

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2018, or fiscal year beginning OCT 1, 2018, and ending SEP 30, 2019

2018

Department of the Treasury
Internal Revenue Service

▶ Do not send to the IRS. Keep for your records.
▶ Go to www.irs.gov/Form8879EO for the latest information.

Name of exempt organization

Employer identification number

DISABLED SPORTS USA

94-6174016

Name and title of officer

GLENN MERRY

EXECUTIVE DIRECTOR

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a	Form 990 check here	▶ <input checked="" type="checkbox"/>	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>5,762,923.</u>
2a	Form 990-EZ check here	▶ <input type="checkbox"/>	b	Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here	▶ <input type="checkbox"/>	b	Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here	▶ <input type="checkbox"/>	b	Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here	▶ <input type="checkbox"/>	b	Balance Due (Form 8868, line 3c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize CST GROUP, CPAS, PC to enter my PIN 20191
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ *Glenn Merry* Date ▶ February 13, 2020

Part III Certification and Authentication

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

54020320191

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ KENDALL COLEMAN, CPA Date ▶ 02/11/20

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

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2018)

823051 10-26-18

20010211 759824 1686000

2018.05040 DISABLED SPORTS USA

16860001

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.

A For the 2018 calendar year, or tax year beginning **OCT 1, 2018** and ending **SEP 30, 2019**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization DISABLED SPORTS USA Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 451 HUNGERFORD DRIVE 608 City or town, state or province, country, and ZIP or foreign postal code ROCKVILLE, MD 20850	D Employer identification number 94-6174016 E Telephone number (301) 217-0960
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		G Gross receipts \$ 5,805,360.
J Website: ▶ WWW.DSUSA.ORG		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1967 M State of legal domicile: CA
F Name and address of principal officer: GLENN MERRY SAME AS C ABOVE		
H(c) Group exemption number ▶		

Part I Summary

1	Briefly describe the organization's mission or most significant activities: THE MISSION OF DISABLED SPORTS USA IS TO PROVIDE NATIONAL LEADERSHIP AND OPPORTUNITIES FOR		
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	7
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	7
5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	17
6	Total number of volunteers (estimate if necessary)	6	650
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, line 38	7b	0.
8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
9	Program service revenue (Part VIII, line 2g)	4,623,267.	5,444,295.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	158,815.	191,496.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	132,086.	127,132.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0.	0.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	4,914,168.	5,762,923.
14	Benefits paid to or for members (Part IX, column (A), line 4)	942,260.	1,651,980.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	1,292,977.	1,238,459.
16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 567,883.	0.	0.
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,530,270.	2,662,860.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,765,507.	5,553,299.
19	Revenue less expenses. Subtract line 18 from line 12	148,661.	209,624.
20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
21	Total liabilities (Part X, line 26)	5,808,626.	5,816,346.
22	Net assets or fund balances. Subtract line 21 from line 20	1,131,264.	962,567.
22	Net assets or fund balances. Subtract line 21 from line 20	4,677,362.	4,853,779.

Part II Signature Block

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

Sign Here	Signature of officer GLENN MERRY, EXECUTIVE DIRECTOR Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name KENDALL COLEMAN, CPA	Preparer's signature Date 02/11/20
	Firm's name ▶ CST GROUP, CPAS, PC Firm's address ▶ 10740 PARKRIDGE BLVD 5TH FLOOR RESTON, VA 20191	Check <input type="checkbox"/> if self-employed PTIN P00098521 Firm's EIN ▶ 54-1019610 Phone no. 703-391-2000

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE MISSION OF DISABLED SPORTS USA IS TO PROVIDE NATIONAL LEADERSHIP AND OPPORTUNITIES FOR INDIVIDUALS WITH DISABILITIES TO DEVELOP INDEPENDENCE, CONFIDENCE AND FITNESS THROUGH PARTICIPATION IN COMMUNITY SPORTS, RECREATION AND EDUCATION PROGRAMS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 860,325. including grants of \$ 2,000.) (Revenue \$) CHAPTER SERVICES: DISABLED SPORTS USA PROVIDES SERVICES TO ITS COMMUNITY BASED CHAPTERS OPERATING LOCALLY IN OVER 140 LOCATIONS IN 40 STATES SERVING OVER 70,000 ANNUALLY. THESE SERVICES ARE DESIGNED TO ENABLE THE LOCAL COMMUNITY NONPROFIT CHAPTER TO PROVIDE SAFE AND EFFECTIVE SPORTS REHABILITATION PROGRAMS TO PEOPLE WITH DISABILITIES IN THEIR COMMUNITIES. SERVICES INCLUDE: INSTRUCTOR AND COACH TRAINING IN ADAPTIVE SPORTS; SEMINARS IN PROGRAM ADMINISTRATION, VOLUNTEER RECRUITMENT AND TRAINING, MARKETING, FUNDRAISING, AND RISK MANAGEMENT; INSURANCE; PROMOTION OF LOCAL ACTIVITIES ON A NATIONAL LEVEL AND OTHER ONGOING TECHNICAL ASSISTANCE.

4b (Code:) (Expenses \$ 1,269,087. including grants of \$ 520,218.) (Revenue \$ 69,000.) WARFIGHTER SPORTS: OFFERS SPORTS REHABILITATION FOR SEVERELY WOUNDED WARRIORS IN MILITARY HOSPITALS AND COMMUNITIES ACROSS THE U.S. THROUGH A NATIONWIDE NETWORK OF OVER 140 COMMUNITY BASED CHAPTERS. SINCE 1967, DISABLED SPORTS USA HAS PROUDLY SERVED WOUNDED WARRIORS, INCLUDING THOSE INJURED IN THE IRAQ AND AFGHANISTAN WARS, OFFERING OVER 50 WINTER AND SUMMER SPORTS AT MORE THAN 100 EVENTS EACH YEAR. WARFIGHTER SPORTS REBUILDS LIVES THROUGH SPORTS BY IMPROVING SELF-CONFIDENCE, PROMOTING INDEPENDENCE AND UNITING FAMILIES THROUGH SHARED HEALTHY ACTIVITIES. MORE THAN 15,000 OF THE MOST SEVERELY WOUNDED AND THEIR FAMILIES HAVE BEEN SERVED INCLUDING THOSE WITH AMPUTATIONS, TRAUMATIC BRAIN INJURY, SPINAL CORD INJURY, VISUAL IMPAIRMENTS, AND SIGNIFICANT NERVE AND MUSCLE DAMAGE.

4c (Code:) (Expenses \$ 1,095,607. including grants of \$ 836,599.) (Revenue \$) GENERAL PROGRAM - DISABLED SPORTS USA PROVIDES SERVICES TO ITS COMMUNITY-BASED CHAPTERS OPERATING IN 140 LOCATIONS IN 40 STATES. THESE SERVICES ENABLE YOUTH AND ADULTS WITH DISABILITIES TO PURSUE SPORTS AND RECREATION OPPORTUNITIES THROUGH THEIR LOCAL COMMUNITY-BASED NONPROFIT CHAPTER. SERVICES INCLUDE PROVIDING ADAPTIVE SPORT INSTRUCTION, ADAPTIVE SPORTS EQUIPMENT, ACCESSIBLE SPORTS FACILITIES AND ACCESSIBLE TRANSPORTATION.

4d Other program services (Describe in Schedule O.) (Expenses \$ 1,468,383. including grants of \$ 293,163.) (Revenue \$ 122,496.)

4e Total program service expenses 4,693,402.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements, schedules, and financial reporting.

Part IV 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? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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>		X
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>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	X	
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
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>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
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>		X
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>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
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>		X
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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 2a through 16 regarding employee reporting, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 5 columns: Question, 1a, 1b, Yes, No. Rows include questions about voting members, family relationships, management delegation, significant changes, asset diversion, members, and documentation.

