

Return of Organization Exempt From Income Tax

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

2022

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

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Header section A-M containing organization details, principal officer, and tax status.

Part I Summary

Summary table with columns for Activities & Governance, Revenue, Expenses, and Net Assets or Fund Balances.

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.

Signature block for Susan Petersen, Executive Director.

Paid Preparer Use Only section for Chantil Finklea, F2 Financial Inc.

May the IRS discuss this return with the preparer shown above? See instructions.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
To provide opportunities for participation in recreational activities for people with disabilities.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
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 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.

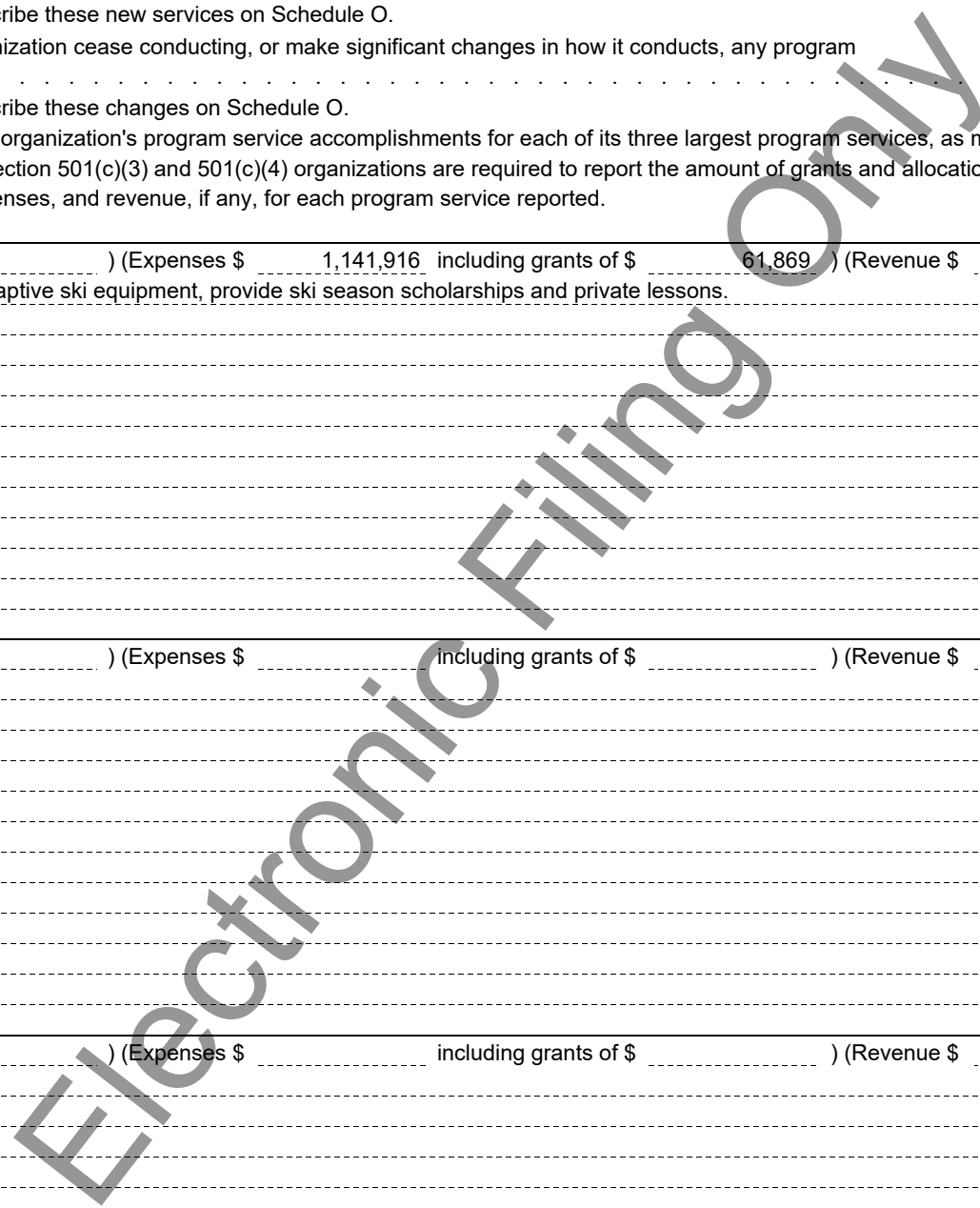
4a (Code:) (Expenses \$ 1,141,916 including grants of \$ 61,869) (Revenue \$ 321,420)
Purchase adaptive ski equipment, provide ski season scholarships and private lessons.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.)
(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)

