (Form 990) 2023 t IV Supporting Organizations (continued) Has the organization accepted a gift or contribution from any of the following persons?	(Form	P	age 5
Pai	dule A (Form 990) 2023 t IV Supporting Organizations (continued)	(Form	P	age 5
	dule A (Form 990) 2023	(Form		
Sche		(Form		
_	Page 5	(Form	990)	2023
		(Form	990)	2023
		(Form	990)	2023
	Schedule A	TOD		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b		
	answer line 10b below.	10a		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations)? If "Yes,"			
С	in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
_	organization had an interest? If "Yes," provide detail in Part VI. Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets	9b		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting	Уđ		
	defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as	8		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).			
,	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
7	organization's supported organizations? If "Yes," provide detail in Part VI . Did the organization provide a grant loan compensation or other similar navment to a substantial contributor (defined in	6		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing			
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
h	organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported			
·	501(c)(3) and $509(a)(1)$ or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes.	4c		
c	supervised by or in connection with its supported organizations. Did the organization support any foreign supported organization that does not have an IRS determination under sections	40		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or	4b		
	checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
Tu	If "Yes," explain in Part VI what controls the organization put in place to ensure such use. Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you	3с		
4a				

1	were a majority of the organization's directors or trustees during the tax year also a reach of the organization's supported organization(s)? If "No," describe in Part VI how supporting organization was vested in the same persons that controlled or managed t	v contr	ol or management of the	1		
Se	ection D. All Type III Supporting Organizations					
					Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of tax year, (i) a written notice describing the type and amount of support provided durin Form 990 that was most recently filed as of the date of notification, and (iii) copies of	ng the	prior tax year, (ii) a copy of the	÷		
	documents in effect on the date of notification, to the extent not previously provided?			1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or el					
	organization(s) or (ii) serving on the governing body of a supported organization? If " organization maintained a close and continuous working relationship with the support					
3	By reason of the relationship described in line 2 above, did the organization's support	ad ara	anizatione have a cignificant	2		
3	voice in the organization's investment policies and in directing the use of the organization's supported during the tax year? If "Yes," describe in Part VI the role the organization's supported	tion's	ncome or assets at all times	3		
Se	ection E. Type III Functionally-Integrated Supporting Organizations					
1	Check the box next to the method that the organization used to satisfy the Integral Pa	art Tes	t during the year (see instruc	tions):		
а	The organization satisfied the Activities Test. Complete line 2 below.					
b	The organization is the parent of each of its supported organizations. Complete	e line	3 below.			
c	The organization supported a governmental entity. Describe in Part VI how yo	u supp	oorted a government entity (see	e instru	ctions)	
,	Activities Test Anguar lines 2n and 2h halou					
2	Activities Test. Answer lines 2a and 2b below.				Yes	No
а	Did substantially all of the organization's activities during the tax year directly further supported organization(s) to which the organization was responsive? If "Yes," then in organizations and explain how these activities directly furthered their exempt purp responsive to those supported organizations, and how the organization determined the	Part \	/I identify those supported how the organization was			
	substantially all of its activities.			2a		
b	Did the activities described on line 2a, above constitute activities that, but for the org of the organization's supported organization(s) would have been engaged in? If "Yes," the organization's position that its supported organization(s) would have engaged in t	" expla	in in Part VI the reasons for			
	organization's involvement.			2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.					
а	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No", provide details in Part VI.</i>					
b	Did the organization exercise a substantial degree of direction over the policies, progr supported organizations? If "Yes," describe in Part VI. the role played by the organiz					
			Schedule A	3b	n 000)	2023
			Schedule P	(1011	550)	2025
	Page 6					
Sche	dule A (Form 990) 2023				F	Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgan	izations			
1	Check here if the organization satisfied the Integral Part Test as a qualifying tru			 VI). Sε		
	instructions. All other Type III non-functionally integrated supporting organiza					
	Section A - Adjusted Net Income		(A) Prior Year		rent Yea ional)	r
<u> </u>	Not chart term capital gain	1		(Opti	orial)	
	Net short-term capital gain Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3	4				
	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or collection of gross	6				
	income or for management, conservation, or maintenance of property held for production of income (see instructions)					
_ 7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8				
	Section B - Minimum Asset Amount		(A) Prior Year		rent Yea ional)	r
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1				
а	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
C	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				