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

Table with 5 columns: Question, Yes, No. Rows include questions about local chapters, written policies, conflict of interest, whistleblower, document retention, compensation, and joint ventures.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA, CT, FL, MD, MA, MN, NJ, NY, PA, SC, UT, VA
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JOHN BLOSSOM PRESIDENT	4.00	X		X				0.	0.	0.
(2) WILLIAM B. REYNOLDS III VICE PRESIDENT	4.00	X		X				0.	0.	0.
(3) KERI SEROTA SECRETARY	4.00	X		X				0.	0.	0.
(4) ALEXANDER GARNER MEMBER AT LARGE	4.00	X						0.	0.	0.
(5) MARYA PROPIS MEMBER AT LARGE	4.00	X						0.	0.	0.
(6) NICOLE ROUNDY BOARD MEMBER	4.00	X						0.	0.	0.
(7) KATRINA SHAKLEE BOARD MEMBER	4.00	X						0.	0.	0.
(8) WILLIAM SNYDER CHIEF FINANCIAL OFFICER	40.00			X				104,250.	0.	5,734.
(9) GLENN MERRY EXECUTIVE DIRECTOR	40.00			X				49,965.	0.	2,698.
(10) KIRK BAUER FORMER EXECUTIVE DIRECTOR	0.00					X		147,200.	0.	0.

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b	34,750.				
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	825,826.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	4,583,719.				
	g Noncash contributions included in lines 1a-1f: \$		304,442.				
	h Total. Add lines 1a-1f		5,444,295.				
	Program Service Revenue	2 a REGISTRATION FEES	Business Code				
		900099	122,496.	122,496.			
b HAWW DINNER		900099	69,000.	69,000.			
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f		191,496.					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		92,866.			92,866.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		7,273.	69,430.				
		b Less: cost or other basis and sales expenses		7,195.	35,242.		
		c Gain or (loss)		78.	34,188.		
	d Net gain or (loss)			34,266.		34,266.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
		b Less: direct expenses	b				
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a							
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions			5,762,923.	191,496.	0.	127,132.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,646,980.	1,646,980.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	5,000.	5,000.		
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	292,983.	163,124.	110,993.	18,866.
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	784,726.	624,064.	48,438.	112,224.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	20,979.	15,279.	3,134.	2,566.
9 Other employee benefits	59,299.	47,216.	11,678.	405.
10 Payroll taxes	80,472.	58,856.	12,029.	9,587.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	37,527.	9,527.	28,000.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	156,615.	105,720.	410.	50,485.
12 Advertising and promotion	117,553.	65,174.	1,032.	51,347.
13 Office expenses	418,920.	362,827.	18,747.	37,346.
14 Information technology	63,735.	44,896.	18,573.	266.
15 Royalties				
16 Occupancy	93,741.	88,355.	5,386.	
17 Travel	524,421.	474,453.	11,299.	38,669.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	222,095.	122,809.	103.	99,183.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	9,371.	6,841.	2,530.	
23 Insurance	435,619.	419,193.	16,426.	
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.)				
a DONATED GOODS	304,442.	304,442.		
b ATHLETE EXPENSES	253,725.	109,669.	831.	143,225.
c TAXES & LICENSES	12,494.	12,489.	5.	
d DUES & SUBSCRIPTIONS	12,104.	6,126.	2,379.	3,599.
e All other expenses	498.	362.	21.	115.
25 Total functional expenses. Add lines 1 through 24e	5,553,299.	4,693,402.	292,014.	567,883.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	466,609.	1	341,189.
	2 Savings and temporary cash investments	3,417,772.	2	3,455,413.
	3 Pledges and grants receivable, net	654,198.	3	496,497.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	43,136.	9	65,486.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 539,369.		
	b Less: accumulated depreciation	10b 183,231.		
	11 Investments - publicly traded securities	739,135.	11	1,059,089.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	122,267.	15	42,534.
16 Total assets. Add lines 1 through 15 (must equal line 34)	5,808,626.	16	5,816,346.	
Liabilities	17 Accounts payable and accrued expenses	712,483.	17	520,138.
	18 Grants payable		18	
	19 Deferred revenue	418,781.	19	442,429.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	1,131,264.	26	962,567.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	4,379,517.	27	4,402,963.
	28 Temporarily restricted net assets	297,845.	28	450,816.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	4,677,362.	33	4,853,779.	
34 Total liabilities and net assets/fund balances	5,808,626.	34	5,816,346.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,762,923.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,553,299.
3	Revenue less expenses. Subtract line 2 from line 1	3	209,624.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,677,362.
5	Net unrealized gains (losses) on investments	5	-25,105.
6	Donated services and use of facilities	6	
7	Investment expenses	7	-8,102.
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	4,853,779.

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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2b	Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2c	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?		X
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	X	

Form 990 (2018)

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3927158.	3877454.	4160838.	4623267.	5444295.	22033012.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	3927158.	3877454.	4160838.	4623267.	5444295.	22033012.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						1934146.
6 Public support. Subtract line 5 from line 4.						20098866.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	3927158.	3877454.	4160838.	4623267.	5444295.	22033012.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	49,099.	70,063.	55,591.	132,086.	127,132.	433,971.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						22466983.
12 Gross receipts from related activities, etc. (see instructions)					12	762,179.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	89.46 %
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	93.50 %
16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a 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 persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the 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.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	Yes	No
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	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	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	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	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

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

2018

Open to Public Inspection

Name of the organization DISABLED SPORTS USA **Employer identification number** 94-6174016

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

	(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 donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part 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) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

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Schedule D (Form 990) 2018

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment _____ %
- b Permanent endowment _____ %
- c Temporarily restricted endowment _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		334,925.		334,925.
b Buildings		30,600.	25,935.	4,665.
c Leasehold improvements				
d Equipment				
e Other		173,844.	157,296.	16,548.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				356,138.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

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

1	Total revenue, gains, and other support per audited financial statements	1	5,737,818.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-25,105.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	-25,105.
3	Subtract line 2e from line 1	3	5,762,923.
4	Amounts included on Form 990, Part VIII, 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	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	5,762,923.

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

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

1	Total expenses and losses per audited financial statements	1	5,553,299.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	5,553,299.
4	Amounts included on Form 990, Part IX, line 25, 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	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	5,553,299.

Part XIII Supplemental Information.

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

PART X, LINE 2:

THE ORGANIZATION IS EXEMPT FROM FEDERAL AND STATE INCOME TAX AS A NONPROFIT ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. NET INCOME FROM UNRELATED BUSINESS SOURCES IS SUBJECT TO FEDERAL INCOME TAXES; HOWEVER, THE ORGANIZATION HAD NO UNRELATED BUSINESS INCOME FOR THE YEAR ENDED SEPTEMBER 30, 2019.