4e Total program service expenses 1,141,916



Part IV Checklist of Required Schedules

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

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?		X
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?		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
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 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II.</i>		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <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 the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV.</i>		X
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV.</i>		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV.</i>		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)?		
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 on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	

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 on 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)		Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	33		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
b	If "Yes," enter the name of the foreign country _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a			X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			X
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			X
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15			X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			X
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17			

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (Voting members), 1b (Independent members), 2 (Family/Business relationships), 3 (Management delegation), 4 (Governing documents), 5 (Asset diversion), 6 (Members/stockholders), 7a (Power to elect/appoint), 7b (Governance decisions), 8 (Meeting documentation), 8a (Governing body), 8b (Committees), 9 (Unreachable officers).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a (Local chapters), 10b (Written policies), 11a (Form 990 distribution), 11b (Review process), 12a (Conflict of interest policy), 12b (Disclosure requirements), 12c (Monitoring compliance), 13 (Whistleblower policy), 14 (Document retention), 15 (Compensation review), 15a (CEO/Executive Director), 15b (Other officers), 16a (Joint ventures), 16b (Safeguarding status).

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 (States for filing: CO), 18 (Public inspection: Own website, Another's website, Upon request, Other), 19 (Schedule O description), 20 (Name, address, phone: Steamboat Adaptive Recreational Sports, P.O. Box 770208, Steamboat Springs, CO 80477, 970-870-1950).

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Gardner Flanigan ----- Executive Director	40.00 ----- 40.00	X			X			87,153		
(2) Gail Jensen ----- Member	1.00 ----- 1.00	X								
(3) Jill Boyd ----- Member	1.00 ----- 1.00	X								
(4) Jeff Messinger ----- President Emeritus	1.00 ----- 1.00	X								
(5) Trish Sullivan ----- Member	1.00 ----- 1.00	X								
(6) Steve Tober ----- President	1.00 ----- 1.00			X						
(7) Charlene Rosenblatt ----- Secretary	1.00 ----- 1.00			X						
(8) Scott Abell ----- Treasurer	1.00 ----- 1.00			X						
(9) -----										
(10) -----										
(11) -----										
(12) -----										
(13) -----										
(14) -----										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Subtotal							87,153	0	0	
c Total from continuation sheets to Part VII, Section A							0	0	0	
d Total (add lines 1b and 1c)							87,153	0	0	

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
		0
		0
		0
		0
		0

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

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a	0			
	b	Membership dues	1b	0			
	c	Fundraising events	1c	245,545			
	d	Related organizations	1d	0			
	e	Government grants (contributions)	1e	0			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	514,281			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 0			
	h	Total. Add lines 1a-1f		759,826			
	Program Service Revenue	2a	Program Revenue	Business Code	900099	321,420	
		b	-----			0	
c		-----			0		
d		-----			0		
e		-----			0		
f		All other program service revenue			0		
g		Total. Add lines 2a-2f			321,420		
Other Revenue		3	Investment income (including dividends, interest, and other similar amounts)				
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		0			
	6a	Gross rents	(i) Real	(ii) Personal			
			6a				
			6b				
	6c	Rental income or (loss)	0	0			
	d	Net rental income or (loss)			0		
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
			7a	0	0		
			7b	0	0		
			7c	0	0		
	d	Net gain or (loss)			0		
	8a	Gross income from fundraising events (not including \$ 687,652 of contributions reported on line 1c). See Part IV, line 18					
			8a	687,652			
			8b	245,545			
	c	Net income or (loss) from fundraising events			442,107		
	9a	Gross income from gaming activities. See Part IV, line 19					
9a			0				
9b			0				
c	Net income or (loss) from gaming activities			0			
10a	Gross sales of inventory, less returns and allowances						
		10a	0				
		10b	0				
c	Net income or (loss) from sales of inventory			0			
Miscellaneous Revenue	11a	Other revenue	Business Code	900099	165,028		
	b	COVID 19		900099	190,618		
	c	-----			0		
	d	All other revenue			0		
	e	Total. Add lines 11a-11d			355,646		
	12	Total revenue. See instructions			1,878,999	0	0