е	Discount claimed for blockage or other factors (explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt use assets					
	Subtract line 2 from line 1d		3			
4	Cash deemed held for exempt use. Enter 0.015 of line	3 (for greater amount, see				
	instructions).		4			
5	Net value of non-exempt-use assets (subtract line 4 fr	rom line 3)	5			
<u> </u>	Multiply line 5 by 0.035		6			
	Recoveries of prior-year distributions		7			
8	Minimum Asset Amount (add line 7 to line 6)		8			0
	Section C - Distributable Amount					Current Year
	Adjusted net income for prior year (from Section A, lin	ne 8, Column A)	1			
	Enter 85% of line 1	line O. Caluman A)	2			
	Minimum asset amount for prior year (from Section B, Enter greater of line 2 or line 3	line 8, Column A)	3			
<u> 4</u>			5			
	Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, u	place subject to emergency				
6	temporary reduction (see instructions)	mess subject to emergency	6			
7	Check here if the current year is the organization	n's first as a non-functionally-i	integrat	ed Type III sup	porting	organization (see
	instructions)				Sc	hedule A (Form 990) 2023
						()
		Page 7				
Sche	dule A (Form 990) 2023					Page 7
Pa	rt V Type III Non-Functionally Integrated	I 509(a)(3) Supporting (Organi	izations (cor	ntinued)
Sec	tion D - Distributions					Current Year
1	Amounts paid to supported organizations to accomplish	evemnt nurnoses			1	
					_	
	Amounts paid to perform activity that directly furthers ϵ excess of income from activity	exempt purposes of supported	organiz	ations, in	2	
3	Administrative expenses paid to accomplish exempt pur	poses of supported organization	ons		3	
4	Amounts paid to acquire exempt-use assets				4	
5	Qualified set-aside amounts (prior IRS approval required	d - provide details in Part VI)			5	
6	Other distributions (<i>describe in Part VI</i>). See instructio	ns			6	
7 1	otal annual distributions. Add lines 1 through 6.				7	
	Distributions to attentive supported organizations to wh details in Part VI). See instructions	ich the organization is respons	sive (<i>pro</i>	ovide	8	
9	Distributable amount for 2023 from Section C, line 6				9	
10 L	ine 8 amount divided by Line 9 amount				10	
	Section E - Distribution Allocations	(i)	11	(ii) derdistributio		(iii) Distributable
	(see instructions)	Excess Distributions	Und	Pre-2023	15	Amount for 2023
1 [Distributable amount for 2023 from Section C, line 6					
2 l	Inderdistributions, if any, for years prior to 2023					
(reasonable cause required explain in Part VI). lee instructions.					
	excess distributions carryover, if any, to 2023: From 2018					
	From 2018					
	From 2020					
d	From 2021					
	From 2022					
	otal of lines 3a through e Applied to underdistributions of prior years					
	Applied to 2023 distributable amount					
i (Carryover from 2018 not applied (see					_
	instructions) emainder. Subtract lines 3g, 3h, and 3i from line 3f.					
	stributions for 2023 from Section D, line 7:					
	•					
	Applied to underdistributions of prior years			·		

Return Reference		Explanation	Schedule A (Form 990) 20
Return Reference		Explanation	
	. determine an earliest		
	Facts And Circumstar	nces Test	
instructions).	Part V, Section E, lines 2, 5, and 6.	Also complete this part for a	ny additional information. (See
Section A, lines 1, 2, 3b, 3c, 4b, Part IV, Section D, lines 2 and 3;	4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and Part IV, Section E, lines 1c, 2a, 2b,	l 11c; Part IV, Section B, line 3a and 3b; Part V, line 1; Pa	
hedule A (Form 990) 2023		Doct II line 10: Doct II line 1	Page
	Page 8 —		Schedule A (Form 330) (202
e Excess from 2023			Schedule A (Form 990) (202
Excess from 2022			
Excess from 2021			
b Excess from 2019			
Breakdown of line 7: a Excess from 2019			
Excess distributions carryover to 2024 3j and 4c.	Add lines		
Remaining underdistributions for 2023. Sul lines 3h and 4b from line 1. If the amount than zero, explain in Part VI. See instruc-	t is greater		
2023, if any. Subtract lines 3g and 4a fror If the amount is greater than zero, <i>explain</i> See instructions.	m line 2.		
Remaining underdistributions for years prid	line 4.		
	line 4.		