MANAGEMENT HAS EVALUATED THE TAX POSITIONS THAT COULD HAVE A SIGNIFICANT EFFECT ON THE FINANCIAL STATEMENTS AND DETERMINED THE ORGANIZATION HAD NO UNCERTAIN TAX POSITIONS AT SEPTEMBER 30, 2019, WHICH REQUIRE DISCLOSURE OR RECOGNITION. WITH LIMITED EXCEPTIONS, THE TAX RECORDS OF THE ORGANIZATION REMAIN OPEN FOR THREE YEARS FOR FEDERAL INCOME TAX EXAMINATION.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Name of the organization **DISABLED SPORTS USA** Employer identification number **94-6174016**

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ACCESSSPORT AMERICA 119 HIGH STREET ACTON, MA 01720	04-3265194	501(C)(3)	40,224.	0.			ADAPTIVE WINTER AND SUMMER SPORTS PROGRAMMING EXPENSES
ACHIEVE TAHOE P.O. BOX 9780 TRUCKEE, CA 96162	68-0024920	501(C)(3)	37,500.	0.			ADAPTIVE WINTER AND SUMMER SPORTS PROGRAMMING EXPENSES
ADAPTIVE SPORTS AND RECREATION ASSOCIATION - PO BOX 153792 - SAN DIEGO, CA 92195	04-3842913	501(C)(3)	12,500.	0.			ADAPTIVE WINTER AND SUMMER SPORTS PROGRAMMING EXPENSES
ADAPTIVE SPORTS ASSOCIATION PO BOX 1884 DURANGO, CO 81302	94-2938093	501(C)(3)	12,900.	0.			ADAPTIVE WINTER AND SUMMER SPORTS PROGRAMMING EXPENSES
ADAPTIVE SPORTS CENTER OF CRESTED BUTTE - PO BOX 1639 - CRESTED BUTTE, CO 81224	84-1063447	501(C)(3)	42,500.	0.			ADAPTIVE WINTER AND SUMMER SPORTS PROGRAMMING EXPENSES
ADAPTIVE SPORTS CONNECTION 6000 HARRIOTT DR. POWELL, OH 43065	31-1561944	501(C)(3)	34,565.	0.			ADAPTIVE WINTER AND SUMMER SPORTS PROGRAMMING EXPENSES

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **6**
- 3** Enter total number of other organizations listed in the line 1 table **0**

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Schedule I (Form 990) (2018)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ADAPTIVE SPORTS FOUNDATION PO BOX 266 WINDHAM, NY 12496	14-1823155	501(C)(3)	22,452.	0.			ADAPTIVE SUMMER SPORTS PROGRAMMING EXPENSES
ADAPTIVE SPORTS PROGRAM OF OHIO 100 KURZEN RD NB DALTON, OH 44618	27-1144442	501(C)(3)	52,500.	0.			ADAPTIVE WINTER AND SUMMER SPORTS PROGRAMMING EXPENSES
ADAPTIVE SPORTS USA (WASUSA) 1135 HARDING PLACE CHARLOTTE, NC 28204	11-2352035	501(C)(3)	5,000.	0.			ADAPTIVE WINTER SPORTS PROGRAMMING EXPENSES
AMAZING SURF ADVENTURES PO BOX 1581 SAN LUIS OBISPO, CA 93401	26-3661313	501(C)(3)	5,000.	0.			ADAPTIVE SUMMER SPORTS PROGRAMMING EXPENSES
ANGEL CITY SPORTS 355 S GRAND AVE LOS ANGELES, CA 90064	82-2603747	501(C)(3)	10,000.	0.			ADAPTIVE SUMMER SPORTS PROGRAMMING EXPENSES
ARIZONA DISABLED SPORTS (MESA) PO BOX 4727 MESA, AZ 85211	86-0643471	501(C)(3)	65,000.	0.			ADAPTIVE SUMMER SPORTS PROGRAMMING EXPENSES
BAY AREA OUTREACH AND RECREATION PROGRAM - 3075 ADELINE ST, STE 155 - BERKELEY, CA 94703	94-2324340	501(C)(3)	68,150.	0.			ADAPTIVE SUMMER SPORTS PROGRAMMING EXPENSES
BENNETT INST. PHYSICALLY CHALLENGED SPORT - 3835 GREENSPRING AVE - BALTIMORE, MD 21211	52-1753040	501(C)(3)	43,248.	0.			ADAPTIVE WINTER AND SUMMER SPORTS PROGRAMMING EXPENSES
BLAZESPORTS AMERICA 535 N. MCDONOUGH ST. DECATUR, GA 30030	58-2087265	501(C)(3)	16,730.	0.			ADAPTIVE SUMMER SPORTS PROGRAMMING EXPENSES

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOISE ADAPTIVE SNOWSPORT EDUCATION 1610 N ORCHARD BOISE, ID 83706	82-0352524	501(C)(3)	5,136.	0.			ADAPTIVE SUMMER SPORTS PROGRAMMING EXPENSES
BRECKENRIDGE OUTDOOR EDUCATION CENTER - PO BOX 697 - BRECKENRIDGE, CO 80424	84-0725560	501(C)(3)	12,000.	0.			ADAPTIVE WINTER SPORTS PROGRAMMING EXPENSES
BRIDGE II SPORTS 5037 BRENDA COURT DURHAM, NC 27712	20-8577055	501(C)(3)	11,000.	0.			ADAPTIVE SUMMER SPORTS PROGRAMMING EXPENSES
CAPE ABILITY OUTRIGGER OHANA, INC. 560 SHORE DRIVE W. HENRIETTA, NY 14586	20-2386695	501(C)(3)	5,010.	0.			ADAPTIVE WINTER AND SUMMER SPORTS PROGRAMMING EXPENSES
CENTRAL CALIFORNIA ADAPTIVE SPORTS CENTER - PO BOX 147 - SHAVER LAKE, CA 93664	47-1155676	501(C)(3)	8,238.	0.			ADAPTIVE SUMMER SPORTS PROGRAMMING EXPENSES
CENTRAL FLORIDA DREAMPLEX PO BOX 120547 CLERMONT, FL 34712	27-1429422	501(C)(3)	30,000.	0.			ADAPTIVE SUMMER SPORTS PROGRAMMING EXPENSES
CHALLENGE ALASKA 3350 COMMERCIAL DR. SUITE 208 ANCHORAGE, AK 99501	92-0080897	501(C)(3)	14,000.	0.			ADAPTIVE WINTER SPORTS PROGRAMMING EXPENSES
COMMON GROUND OUTDOOR ADVENTURE 335 NORTH 100 EAST LOGAN, UT 84321	84-1385181	501(C)(3)	19,325.	0.			ADAPTIVE WINTER AND SUMMER SPORTS PROGRAMMING EXPENSES
COURAGE KENNY REHABILITATION INSTITUTE - 3915 GOLDEN VALLEY ROAD - GOLDEN VALLEY, MN 55422	41-0706118	501(C)(3)	9,146.	0.			ADAPTIVE WINTER SPORTS PROGRAMMING EXPENSES

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHESAPEAKE REGION ACCESSIBLE BOATING - PO BOX 6564 - ANNAPOLIS, MD 21401	35-2188410	501(C)(3)	12,185.	0.			ADAPTIVE SUMMER SPORTS PROGRAMMING EXPENSES
DARE2TRI PARATRIATHLON CLUB 847 N. DAMEN APT. 2R CHICAGO, IL 60622	45-3933200	501(C)(3)	39,940.	0.			VA GRANT - MILITARY CAMP
DISABLED ATHELETE SPORTS ASSOCIATION - 1236 JUNGERMAN ROAD - ST. PETERS, MO 63376	43-1775519	501(C)(3)	22,500.	0.			ADAPTIVE WINTER AND SUMMER SPORTS PROGRAMMING EXPENSES
DISABLED SPORTS EASTERN SIERRA PO BOX 7275 MAMMOTH LAKES, CA 93546	31-1732524	501(C)(3)	22,128.	0.			ADAPTIVE WINTER AND SUMMER SPORTS PROGRAMMING EXPENSES
DREAM ADAPTIVE RECREATION INC. 401 BAKER AVE WHITEFISH, MT 59937	36-3416198	501(C)(3)	7,500.	0.			VA GRANT - MILITARY PROGRAM
GALLOPNYC, INC. 540 PRESIDENT ST 3F BROOKLYN, NY 11215	05-0615968	501(C)(3)	42,250.	0.			ADAPTIVE WINTER AND SUMMER SPORTS PROGRAMMING EXPENSES
GRANITE STATE ADAPTIVE 44 MIRROR LAKE DRIVE MIRROR LAKE, NH 03853	27-1141889	501(C)(3)	5,000.	0.			ADAPTIVE WINTER AND SUMMER SPORTS PROGRAMMING EXPENSES
GREAT LAKES ADAPTIVE SPORTS ASSOCIATION - 400 E. ILLINOIS ROAD - LAKE FOREST, IL 60045	36-4285965	501(C)(3)	50,750.	0.			ADAPTIVE WINTER AND SUMMER SPORTS PROGRAMMING EXPENSES
IGNITE ADAPTIVE SPORTS PO BOX 19016 BOULDER, CO 80308	84-0798064	501(C)(3)	25,005.	0.			ADAPTIVE WINTER SPORTS PROGRAMMING EXPENSES