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	0			
2	Grants and other assistance to domestic individuals. See Part IV, line 22	61,869	61,869		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	100,039	20,007	40,016	40,016
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	738,697	558,996	57,104	122,597
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	0			
11	Fees for services (nonemployees):				
a	Management	0			
b	Legal	0			
c	Accounting	0			
d	Lobbying	0			
e	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	0			
g	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	0		0	
12	Advertising and promotion	37,031	20,916	3,971	12,144
13	Office expenses	53,305	32,370	5,397	15,538
14	Information technology	0			
15	Royalties	0			
16	Occupancy	0			
17	Travel	0			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	17,988	17,088	450	450
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	201,446	191,374	5,036	5,036
23	Insurance	53,597	21,697	29,188	2,712
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a	Equipment and Maintenance	51,864	51,864		
b	Outside Services	76,429	53,481	2,048	20,900
c	Professional Fees	26,143	1,530	24,613	
d	Program supplies, food and accommodations	41,903	27,520	1,067	13,316
e	All other expenses Utilities, CC Fees, Other	99,694	83,204	3,654	12,836
25	Total functional expenses. Add lines 1 through 24e	1,560,005	1,141,916	172,544	245,545
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)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	526,321	1	785,010
	2 Savings and temporary cash investments	0	2	
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	22,227	4	197,118
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	0	8	
	9 Prepaid expenses and deferred charges	0	9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 6,767,070		
	b Less: accumulated depreciation	10b 898,896	6,039,032	10c 5,868,222
	11 Investments—publicly traded securities	0	11	0
	12 Investments—other securities. See Part IV, line 11	0	12	0
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	0	15	0
16 Total assets. Add lines 1 through 15 (must equal line 33)		6,587,580	16	6,850,350
Liabilities	17 Accounts payable and accrued expenses	51,084	17	75,151
	18 Grants payable	0	18	
	19 Deferred revenue	0	19	
	20 Tax-exempt bond liabilities	0	20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	22	
	23 Secured mortgages and notes payable to unrelated third parties	580,291	23	500,000
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	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	0	25	0
	26 Total liabilities. Add lines 17 through 25		631,375	26
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	5,870,480	27	6,206,699
	28 Net assets with donor restrictions	85,725	28	68,500
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds	0	29	
	30 Paid-in or capital surplus, or land, building, or equipment fund	0	30	
	31 Retained earnings, endowment, accumulated income, or other funds	0	31	
32 Total net assets or fund balances	5,956,205	32	6,275,199	
33 Total liabilities and net assets/fund balances		6,587,580	33	6,850,350

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	1,878,999
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,560,005
3	Revenue less expenses. Subtract line 2 from line 1	3	318,994
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,956,205
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	6,275,199

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 on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury Internal Revenue Service

Attach to your tax return.

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

Attachment Sequence No. 179

Table with 3 columns: Name(s) shown on return, Business or activity to which this form relates, Identifying number.

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.

Table with 5 main rows for Section 179 election, including lines 1-13 for calculations and descriptions.

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. See instructions.)

Table with 3 rows for Special Depreciation Allowance and Other Depreciation (lines 14-16).

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

Section A

Table with 2 rows for Section A (lines 17-18) regarding MACRS deductions and general asset accounts.

Section B - Assets Placed in Service During 2022 Tax Year Using the General Depreciation System

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction.

Section C - Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System

Table with 7 columns: (a) Class life, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction.

Part IV Summary (See instructions.)

Table with 3 rows for Summary (lines 21-23) including listed property, total, and section 263A costs.

For Paperwork Reduction Act Notice, see separate instructions.

**SCHEDULE A
(Form 990)**

Public Charity Status and Public Support

OMB No. 1545-0047

2022

Open to Public Inspection

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
990 or Form 990-EZ.

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

Department of the Treasury
Internal Revenue Service

Name of the organization Steamboat Adaptive Recreational Sports	Employer identification number 20-5823688
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Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total					0	0

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

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities; 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, Line number, Percentage. Rows include: 14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) - 14 - 0.00%; 15 Public support percentage from 2021 Schedule A, Part II, line 14 - 15 - 0.00%; 16a 33 1/3% support test—2022; b 33 1/3% support test—2021; 17a 10%-facts-and-circumstances test—2022; b 10%-facts-and-circumstances test—2021; 18 Private foundation.