Software ID: Software Version:

efile Public Visual Render ObjectId: 202500519349300205 - Submission: 2025-02-20 TIN: 20-8924701 Schedule B OMB No. 1545-0047 Schedule of Contributors (Form 990) Attach to Form 990, 990-EZ, or 990-PF. 2023 Department of the Treasury Internal Revenue Service ► Go to <u>www.irs.gov/Form990</u> for the latest information. Name of the organization **Employer identification number** SPORTABLE RICHMOND ADAPTIVE SPORTS AND RECREATION INC 20-8924701 Organization type (check one): Filers of: Section: Form 990 or 990-EZ ☐ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 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 other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor. during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor. during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. 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, 990-EZ, or 990-PF), 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 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF). For Paperwork Reduction Act Notice, see the Instructions Cat. No. 30613X Schedule B (Form 990) (2023) for Form 990, 990-EZ, or 990-PF. Page 2

Schedule B (Form 990) (2023)

Page 2

Part I Contributo	Contributors (see instructions). Use duplicate copies of Part I if additional sp	pace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTE			Person
		* DECEDICATED	Payroll
		\$ RESTRICTED	Noncash
	,		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-			Payroll
	·	<u> </u>	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-		e	Payroll
		<u> </u>	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-			Payroll
	·	<u> </u>	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-			Payroll
		<u> </u>	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-		· ·	Payroll
	·	<u> </u>	Noncash
			(Complete Part II for noncash contributions.)
			Schedule B (Form 990) (2023
	Page 3		
	s (Form 990) (2023)		Page
	RICHMOND ADAPTIVE SPORTS	Employer identification	on number
AND RECRE Part II	ATION INC Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.	20-8924701	
(a)	(b)	(c)	(d)
No. from Part I	Description of noncash property given	FMV (or estimate) (See instructions)	Date received

-				\$_	
(a) No. from Part I	(b) Description of noncash p	property given		(c) or estimate) instructions)	(d) Date received
- (-)				\$	
(a) No. from Part I	(b) Description of noncash p	property given		(c) or estimate) instructions)	(d) Date received
(a)	(b)			(c)	(d)
No. from Part I	Description of noncash p	property given		or estimate) instructions)	Date received
(a) No. from Part I	(b) Description of noncash p	property given		(c) or estimate) instructions)	(d) Date received
-				\$_	
(a) No. from Part I	(b) Description of noncash բ	property given		(c) or estimate) instructions)	(d) Date received
-				\$	
Sahadula I	2 (Earm 000) (2022)	Page 4 ————			Schedule B (Form 990) (2023)
Name of or SPORTABLE	RICHMOND ADAPTIVE SPORTS				Page 4 tification number
AND RECRE Part III	Exclusively religious, charitable, etc., control than \$1,000 for the year from any one control organizations completing Part III, enter the year. (Enter this information once. See inst Use duplicate copies of Part III if additional specific process.)	ributor. Complete columns (a) the total of exclusively religious, clustions.) \(\) \(\) \(\) \(\)	hrough (e)	and the following	line entry. For
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Descrip	otion of how gift is held
·	Transferee's name, address, and Z	(e) Transfer of gift	Relationshi	p of transferor to	transferee
(a) No. from Part I	(b) Purpose of gift	c) Use of gift		(d) Descrip	otion of how gift is held
·	Transferee's name, address, and Z	(e) Transfer of gift	Relationshi	p of transferor to	transferee
(a)	(h) Purpose of gift	(c) Use of gift		(d) Descrin	ntion of how aift is held

Part I	(2) : 4: 5000 0: 3:::		(o) ooo or girt	(a) Decomption of non-girt io note
. =				
	Transferee's name, address, and		e) Transfer of gift Relationsh	ip of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	_	(c) Use of gift	(d) Description of how gift is held
. =	Transferee's name, address, and	ZIP 4	e) Transfer of gift Relationsh	ip of transferor to transferee
				Schedule B (Form 990) (2023)
				Ochedule B (Form 990) (2025)