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KINETIC KIDS PO BOX 690993 SAN ANTONIO, TX 78269	74-3080076	501(C)(3)	45,000.	0.			ADAPTIVE WINTER AND SUMMER SPORTS PROGRAMMING EXPENSES
KIRSTIE ENNIS FOUNDATION 2542 EMMA RD BASALT, CO 81621	83-1189260	501(C)(3)	10,000.	0.			ADAPTIVE WINTER AND SUMMER SPORTS PROGRAMMING EXPENSES
LAKES REGION DISABLED SPORTS PO BOX 1307 GILFORD, NH 03247	45-3986970	501(C)(3)	5,750.	0.			ADAPTIVE WINTER AND SUMMER SPORTS PROGRAMMING EXPENSES
MAINE ADAPTIVE SPORTS AND RECREATION - 8 SUNDANCE LN. - NEWRY, ME 04261	01-0388818	501(C)(3)	79,264.	0.			ADAPTIVE WINTER AND SUMMER SPORTS PROGRAMMING EXPENSES
MIDWEST ADAPTIVE SPORTS 104 S MONTAGUE ST DEARBORN, MO 64439	45-3735129	501(C)(3)	15,804.	0.			ADAPTIVE WINTER AND SUMMER SPORTS PROGRAMMING EXPENSES
NATIONAL SPORTS CENTER FOR THE DISABLED - PO BOX 1290 - WINTER PARK, CO 80482	84-0738419	501(C)(3)	22,500.	0.			ADAPTIVE WINTER AND SUMMER SPORTS PROGRAMMING EXPENSES
NEW ENGLAND DISABLED SPORTS PO BOX 26 LINCOLN, NH 03251	02-0460732	501(C)(3)	63,750.	0.			ADAPTIVE WINTER AND SUMMER SPORTS PROGRAMMING EXPENSES
NEW ENGLAND HANDICAPPED SPORTS ASSOCIATION - PO BOX 2135 - NEWBURY, NH 03255	23-7398657	501(C)(3)	31,556.	0.			ADAPTIVE WINTER AND SUMMER SPORTS PROGRAMMING EXPENSES
NORTHEAST PASSAGE UNH HEWITT HALL 4 LIBRARY WAY DURHAM, NH 03824	02-0448237	501(C)(3)	28,284.	0.			ADAPTIVE SUMMER SPORTS PROGRAMMING EXPENSES

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OPERATION COMFORT 6304 LAKESHORE DR PO BOX 4010 LARGO VISTA, TX 78645	86-1123065	501(C)(3)	25,166.	0.			ADAPTIVE WINTER SPORTS PROGRAMMING EXPENSES
OREGON ADAPTIVE SPORTS 63025 O.B. RILEY RD., SUITE 12 BEND, OR 97701	26-0076749	501(C)(3)	21,850.	0.			ADAPTIVE WINTER AND SUMMER SPORTS PROGRAMMING EXPENSES
OUTDOORS FOR ALL FOUNDATION 6344 NE 74TH ST SUITE 102 SEATTLE, WA 98115	91-1085999	501(C)(3)	51,180.	0.			ADAPTIVE WINTER AND SUMMER SPORTS PROGRAMMING EXPENSES
SAIL, INC. 3225 HOSPITAL DRIVE, STE 300 JUNEAU, AK 99801	92-0144370	501(C)(3)	5,500.	0.			ADAPTIVE SUMMER SPORTS PROGRAMMING EXPENSES
SOLDIERS UNDERTAKING DISABLED SCUBA - PO BOX 2504 - BEAUFORT, NC 28516	26-1315733	501(C)(3)	18,840.	0.			ADAPTIVE WINTER AND SUMMER SPORTS PROGRAMMING EXPENSES
SOUTHERN ARIZONA ADAPTIVE SPORTS 2610 E CROYDEN ST TUCSON, AZ 85716	82-1289116	501(C)(3)	7,786.	0.			ADAPTIVE WINTER AND SUMMER SPORTS PROGRAMMING EXPENSES
SPARC, SPORTS ARTS AND RECREATION OF CHATANOOGA - 6638 DECLARATION DRIVE - HIXSON, TN 37343	62-1515151	501(C)(3)	25,000.	0.			ADAPTIVE SUMMER SPORTS PROGRAMMING EXPENSES
SPORTABLE RICHMOND 1365 OVERBROOK RD, RM 2 RICHMOND, VA 23220	20-8924701	501(C)(3)	29,875.	0.			ADAPTIVE WINTER AND SUMMER SPORTS PROGRAMMING EXPENSES
SPORTS ASSOCIATION, GAYLORD HOSPITAL - PO BOX 400 - WALLINGFORD, CT 06492	06-0646649	501(C)(3)	28,000.	0.			ADAPTIVE SUMMER SPORTS PROGRAMMING EXPENSES

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STEAMBOAT ADAPTIVE RECREATIONAL SPORTS - PO BOX 770208 - STEAMBOAT SPRINGS, CO 80477	20-5823688	501(C)(3)	17,123.	0.			ADAPTIVE SUMMER SPORTS PROGRAMMING EXPENSES
STRIDE ADAPTIVE SPORTS 476 NORTH GREENBUSH ROAD #9 RENSSELAER, NY 12144	14-1732830	501(C)(3)	20,500.	0.			ADAPTIVE WINTER SPORTS PROGRAMMING EXPENSES
TEAM RIVER RUNNER 5007 STONE ROAD ROCKVILLE, MD 20853	20-3838651	501(C)(3)	79,454.	0.			ADAPTIVE WINTER AND SUMMER SPORTS PROGRAMMING EXPENSES
TELLURIDE ADAPTIVE SPORTS PROGRAM PO BOX 2254 TELLURIDE, CO 81435	84-1337870	501(C)(3)	10,750.	0.			ADAPTIVE WINTER AND SUMMER SPORTS PROGRAMMING EXPENSES
TETON ADAPTIVE SPORTS PO BOX 2894 JACKSON, WY 83001	06-1741611	501(C)(3)	5,000.	0.			ADAPTIVE SUMMER SPORTS PROGRAMMING EXPENSES
THERAPEUTIC ADVENTURES PO BOX 4668 CHARLOTTESVILLE, VA 22905	54-1779203	501(C)(3)	12,381.	0.			ADAPTIVE SUMMER SPORTS PROGRAMMING EXPENSES
TURNSTONE, INC. 3320 N CLINTON ST FORT WAYNE, IN 46805	35-0913541	501(C)(3)	12,500.	0.			ADAPTIVE WINTER AND SUMMER SPORTS PROGRAMMING EXPENSES
UCO DEPARTMENT OF WELLNESS & SPORT 100 N. UNIVERSITY DRIVE, BOX 99 EDMOND, OK 73034	73-6017987	501(C)(3)	15,000.	0.			ADAPTIVE SUMMER SPORTS PROGRAMMING EXPENSES
US ADAPTIVE RECREATION CENTER PO BOX 2897 BIG BEAR LAKE, CA 92315	95-3872771	501(C)(3)	48,000.	0.			ADAPTIVE WINTER AND SUMMER SPORTS PROGRAMMING EXPENSES

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WATERVILLE VALLEY ADAPTIVE SPORTS PO BOX 505 WATERVILLE VALLEY, NH 03215	45-4078437	501(C)(3)	5,000.	0.			ADAPTIVE SUMMER SPORTS PROGRAMMING EXPENSES
WICHITA ADAPTIVE SPORTS, INC. 3033 W 2ND ST WICHITA, KS 67203	48-0892678	501(C)(3)	7,686.	0.			VA GRANT - MILITARY PROGRAM
WINTERGREEN ADAPTIVE SPORTS PO BOX 4334 CHARLOTTESVILLE, VA 22905	54-1818204	501(C)(3)	14,000.	0.			ADAPTIVE WINTER SPORTS PROGRAMMING EXPENSES

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
AMBASSADOR GRANT	1	5,000.	0.		WARFIGHTER AMBASSADOR GRANT - MT. EVEREST CLIMB

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

PART I, LINE 2:

GRANTS ARE AWARDED TO CHAPTER ORGANIZATIONS, WHICH MUST OFFER PROOF OF 501(C)(3) STATUS, INSURANCE COVERAGE, MEMBERSHIP BASE AND TRAINED/CERTIFIED INSTRUCTION. DISABLED SPORTS USA REQUIRES DETAILED REPORTING TO BE COMPLETED AND SUBMITTED BY EVERY GRANT RECIPIENT, WHICH INCLUDES A BREAKDOWN OF PROJECT EXPENSES, IN-KIND DONATIONS, A LIST OF OTHER SPONSORS, A LIST OF PARTICIPANTS, AND DETAILS ON OTHER PROJECT OUTCOMES. GRANT RECIPIENTS ARE ALSO REQUESTED TO PROVIDE RECEIPTS FOR EXPENDITURES.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization **DISABLED SPORTS USA** Employer identification number **94-6174016**

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment?	4a	X
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?	5a	X
b Any related organization?	5b	X
If "Yes" on line 5a or 5b, describe in Part III.		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	6a	X
b Any related organization?	6b	X
If "Yes" on line 6a or 6b, describe in Part III.		
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7	X
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) 2018

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) KIRK BAUER FORMER EXECUTIVE DIRECTOR	(i)	147,200.	0.	0.	0.	0.	147,200.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 4A:

KIRK BAUER, FORMER EXECUTIVE DIRECTOR, RECEIVED \$97,500 OF HIS SEVERANCE
DURING FISCAL YEAR-END SEPTEMBER 30, 2019.

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
KIRK BAUER	KIRK BAUER IS THE F	4,337.	THE FORMER		X

Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: KIRK BAUER

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

KIRK BAUER IS THE FORMER EXECUTIVE DIRECTOR OF DISABLED SPORTS USA.

(C) AMOUNT OF TRANSACTION \$ 4,337.

(D) DESCRIPTION OF TRANSACTION: THE FORMER EXECUTIVE DIRECTOR LEASES AN APARTMENT TO THE ORGANIZATION TO HOUSE INTERNS AND VISITING COACHES.

;LISTTOTAL 18964

;LISTTOTAL 18964

(E) SHARING OF ORGANIZATION REVENUES? = NO

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization: **DISABLED SPORTS USA** Employer identification number: **94-6174016**

Part I	Types of Property	(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 determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded				
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	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				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (<u>GOLF CLUB SET</u>)	X	80	269,200.	FMV
26	Other ▶ (<u>VACATION</u>)	X	8	22,019.	FMV
27	Other ▶ (<u>SPORTS MEMORA</u>)	X	16	7,953.	FMV
28	Other ▶ (<u>FOOD & WINE</u>)	X	22	4,330.	FMV
29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement		29		
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?				Yes No X
b	If "Yes," describe the arrangement in Part II.				
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?				Yes No X
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?				Yes No X
b	If "Yes," describe in Part II.				
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.				

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

Schedule M (Form 990) 2018

Part II **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.

PART I, OTHER TYPES OF PROPERTY:

CLOTHING & ACCESSORIES

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTIONS = 3

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 940.

(D) METHOD OF DETERMINING REVENUE: FMV

Multiple horizontal lines for additional information.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization

DISABLED SPORTS USA

Employer identification number

94-6174016

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

INDIVIDUALS WITH DISABILITIES TO DEVELOP INDEPENDENCE, CONFIDENCE AND
FITNESS THROUGH PARTICIPATION IN COMMUNITY SPORTS, RECREATION AND
EDUCATION PROGRAMS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

ADAPTIVE SPORTS & RECREATION: DISABLED SPORTS USA ALSO SUPPORTS A
NATIONWIDE SERIES OF "LEARN TO", RACE TRAINING AND INSTRUCTOR TRAINING
CLINICS HELD BY LOCAL DSUSA CHAPTER IN STATES THROUGHOUT THE USA.

SPORTS INCLUDE: ALPINE AND NORDIC SKIING, SNOWBOARDING, SNOW SHOEING;
GOLF, WATER SKIING, KAYAKING, SAILING, OUTRIGGER CANOEING, RAFTING,
SCUBA, EQUESTRIAN, CYCLING, ROCK CLIMBING, AND OTHER ACTIVITIES.

DISABILITIES SERVED INCLUDE THOSE WITH AMPUTATIONS, SPINAL AND HEAD
INJURY, NEUROMUSCULAR DISABILITIES SUCH AS MULTIPLE SCLEROSIS, CEREBRAL
PALSY AND MUSCULAR DYSTROPHY AND DEVELOPMENTAL DISABILITIES.

SKI SPECTACULAR: EACH YEAR FOR OVER 25 YEARS, DISABLED SPORTS USA HAS
CONDUCTED AN ANNUAL NATIONAL WINTER SPORTS SYMPOSIUM THAT OFFERS
INSTRUCTIONAL PROGRAMS IN ADAPTIVE WINTER SPORTS. EACH YEAR, THE SKI
SPECTACULAR ATTRACTS OVER 800 PARTICIPANTS FROM OVER 30 STATES AND
SEVERAL FOREIGN COUNTRIES, FOR A WEEK OF ACTIVITIES. THIS INCLUDES
TRAINING OF LOCAL SKI INSTRUCTORS AND COACHES IN THE LATEST ADAPTIVE
SKI TECHNIQUES FOR AMPUTEES, SPINAL AND HEAD INJURED, BLIND, THOSE WITH
NEUROMUSCULAR DISABILITIES LIKE CEREBRAL PALSY AND DEVELOPMENTALLY
DISABLED. IT ALSO INCLUDES RACE TRAINING CLINICS FOR YOUTH, WOUNDED

WARRIORS AND OTHERS; LEARN TO SKI AND SNOWBOARD CLASSES; NORDIC SKI

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

Schedule O (Form 990 or 990-EZ) (2018)

832211 10-10-18

Name of the organization DISABLED SPORTS USA	Employer identification number 94-6174016
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TRAINING; FUN RACES AND CHAPTER DEVELOPMENT SEMINARS.

EXPENSES \$ 1,468,383. INCLUDING GRANTS OF \$ 293,163. REVENUE \$ 122,496.

FORM 990, PART VI, SECTION A, LINE 8B:

THE ORGANIZATION DOES NOT HAVE A COMMITTEE WITH THE AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY.

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

THE BOARD OF DIRECTORS IS PROVIDED WITH THE FORM 990 (WHICH WAS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM) FOR REVIEW AND COMMENT PRIOR TO FILING.

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

BOARD MEMBERS MUST REVEAL ANY CONFLICTS OF INTEREST ANNUALLY AT THE SPRING BOARD MEETING AND STATE IT FOR THE RECORD.

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

THE ORGANIZATION USES ABBOT, LANGER ASSOCIATION SURVEYS (ALL NONPROFIT ORGANIZATIONS, SMALL ORGANIZATIONS [\$100,000 - \$10,000,000]) TO DETERMINE COMPENSATION AMOUNTS.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

CA, CT, FL, MD, MA, MN, NJ, NY, PA, SC, UT, VA, WA

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

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XII, LINE 2C:

Name of the organization

DISABLED SPORTS USA

Employer identification number

94-6174016

THE BOARD OF DIRECTORS' RESPONSIBILITY AS IT RELATES TO OVERSIGHT OF
THE AUDIT IS CONSISTENT WITH THE PRIOR YEAR.