Additional Data

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ObjectId: 202500519349300205 - Submission: 2025-02-20

TIN: 20-8924701

SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

	me of the organization DRTABLE RICHMOND ADAPTIVE SPORTS	Employer identification number
	D RECREATION INC	20-8924701
Pa	Organizations Maintaining Donor Advised Funds or Other Similar F Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	unds or Accounts.
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant further charitable purposes and not for the benefit of the donor or donor advisor, or for any other private benefit?	unds can be used only for ourpose conferring impermissible
Pa	rt II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (e.g., recreation or education)	ion of an historically important land area
		ion of a certified historic structure
		ion of a certified historic structure
_	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution is easement on the last day of the tax year.	Held at the End of the Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	
С	Number of conservation easements on a certified historic structure included in (a)	
d	Number of conservation easements included in (c) acquired after July 25, 2006, and not on historic structure listed in the National Register	a 2d
3	Number of conservation easements modified, transferred, released, extinguished, or termin tax year	nated by the organization during the
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, hand enforcement of the conservation easements it holds?	nandling of violations,
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enf	forcing conservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcin \$\$\$	g conservation easements during the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of s and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue a balance sheet, and include, if applicable, the text of the footnote to the organization's finan the organization's accounting for conservation easements.	
Par	t III Organizations Maintaining Collections of Art, Historical Treasures,	
1a	Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue shistorical treasures, or other similar assets held for public exhibition, education, or research Part XIII, the text of the footnote to its financial statements that describes these items.	statement and balance sheet works of art,
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue state historical treasures, or other similar assets held for public exhibition, education, or research following amounts relating to these items:	
,	(i) Revenue included on Form 990, Part VIII, line 1	▶\$
	ii)Assets included in Form 990, Part X	
(I 2	If the organization received or held works of art, historical treasures, or other similar assets	·
а	following amounts required to be reported under FASB ASC 958 relating to these items: Revenue included on Form 990, Part VIII, line 1	▶\$
b	Assets included in Form 990, Part X	<u></u>
_		-

Schedule D (Form 990) 2022

Sched	dule D	(Form 990) 2022								Page 2
Part	III	Organizations Maintaining Col	lections of A	rt, Histor	ical Trea	asures, o	r Other	Similar As	sets (cont	inued)
3		the organization's acquisition, accession (check all that apply):	າ, and other rec		any of the	e following	that are a	significant u	ise of its coll	lection
а		Public exhibition		d		oan or exch	ange prog	ırams		
b		Scholarly research		е	O 0	ther .				
С		Preservation for future generations								
4	Provide Part >	de a description of the organization's col	lections and exp	olain how th	ey further	the organi	zation's ex	kempt purpo	se in	
5		g the year, did the organization solicit or s to be sold to raise funds rather than to							Yes	□ No
Par	t IV	Escrow and Custodial Arrange Complete if the organization answline 21.		Form 990), Part IV	, line 9, o	r reporte	d an amou		
1a		e organization an agent, trustee, custodi led on Form 990, Part X?							☐ Yes	□ No
b	If "Ye	s," explain the arrangement in Part XIII	and complete t	he followina	table:			A	mount	
c		ning balance					1c			
d	Addit	ions during the year					1d			
е	Distri	butions during the year					1e			
f	Endin	g balance					1f			
2a	Did th	ne organization include an amount on Fo	ırm 990 Part X	line 21 for	escrow or	r custodial :	account lia	ahility?	☐ Vec	□ No
b		s," explain the arrangement in Part XIII		•				•		_ NO
	t V	Endowment Funds.	- Cricci Tiere II e	пс схрішнис		sen provide				
		Complete if the organization answ	vered "Yes" or	Form 990), Part IV	, line 10.				
			(a) Current ye	ar (b)	Prior year	(c) Two	years back	(d) Three year	ars back (e)	Four years back
	_	ing of year balance								
		outions								
		restment earnings, gains, and losses								
		or scholarships								
		expenditures for facilities ograms								
f /	Admini	strative expenses								
g l	End of	year balance								
2 a		de the estimated percentage of the curre I designated or quasi-endowment	ent year end bal	ance (line 1	g, column	ı (a)) held a	as:			
b	Perm	anent endowment 🕨								
c		endowment ►								
_		ercentages on lines 2a, 2b, and 2c shou	ld equal 100%.							
3а		nere endowment funds not in the posses vization by:	sion of the orga	inization tha	nt are held	l and admir	nistered fo	r the		Yes No
	(i) U	nrelated organizations							3a(i)	
		elated organizations							3a(ii)	
		s" on 3a(ii), are the related organization							3b	
4		ibe in Part XIII the intended uses of the		endowment	runas.					
Par	t VI	Land, Buildings, and Equipment Complete if the organization answ		Form 990) Part IV	line 11a	See For	m 990 Par	t X line 10	n
	Descri	ption of property (a) Cost or oth (investme	ner basis (b)) Cost or other				depreciation		ook value
1a	and									
b I	Buildin	gs								
c I	_easeh	old improvements								
d I	Equipn	nent								
_										
Tota	. Add	lines 1a through 1e. (Column (d) must e	qual Form 990,	Part X, colu	umn (B), I	ine 10(c).)		•		