Multiple horizontal lines for additional text entry.

2018 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
78	LAND	12/30/09	L				334,925.				334,925.			0.	
	COMPUTER EQUIPMENT														
48	ADOBE ACROBAT SOFTWARE	02/12/07	SL	3.00		HY16	1,485.				1,485.	1,485.		0.	1,485.
49	SOFTWARE	07/22/07	SL	3.00		HY16	612.				612.	612.		0.	612.
53	ADOBE INDESIGN CS3	03/02/08	SL	3.00		HY16	695.			348.	347.	347.		0.	347.
54	LICENSES FOR SIMULATENOUS DATABASE	04/16/08	SL	3.00		HY16	1,936.			968.	968.	968.		0.	968.
62	MICROSOFT OFFICE PROFESSIONAL	09/17/08	SL	3.00		HY16	500.			250.	250.	250.		0.	250.
63	ADOBE PHOTOSHOP	09/22/08	SL	3.00		HY16	694.			347.	347.	348.		0.	348.
72	2 SERVERS FOR EMAIL SERVER: INTEL SERVER: INTEL XEON CPU	06/18/10	200DB	5.00		HY17	8,600.			4,300.	4,300.	4,300.		0.	4,300.
73	WINDOWS 7 UPGRADE LICENSE (15 COPIES)	06/18/10	SL	3.00		HY16	2,385.			1,193.	1,192.	1,192.		0.	1,192.
75	USED IBM RACK MOUNT SERVER W/ DUAL XEON CPU, 8GB OF RAM	08/10/10	200DB	5.00		HY17	500.			250.	250.	250.		0.	250.
76	NEW RACK MOUNT DE11 17" LCD KVM MONITOR FOR SERVER RACK	08/10/10	200DB	5.00		HY17	1,099.			550.	549.	549.		0.	549.
84	WEBSITE REDSIGN	09/15/11	SL	3.00		HY16	3,500.				3,500.	3,500.		0.	3,500.
88	CISCO 500 SERIES NETWORK SWITCH, WIRELESS ACCESS POINT	08/01/14	200DB	5.00		MO17	2,369.				2,369.	2,142.		227.	2,369.
90	2 LENOVO CARBON S1, 17 W/TOUCH SCREEN	09/03/15	200DB	5.00		MO17	2,840.				2,840.	2,257.		311.	2,568.
93	2 SERVERS, BUFFALO BACKUP SERVER & POWER BACKUPS	09/03/16	SL	5.00		16	7,500.				7,500.	3,125.		1,500.	4,625.
94	2 SERVERS: 2 X INTEL DUAL XEON CPU	10/03/16	SL	5.00		16	12,820.				12,820.	5,128.		2,564.	7,692.
95	CABLING PATCH PANEL CONFIG, LINE MOVING	01/10/17	SL	5.00		16	8,200.				8,200.	2,870.		1,640.	4,510.

2018 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
96	BUFFALO BACKUP SERVER 16 TB NAS RACK MOUNT SERVER	10/03/16	SL	5.00		16	1,812.				1,812.	724.		362.	1,086.
97	2 POWER BACKUPS/APC POWER BACKUP WITH NETWORK CARD	10/03/16	SL	5.00		16	3,470.				3,470.	1,388.		694.	2,082.
98	BARRACUDE SPAM FILTER AND 1 YEAR SERVICE	01/10/17	SL	5.00		16	1,138.				1,138.	399.		228.	627.
	* 990 PAGE 10 TOTAL - COMPUTER EQUIPMENT						62,155.			8,206.	53,949.	31,834.		7,526.	39,360.
	OFFICE EQUIPMENT														
18	FURNITURE	02/01/05	SL	5.00		16	1,010.				1,010.	1,010.		0.	1,010.
34	OFFICE FURNITURE	06/14/07	200DB	7.00		HY17	505.				505.	505.		0.	505.
35	FILE CABINET, DESK, ETC.	07/02/07	200DB	7.00		HY17	827.				827.	827.		0.	827.
47	DRAWERS, DRESSER, LAMP	05/07/07	200DB	7.00		HY17	560.				560.	560.		0.	560.
50	EOS DIGITAL REBEL XTI CAMERA	10/27/07	200DB	5.00		HY17	913.				913.	912.		0.	912.
52	HP LASERJET 550 DTN PRINTER	01/12/08	200DB	5.00		HY17	4,340.			2,170.	2,170.	2,170.		0.	2,170.
64	CANON REBEL XSI CAMERA	09/30/08	200DB	5.00		HY17	750.			375.	375.	375.		0.	375.
80	CISCO UC520 PHONE SYSTEM/VOIP SYSTEM + UNIFIED	06/18/10	200DB	5.00		HY17	6,000.			3,000.	3,000.	3,000.		0.	3,000.
81	CISCO IP PHONES 7940	06/18/10	200DB	5.00		HY17	1,590.			795.	795.	795.		0.	795.
82	CISCO 7971G-GE IP PHONES (2 ADDITIONAL)	08/10/10	200DB	5.00		HY17	478.			239.	239.	239.		0.	239.
83	CISCO 7971G-GE IP PHONES (ADJUSTMENT FOR 10 PREVIOUS	08/10/10	200DB	5.00		HY17	600.			300.	300.	300.		0.	300.
89	2 VOIP PHONES & POWER SUPPLY	08/01/14	200DB	7.00		MC17	1,012.				1,012.	758.		88.	846.
91	FRIGIDAIRE 180 CU FT TOP FREEZER REFRIGERATOR	09/30/15	200DB	7.00		MC17	509.				509.	330.		51.	381.

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
99	3 MODULAR WORK STATIONS (1 OF 2)	01/17/17	SL	7.00		16	1,160.				1,160.	276.		166.	442.
100	3 MODULAR WORK STATIONS (2 OF 2)	02/03/17	SL	7.00		16	1,160.				1,160.	276.		166.	442.
	* 990 PAGE 10 TOTAL - OFFICE EQUIPMENT						21,414.			6,879.	14,535.	12,333.		471.	12,804.
	SPORTS EQUIPMENT														
29	GOLF CART ATLAS	07/20/06	SL	7.00		16	3,590.				3,590.	3,590.		0.	3,590.
92	10X10 MIGHTY TENT USA	09/29/15	200DB	5.00	MC	17	2,382.				2,382.	1,893.		261.	2,154.
	* 990 PAGE 10 TOTAL - SPORTS EQUIPMENT						5,972.				5,972.	5,483.		261.	5,744.
	BUILDING														
9	TIMESHARE	12/30/94	SL	27.50	MM	16	20,600.				20,600.	17,878.		749.	18,627.
10	TIME SHARE	09/18/99	SL	27.50	MM	16	10,000.				10,000.	6,944.		364.	7,308.
	* 990 PAGE 10 TOTAL - BUILDING						30,600.				30,600.	24,822.		1,113.	25,935.
	TRANSPORTATION EQUIPMENT														
22	2004 FORD E350 VAN	03/09/05	SL	5.00		16	22,565.				22,565.	22,565.		0.	22,565.
69	UTILITY TRAILER	07/02/09	200DB	5.00	MC	17	3,465.			1,733.	1,732.	1,732.		0.	1,732.
87	2012 STARCRAFT ALLSTAR	02/06/12	200DB	5.00	HY	17	52,473.			26,236.	26,237.	26,237.		0.	26,237.
	* 990 PAGE 10 TOTAL - TRANSPORTATION EQUIPMENT						78,503.			27,969.	50,534.	50,534.		0.	50,534.
	LEASEHOLD IMPROVEMENTS														
85	NETWORK CABLING	01/31/11	SL	15.00	HY	17	5,800.			5,800.				0.	