Part VII Investments - Other Securities. Complete if the organization answered "Yes" on Form 990, P	ort IV	lina 11h Caa Fa	000 Da	urt V line 12
(a) Description of security or category (including name of security)	(b) Book value	Cos	(c) Method	of valuation: year market value
(1) Financial derivatives				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related. Complete if the organization answered 'Yes' on Form 990, P	art IV.	line 11c. See Fo	orm 990. Pa	art X. line 13.
(a) Description of investment		(b) Book value	(c)	Method of valuation: end-of-year market value
(1)			2031 01	end of year market value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)	•			
Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IX	art IV, I	ine 11d. See Fo	rm 990, Pa	
(a) Description (1)ROU ASSET - OPERATING				(b) Book value 91,982
(2)ROU ASSET - FINANCING				6,156
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)			>	98,138
Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Pa	art IV, I	ine 11e or 11f.S	ee Form 9	
1. (a) Description of liability (1) Federal income taxes				(b) Book value

,		<u>.</u>	
RANT ADVANCES			128,391
LEASE LIABILITY - OPERATING			53,321
LEASE LIABILITY - OPERATING			41,010
ASE LIABILITY - LONG TERM ASE LIABILITY - SHORT TERM			4,759 1,547
ASE LIABILITY - SHORT TERM			1,347
tal. (Column (b) must equal Form 990, Part X, co	ol.(B) line 25.)	•	229,028
	rt XIII, provide the text of the footnote to the or	ganization's financial statements tha	
ganization's liability for uncertain tax posit	tions under FIN 48 (ASC 740). Check here if the	text of the footnote has been provid	led in Part XIII 🔽
		Schedule	D (Form 990) 2022
	Page 4		
hedule D (Form 990) 2022			Page 4
, ,	ue per Audited Financial Statements V	With Revenue per Return.	rage 4
	on answered 'Yes' on Form 990, Part IV, lir	-	
Total revenue, gains, and other suppo	rt per audited financial statements		2,199,269
Amounts included on line 1 but not on	Form 990, Part VIII, line 12:		_
a Net unrealized gains (losses) on inves	tments 2a		
b Donated services and use of facilities	2b	202,891	
c Recoveries of prior year grants	2c		
d Other (Describe in Part XIII.)	2d		
e Add lines 2a through 2d		2e	202,891
Subtract line 2e from line 1	. 	3	1,996,378
Amounts included on Form 990, Part V	/III, line 12, but not on line 1:		
a Investment expenses not included on	Form 990, Part VIII, line 7b . 4a		
b Other (Describe in Part XIII.)	4b		
c Add lines 4a and 4b		4c	
Total revenue. Add lines 3 and 4c. (Th	nis must equal Form 990, Part I, line 12.)	5	1,996,378
•	ses per Audited Financial Statements		
	on answered 'Yes' on Form 990, Part IV, lir		
·	financial statements	1	2,008,809
Amounts included on line 1 but not on		202 004	
a Donated services and use of facilities	 	202,891	
b Prior year adjustments			
c Other losses	 		
d Other (Describe in Part XIII.)	<u> </u>		
e Add lines 2a through 2d			202,891
Subtract line 2e from line 1		3	1,805,918
Amounts included on Form 990, Part I	1 1		
a Investment expenses not included on	· · · · · · · · · · · · · · · · · · ·		
b Other (Describe in Part XIII.)	4b		
		4c	
<u> </u>	This must equal Form 990, Part I, line 18.)	5	1,805,918
Part XIII Supplemental Informa			
	I, lines 3, 5, and 9; Part III, lines 1a and 4; Part		art X, line 2; Part XI,
	4b. Also complete this part to provide any addition		
Return Reference		Explanation	
CHEDULE D, PAGE 3, PART X	INCOME TAXES ADDRESSES THE I EXPECTED TO BE CLAIMED ON A T STATEMENTS. UNDER THAT GUIDA FROM AN UNCERTAIN TAX POSITION POSITION WILL BE SUSTAINED ON TECHNICAL MERITS OF THE POSITION OF THE ORGANIZATION A	ACCOUNTING STANDARD ON ACCOL DETERMINATION OF WHETHER TAX ITAX RETURN SHOULD BE RECORDED ANCE, THE ORGANIZATION MAY RECON ONLY IF IT IS MORE LIKELY THAIN EXAMINATION BY TAXING AUTHOR ITON. EXAMPLES OF TAX POSITIONS IND VARIOUS POSITIONS RELATED LE INCOME (UBTI). THE ORGANIZAT	BENEFITS CLAIMED OR IN THE FINANCIAL OGNIZE THE TAX BENE N NOT THAT THE TAX ITITIES BASED ON THE INCLUDE THE TAX-EX TO THE POTENTIAL SOI

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SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

TIN: 20-8924701

OMB No. 1545-0047

2023

	Complete if the org	anization answered "Yes"	on Form 990, Part IV, lines :	17, 18, or 19, or if the	2020
epartment of the Treasury	ine 6a.	Open to Public			
nternal Revenue Service	▶ Go to v		990 or Form 990-EZ. instructions and the latest in		Inspection
Name of the organization SPORTABLE RICHMOND A	DAPTIVE SPORTS			Employer id	lentification number
AND RECREATION INC				20-8924701	
		_	n answered "Yes" on F	orm 990, Part IV, line	17.
	Z filers are not require	•			
1 Indicate whether the	e organization raised fund	ds through any of the f	ollowing activities. Check	all that apply.	
a Mail solicitations		n-government grants			
b Internet and em	ail solicitations	1	f Solicitation of gov	ernment grants	
c Phone solicitation	ns	9	g 🗌 Special fundraisin	g events	
d In-person solicita	ations				
			vidual (including officers, on with professional fund	raising services?	Yes 🗆 No
	nighest paid individuals o at least \$5,000 by the or		pursuant to agreements	under which the fundrais	ser is
i) Name and address of i or entity (fundraise		fundraiser have custody or control of	(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
		contributions? Yes No			
	+				
「otal					
3 List all states in which licensing.	the organization is regis	tered or licensed to sol	licit contributions or has l	peen notified it is exempt	from registration or
	=======================================			=======================================	
or Paperwork Reduction A	ct Notice, see the Instruct	ions for Form 990 or 99	O-EZ. Cat. No.	. 50083H	Schedule G (Form 990) 2023
		Pa	age 2 ————		
Schedule G (Form 990) 20	023				Page 2

		(a) Event #1	(b) Event #2	(c)Other events	(d) Total events (add col. (a) through
		GOLF TOURNAMENT	(2002 pt to 2002)	(tatal avealance)	col. (c))
		(event type)	(event type)	(total number)	
nue					
Revenue					
ž					
	1 Cross respirits	19,000			19,000
	1 Gross receipts	18,000			18,000
	2 Less: Contributions3 Gross income (line 1 minus				
	line 2)	18,000		1	18,000
	4 Cash prizes				
S	5 Noncash prizes				
Direct Expenses	6 Rent/facility costs				
X.	7 Food and beverages				
ಕ	8 Entertainment				
ë	9 Other direct expenses	11,824			11,824
	10 Direct expense summary. Add lines 4 t	hrough 9 in column (d)			11,824
	11 Net income summary. Subtract line 10	from line 3, column (d)			6,176
Pai	t III Gaming. Complete if the organization	anization answered "Ye	s" on Form 990, Part I	V, line 19, or reported	more than \$15,000
a \	on Form 990-EZ, line 6a.				
Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col.(c))
eve			371 3		
	1 Gross revenue				
enses	2 Cash prizes				
滋	3 Noncash prizes				
Ħ	4 Rent/facility costs				
Direct					
	5 Other direct expenses	☐ Yes %	☐ Yes %	☐ Yes %	
	6 Volunteer labor	□ No		□ No	
	Volunteer labor 1 1 1 1	U 140	∪ No		
	7 Direct expense summary. Add lines 2 t	through 5 in column (d)		•	_
	8 Net gaming income summary. Subtrac	t line 7 from line 1, colum	n (d)		
9	Enter the state(s) in which the organizati	ion conducts gaming activ	ities:		
а	Is the organization licensed to conduct ga				☐ Yes ☐ No
b	If "No," explain:				
10a	Were any of the organization's gaming lie	censes revoked, suspende	d or terminated during the	e tax year?	
b	If "Yes," explain:				