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

Attachment
Sequence No. 179

Name(s) shown on return DISABLED SPORTS USA	Business or activity to which this form relates FORM 990 PAGE 10	Identifying number 94-6174016
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Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions)	1	1,000,000.
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation	3	2,500,000.
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6 (a) Description of property (b) Cost (business use only) (c) Elected cost		
7 Listed property. Enter the amount from line 29	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2017 Form 4562	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13 Carryover of disallowed deduction to 2019. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	8,433.

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2018	17	938.
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B - Assets Placed in Service During 2018 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System

20a Class life					S/L
b 12-year			12 yrs.		S/L
c 30-year	/		30 yrs.	MM	S/L
d 40-year	/		40 yrs.	MM	S/L

Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	9,371.
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)
Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No
(a) Type of property (list vehicles first) (b) Date placed in service (c) Business/investment use percentage (d) Cost or other basis (e) Basis for depreciation (business/investment use only) (f) Recovery period (g) Method/Convention (h) Depreciation deduction (i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use 25
26 Property used more than 50% in a qualified business use:
27 Property used 50% or less in a qualified business use:
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (don't include commuting miles)
31 Total commuting miles driven during the year
32 Total other personal (noncommuting) miles driven
33 Total miles driven during the year. Add lines 30 through 32
34 Was the vehicle available for personal use during off-duty hours? Yes No Yes No Yes No Yes No Yes No Yes No
35 Was the vehicle used primarily by a more than 5% owner or related person?
36 Is another vehicle available for personal use?

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? Yes No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners
39 Do you treat all use of vehicles by employees as personal use?
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?
41 Do you meet the requirements concerning qualified automobile demonstration use?
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs (b) Date amortization begins (c) Amortizable amount (d) Code section (e) Amortization period or percentage (f) Amortization for this year
42 Amortization of costs that begins during your 2018 tax year:
43 Amortization of costs that began before your 2018 tax year 43
44 Total. Add amounts in column (f). See the instructions for where to report 44

2018 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - DISABLED SPORTS USA

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
78	LAND	123009	L			334,925.			334,925.			0.
	COMPUTER EQUIPMENT											
48	ADOBE ACROBAT SOFTWARE	021207	SL	3.00	16	1,485.			1,485.	1,485.		0.
49	SOFTWARE	072207	SL	3.00	16	612.			612.	612.		0.
53	ADOBE INDESIGN CS3 LICENSES FOR	030208	SL	3.00	16	695.		348.	347.	347.		0.
54	SIMULATENOUS DATABASE MICROSOFT OFFICE PROFESSIONAL	041608	SL	3.00	16	1,936.		968.	968.	968.		0.
62	ADOBE PHOTOSHOP	091708	SL	3.00	16	500.		250.	250.	250.		0.
63	2 SERVERS FOR EMAIL	092208	SL	3.00	16	694.		347.	347.	348.		0.
72	SERVER: INTEL SERV	061810	200DB	5.00	17	8,600.		4,300.	4,300.	4,300.		0.
73	WINDOWS 7 UPGRADE LICENSE (15 COPIES)	061810	SL	3.00	16	2,385.		1,193.	1,192.	1,192.		0.
75	USED IBM RACK MOUNT SERVER W/ DUAL XEO	081010	200DB	5.00	17	500.		250.	250.	250.		0.
76	NEW RACK MOUNT DE11 17" LCD KVM MONITO	081010	200DB	5.00	17	1,099.		550.	549.	549.		0.
84	WEBSITE REDSIGN	091511	SL	3.00	16	3,500.			3,500.	3,500.		0.
88	CISCO 500 SERIES NETWORK SWITCH, WIR	080114	200DB	5.00	17	2,369.			2,369.	2,142.		227.
90	2 LENOVO CARBON S1, 17 W/TOUCH SCREEN	090315	200DB	5.00	17	2,840.			2,840.	2,257.		311.
93	2 SERVERS, BUFFALO BACKUP SERVER & POW	090316	SL	5.00	16	7,500.			7,500.	3,125.		1,500.
94	2 SERVERS: 2 X INTEL DUAL XEON CPU	100316	SL	5.00	16	12,820.			12,820.	5,128.		2,564.
95	CABLING PATCH PANEL CONFIG, LINE MOVIN	011017	SL	5.00	16	8,200.			8,200.	2,870.		1,640.

2018 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - DISABLED SPORTS USA

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
96	BUFFALO BACKUP SERVER 16 TB NAS RA	100316	SL	5.00	16	1,812.			1,812.	724.		362.
97	2 POWER BACKUPS/APC POWER BACKUP WITH BARRACUDE SPAM	100316	SL	5.00	16	3,470.			3,470.	1,388.		694.
98	FILTER AND 1 YEAR S0	111017	SL	5.00	16	1,138.			1,138.	399.		228.
	* 990 PAGE 10 TOTAL - COMPUTER EQUIPME					62,155.		8,206.	53,949.	31,834.		7,526.
	OFFICE EQUIPMENT											
18	FURNITURE	020105	SL	5.00	16	1,010.			1,010.	1,010.		0.
34	OFFICE FURNITURE	061407	200DB	7.00	17	505.			505.	505.		0.
35	FILE CABINET, DESK, ETC.	070207	200DB	7.00	17	827.			827.	827.		0.
47	DRAWERS, DRESSER, LAMP	050707	200DB	7.00	17	560.			560.	560.		0.
50	EOS DIGITAL REBEL XTI CAMERA	102707	200DB	5.00	17	913.			913.	912.		0.
52	HP LASERJET 550 DTN PRINTER	011208	200DB	5.00	17	4,340.		2,170.	2,170.	2,170.		0.
64	CANON REBEL XSI CAMERA	093008	200DB	5.00	17	750.		375.	375.	375.		0.
80	CISCO UC520 PHONE SYSTEM/VOIP SYSTEM	061810	200DB	5.00	17	6,000.		3,000.	3,000.	3,000.		0.
81	CISCO IP PHONES 7940	061810	200DB	5.00	17	1,590.		795.	795.	795.		0.
82	CISCO 7971G-GE IP PHONES (2 ADDITIONAL)	081010	200DB	5.00	17	478.		239.	239.	239.		0.
83	CISCO 7971G-GE IP PHONES (ADJUSTMENT)	081010	200DB	5.00	17	600.		300.	300.	300.		0.
89	2 VOIP PHONES & POWER SUPPLY	080114	200DB	7.00	17	1,012.			1,012.	758.		88.
91	FRIGIDAIRE 180 CU FT TOP FREEZER REFR	093015	200DB	7.00	17	509.			509.	330.		51.

2018 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - DISABLED SPORTS USA

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
99	3 MODULAR WORK STATIONS (1 OF 2)	011717	SL	7.00	16	1,160.			1,160.	276.		166.
100	3 MODULAR WORK STATIONS (2 OF 2)	020317	SL	7.00	16	1,160.			1,160.	276.		166.
	* 990 PAGE 10 TOTAL - OFFICE EQUIPMENT					21,414.		6,879.	14,535.	12,333.		471.
	SPORTS EQUIPMENT											
29	GOLF CART ATLAS	072006	SL	7.00	16	3,590.			3,590.	3,590.		0.
92	10X10 MIGHTY TENT USA	092915	200DB	5.00	17	2,382.			2,382.	1,893.		261.
	* 990 PAGE 10 TOTAL - SPORTS EQUIPMENT					5,972.		0.	5,972.	5,483.		261.
	BUILDING											
9	TIMESHARE	123094	SL	27.50	16	20,600.			20,600.	17,878.		749.
10	TIME SHARE	091899	SL	27.50	16	10,000.			10,000.	6,944.		364.
	* 990 PAGE 10 TOTAL - BUILDING					30,600.		0.	30,600.	24,822.		1,113.
	TRANSPORTATION EQUIPMENT											
22	2004 FORD E350 VAN	030905	SL	5.00	16	22,565.			22,565.	22,565.		0.
69	UTILITY TRAILER	070209	200DB	5.00	17	3,465.		1,733.	1,732.	1,732.		0.
87	2012 STARCRAFT ALLSTAR	020612	200DB	5.00	17	52,473.		26,236.	26,237.	26,237.		0.
	* 990 PAGE 10 TOTAL - TRANSPORTATION E					78,503.		27,969.	50,534.	50,534.		0.
	LEASEHOLD IMPROVEMENTS											
85	NETWORK CABLING	013111	SL	15.00	17	5,800.		5,800.				0.