Sche	dule G	(Form 990) 2023						F	Page 3
11	Does	the organization conduct ga	ming activities with nonmember	s?			☐ Yes	□No	
12				member of a partnership or other ent	ity 		Yes		
13	Indica	ate the percentage of gamin	g activity conducted in:		Ī	Ī	_ 163	_ 110	
а	The o	rganization's facility .				13a			%
b	An ou	tside facility			. [13b			%
14	Enter	the name and address of th	e person who prepares the orga	nization's gaming/special events books	and rec	cords:			
	Name								
15a		the organization have a con	tract with a third party from who	om the organization receives gaming					
b	If "Yes	s," enter the amount of gam		anization 🕨 \$					
С	If "Yes	s," enter name and address	of the third party:						
	Name	·							
	Addre	ess 🕨							
16	Name	•	* \$						
	Descr	iption of services provided	·						
		Director/officer	Employee	☐ Independent contractor	-				
17	Manda	atory distributions:							
а	Is the	organization required unde	r state law to make charitable di	stributions from the gaming proceeds			☐ Yes	□ No	
b			required under state law distribution activities during the tax year	uted to other exempt organizations or s	spent		U les	O NO	
Pai	rt IV	Supplemental Inform	nation. Provide the explanat	cions required by Part I, line 2b, collicable. Also provide any additiona	olumns al inforn	(iii) ar nation.	nd (v); ar . See inst	nd Part tructions	5.
		Return Reference		Explanation					
			•		Schedu	le G (Fo	orm 990) 2	023	
Ac	dditic	onal Data					Return t	to Form	1

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Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. Schedule I

(Form 990)

Grants and Other Assistance to Organizations,

OMB No. 1545-0047

Department of the										2023 Open to Public Inspection	
nternal Revenue Service lame of the organization PORTABLE RICHMOND	ADAPTIVE SPO	RTS							Employer identific	ation number	
ND RECREATION INC Part I General	Information	on Grants	and Assistar	ice					20-8924701		
Does the organizathe selection crite	ition maintain r ria used to awa	ecords to sub ard the grants	stantiate the am or assistance? .	ount of the grants or as			ty for the grants or assistan	nce, and		☐ Yes	☑ No
		-		g the use of grant fund: tions and Domestic G			organization answered "Ye	s" on Forn	n 990. Part IV. line	21, for any recipi	ient
that receiv	ed more than \$	5,000. Part I	can be duplicate	ed if additional space is	needed.					1	
(a) Name and addro organization or government		(b) EIN	(c) IRC sec (if applicab			(e) Amount of nor cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	n (g nor	Description of cash assistance	(h) Purpose of assistance	
1)											
2)											
3)											
4)											
5)											
5)											
7)											
3)											
9)											
10)											
11)											
12)											
Enter total number	er of section 50	1(c)(3) and g	overnment orgar	izations listed in the lin	e 1 table			٠.	>		
Enter total number				ble	<u></u>	Cat. No. 500		<u></u>		edule I (Form 990) 2022
or Paperwork Reduction	Act Notice, see	the Instruction	ons for Form 990.			Cat. No. 500	1331		Sch	edule I (FOIII 990) 2023
				Page 2				-			
chedule I (Form 990) 2 Part III Grants and		ance to Don	nestic Individua	als. Complete if the org	anization	answered "Yes" on Fo	orm 990, Part IV, line 22.			F	Page 2
Part III car (a) Type of grant		if additional s	(b) Number of	(c) Amou	nt of	(d) Amount of	(e) Method of valuation	(hook	(f) Description	of noncash assista	ance
			recipients	cash gra	nt	noncash assistance			(i) Description	5. Horicasii assisc	
(1) TRAVEL STIPEND (2) MEMBERSHIP AID			79 43	28,325 6,250							
2)											
3)											
1)											
5)											
5)											
7)											
	emental Inf	ormation.	Provide the info	ormation required in	Part I, li	ne 2; Part III, colu	mn (b); and any other	additiona	I information.		
Return Reference		xplanation		·		•	•				