2019 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL - DISABLED SPORTS USA

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
78	LAND	123009	L		334,925.		334,925.		0.
	COMPUTER EQUIPMENT								
48	ADOBE ACROBAT SOFTWARE	021207	SL	3.00	1,485.		1,485.	1,485.	0.
49	SOFTWARE	072207	SL	3.00	612.		612.	612.	0.
53	ADOBE INDESIGN CS3	030208	SL	3.00	695.	348.	347.	347.	0.
54	LICENSES FOR SIMULATENOUS DATABASE	041608	SL	3.00	1,936.	968.	968.	968.	0.
62	MICROSOFT OFFICE PROFESSIONAL	091708	SL	3.00	500.	250.	250.	250.	0.
63	ADOBE PHOTOSHOP	092208	SL	3.00	694.	347.	347.	348.	0.
	2 SERVERS FOR EMAIL SERVER: INTEL								
72	SERVER: INTEL XEON CPU E560 CPU, 8GB	061810	200DB	5.00	8,600.	4,300.	4,300.	4,300.	0.
	WINDOWS 7 UPGRADE LICENSE (15								
73	COPIES)	061810	SL	3.00	2,385.	1,193.	1,192.	1,192.	0.
	USED IBM RACK MOUNT SERVER W/ DUAL								
75	XEON CPU, 8GB OF RAM, 2X75GB SCSI H	081010	200DB	5.00	500.	250.	250.	250.	0.
	NEW RACK MOUNT DE11 17" LCD KVM								
76	MONITOR FOR SERVER RACK	081010	200DB	5.00	1,099.	550.	549.	549.	0.
84	WEBSITE REDSIGN	091511	SL	3.00	3,500.		3,500.	3,500.	0.
	CISCO 500 SERIES NETWORK SWITCH,								
	WIRELESS ACCESS POINT & 3 YR								
88	WARRANTY	080114	200DB	5.00	2,369.		2,369.	2,369.	0.
	2 LENOVO CARBON S1, 17 W/TOUCH								
90	SCREEN	090315	200DB	5.00	2,840.		2,840.	2,568.	272.
	2 SERVERS, BUFFALO BACKUP SERVER &								
93	POWER BACKUPS	090316	SL	5.00	7,500.		7,500.	4,625.	1,500.
94	2 SERVERS: 2 X INTEL DUAL XEON CPU	100316	SL	5.00	12,820.		12,820.	7,692.	2,564.
	CABLING PATCH PANEL CONFIG, LINE								
95	MOVING	011017	SL	5.00	8,200.		8,200.	4,510.	1,640.
	BUFFALO BACKUP SERVER 16 TB NAS RACK								
96	MOUNT SERVER	100316	SL	5.00	1,812.		1,812.	1,086.	362.
	2 POWER BACKUPS/APC POWER BACKUP								
97	WITH NETWORK CARD	100316	SL	5.00	3,470.		3,470.	2,082.	694.
	BARRACUDE SPAM FILTER AND 1 YEAR								
98	SERVICE	011017	SL	5.00	1,138.		1,138.	627.	228.

(D) - Asset disposed

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

2019 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL - DISABLED SPORTS USA

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
	* 990 PAGE 10 TOTAL - COMPUTER EQUIPMENT				62,155.	8,206.	53,949.	39,360.	7,260.
	OFFICE EQUIPMENT								
18	FURNITURE	020105	SL	5.00	1,010.		1,010.	1,010.	0.
34	OFFICE FURNITURE	061407	200DB	7.00	505.		505.	505.	0.
35	FILE CABINET, DESK, ETC.	070207	200DB	7.00	827.		827.	827.	0.
47	DRAWERS, DRESSER, LAMP	050707	200DB	7.00	560.		560.	560.	0.
50	EOS DIGITAL REBEL XTI CAMERA	102707	200DB	5.00	913.		913.	912.	0.
52	HP LASERJET 550 DTN PRINTER	011208	200DB	5.00	4,340.	2,170.	2,170.	2,170.	0.
64	CANON REBEL XSI CAMERA	093008	200DB	5.00	750.	375.	375.	375.	0.
	CISCO UC520 PHONE SYSTEM/VOIP SYSTEM								
80	+ UNIFIED MESSAGE + AUTO ATTEND (061810	200DB	5.00	6,000.	3,000.	3,000.	3,000.	0.
81	CISCO IP PHONES 7940	061810	200DB	5.00	1,590.	795.	795.	795.	0.
	CISCO 7971G-GE IP PHONES (2								
82	ADDITIONAL)	081010	200DB	5.00	478.	239.	239.	239.	0.
	CISCO 7971G-GE IP PHONES (ADJUSTMENT								
83	FOR 10 PREVIOUS PHONES UPGRADED)	081010	200DB	5.00	600.	300.	300.	300.	0.
89	2 VOIP PHONES & POWER SUPPLY	080114	200DB	7.00	1,012.		1,012.	846.	89.
	FRIGIDAIRE 180 CU FT TOP FREEZER								
91	REFRIGERATOR	093015	200DB	7.00	509.		509.	381.	45.
99	3 MODULAR WORK STATIONS (1 OF 2)	011717	SL	7.00	1,160.		1,160.	442.	166.
100	3 MODULAR WORK STATIONS (2 OF 2)	020317	SL	7.00	1,160.		1,160.	442.	166.
	* 990 PAGE 10 TOTAL - OFFICE EQUIPMENT				21,414.	6,879.	14,535.	12,804.	466.
	SPORTS EQUIPMENT								
29	GOLF CART ATLAS	072006	SL	7.00	3,590.		3,590.	3,590.	0.
92	10X10 MIGHTY TENT USA	092915	200DB	5.00	2,382.		2,382.	2,154.	228.
	* 990 PAGE 10 TOTAL - SPORTS EQUIPMENT				5,972.		5,972.	5,744.	228.
	BUILDING								
9	TIMESHARE	123094	SL	27.50	20,600.		20,600.	18,627.	749.
10	TIME SHARE	091899	SL	27.50	10,000.		10,000.	7,308.	364.
	* 990 PAGE 10 TOTAL - BUILDING				30,600.		30,600.	25,935.	1,113.
	TRANSPORTATION EQUIPMENT								

(D) - Asset disposed

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

2019 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL - DISABLED SPORTS USA

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
22	2004 FORD E350 VAN	030905	SL	5.00	22,565.		22,565.	22,565.	0.
69	UTILITY TRAILER	070209	200DB	5.00	3,465.	1,733.	1,732.	1,732.	0.
87	2012 STARCRAFT ALLSTAR	020612	200DB	5.00	52,473.	26,236.	26,237.	26,237.	0.
	* 990 PAGE 10 TOTAL - TRANSPORTATION EQUIPMENT				78,503.	27,969.	50,534.	50,534.	0.
	LEASEHOLD IMPROVEMENTS								
85	NETWORK CABLING	013111	SL	15.00	5,800.	5,800.			0.
	* 990 PAGE 10 TOTAL - LEASEHOLD IMPROVEMENTS				5,800.	5,800.	0.	0.	0.
	* GRAND TOTAL 990 PAGE 10 DEPR				539,369.	48,854.	490,515.	134,377.	9,067.

(D) - Asset disposed

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