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TIN: 20-8924701

SCHEDULE M (Form 990)

Noncash Contributions

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

► Go to <u>www.irs.gov/Form990</u> for the latest information.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization
SPORTABLE RICHMOND ADAPTIVE SPORTS
AND RECREATION INC

Employer identification number
20-8924701

ND F	RECREATION INC				20-8924701			
Pa	rt I Types of Property							
	Aut. Woule of out	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d Method of d noncash contrib	etermi		.s
	Art Works of art							
	Art—Historical treasures .							
	Art—Fractional interests Books and publications							
	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
	Securities—Publicly traded .							
10	Securities—Closely held stock .							
11	Securities—Partnership, LLC, or trust interests							
	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
	Drugs and medical supplies .							
21	Taxidermy							
	Historical artifacts							
	Scientific specimens							
	Archeological artifacts IN-KIND	Х	40	202,891				
	Other ► (<u>GOODS)</u> Other ► ()							
	Other ► ()							
	Other ► ()							
	Number of Forms 8283 received by t	he organiza	ation during the tax year for	contributions				
	for which the organization completed				29		V	N.
30a	During the year, did the organization hold for at least three years from the purposes for the entire holding perions.	e date of th					Yes	No
	parposes for the critic holding perio					30a		No
	If "Yes," describe the arrangement i							
31	Does the organization have a gift ac	ceptance p	olicy that requires the review	of any nonstandard contril	outions?	31		No
	Does the organization hire or use the contributions?	ird parties	or related organizations to so	olicit, process, or sell nonca	sh • • •	32a		No
b	If "Yes," describe in Part II.							
33	If the organization didn't report an a describe in Part II.	amount in c	column (c) for a type of prope	erty for which column (a) is	checked,			

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

Cat. No. 51227J

Schedule M (Form 990) (2023)

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference Explanation

Schedule M (Form 990) (2023)

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TIN: 20-8924701OMB No. 1545-0047

SCHEDULE O (Form 990) Supplemental Information to Form 990 or 990-EZ

2023

Department of the Treasury Internal Revenue Service 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 990-EZ.

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

Open to Public Inspection

Name of the organization SPORTABLE RICHMOND ADAPTIVE SPORTS AND RECREATION INC Employer identification number

20-8924701

AND RECREATION !	20-8924/01
Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 11B	THE FORM IS REVIEWED BY THE CHIEF EXECUTIVE OFFICER, TREASURER, FINANCE COMMITTEE AND THE ENTIRE BOARD OF DIRECTORS PRIOR TO FILING.
FORM 990, PAGE 6, PART VI, LINE 12C	CONFLICTS OF INTEREST ARE MONITORED THROUGHOUT THE YEAR.
FORM 990, PAGE 6, PART VI, LINE 15A	THE BOARD APPROVED THE SALARY INCREASE FOR THE CHIEF EXECUTIVE OFFICER IN 2021. THE BOARD RELIES ON EXPERIENCE OF SENIOR MEMBERS AND REVIEW OF GUIDESTAR'S ANNUAL COMPENSATION REPORT IN DETERMINING COMPENSATION FOR THE CEO.
FORM 990, PAGE 6, PART VI, LINE 19	THESE DOCUMENTS ARE AVAILABLE UPON REQUEST. THE DOCUMENTS ARE ALSO UPLOADED BY THE ORGANIZATION TO GUIDESTAR'S WEBSITE.

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

Cat. No. 51056K

Schedule O (Form 990) 2023

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