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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	669,177	1,030,425	1,124,636	1,145,357	1,201,933	5,171,528
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	288,720	214,964	138,047	234,830	321,420	1,197,981
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 Total. Add lines 1 through 5	957,897	1,245,389	1,262,683	1,380,187	1,523,353	6,369,509
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
c Add lines 7a and 7b	0	0	0	0	0	0
8 Public support (Subtract line 7c from line 6.)						6,369,509

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6	957,897	1,245,389	1,262,683	1,380,187	1,523,353	6,369,509
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						0
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	0	0	0	0	0	0
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	14,767	18,452	39,907	79,985	165,028	318,139
13 Total support. (Add lines 9, 10c, 11, and 12.)	972,664	1,263,841	1,302,590	1,460,172	1,688,381	6,687,648
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	95.24%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	97.22%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	0.00%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	0.00%

19a 33 1/3% support tests—2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization 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 on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Yes	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 lines 3b and 3c below.</i>		
3b	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>		
3c	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 box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
4b	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>		
4c	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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
5b	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?		
5c	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).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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>		
9b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
9c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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 line 10b below.</i>		
10b	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)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Row 11a: A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? Row 11b: A family member of a person described on line 11a above? Row 11c: A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 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

Table with 3 columns: Question, Yes, No. Row 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

Table with 3 columns: Question, Yes, No. Row 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? Row 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). Row 3: By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? 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

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). a [] The organization satisfied the Activities Test. Complete line 2 below. b [] The organization is the parent of each of its supported organizations. Complete line 3 below. c [] The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions). Row 2: Activities Test. Answer lines 2a and 2b 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. b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b 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? If "Yes" or "No," 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		
2	Recoveries of prior-year distributions		
3	Other gross income (see instructions)		
4	Add lines 1 through 3.	0	0
5	Depreciation and depletion		
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)		
7	Other expenses (see instructions)		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	0	0
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		
b	Average monthly cash balances		
c	Fair market value of other non-exempt-use assets		
d	Total (add lines 1a, 1b, and 1c)	0	0
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets		
3	Subtract line 2 from line 1d.	0	0
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	0	0
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	0	0
6	Multiply line 5 by 0.035.	0	0
7	Recoveries of prior-year distributions	0	0
8	Minimum Asset Amount (add line 7 to line 6)	0	0
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)		0
2	Enter 0.85 of line 1.		0
3	Minimum asset amount for prior year (from Section B, line 8, column A)		0
4	Enter greater of line 2 or line 3.		0
5	Income tax imposed in prior year		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).		0
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	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7 0
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9 0
10	Line 8 amount divided by line 9 amount	10 0.000

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			0
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2022			
a	From 2017	0		
b	From 2018	0		
c	From 2019	0		
d	From 2020	0		
e	From 2021	0		
f	Total of lines 3a through 3e	0		
g	Applied to underdistributions of prior years		0	
h	Applied to 2022 distributable amount			0
i	Carryover from 2017 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	0		
4	Distributions for 2022 from Section D, line 7: \$ 0			
a	Applied to underdistributions of prior years		0	
b	Applied to 2022 distributable amount			0
c	Remainder. Subtract lines 4a and 4b from line 4.	0		
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		0	
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			0
7	Excess distributions carryover to 2023. Add lines 3j and 4c.	0		
8	Breakdown of line 7:			
a	Excess from 2018	0		
b	Excess from 2019	0		
c	Excess from 2020	0		
d	Excess from 2021	0		
e	Excess from 2022	0		

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.

Table with 2 columns: Name of the organization (Steamboat Adaptive Recreational Sports) and Employer identification number (20-5823688)

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 501(c)(3) (enter number) organization

[] 4947(a)(1) nonexempt charitable trust not treated as a private foundation

[] 527 political organization

Form 990-PF

[] 501(c)(3) exempt private foundation

[] 4947(a)(1) nonexempt charitable trust treated as a private foundation

[] 501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

[] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

[] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization Steamboat Adaptive Recreational Sports	Employer identification number 20-5823688
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Iron Horse Family Foundation ----- 331 South Florida Avenue ----- Lakeland FL 33801-4626 Foreign State or Province: ----- Foreign Country: -----	\$ 38,212	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	National Veterans Sports Programs ----- 810 Vermont Avenue Northwest ----- Washington DC 20571 Foreign State or Province: ----- Foreign Country: -----	\$ 137,099	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	V Gail Jensen Living Trust ----- 1625 Mid Valley Dr Unit 1-185 ----- Steamboat Springs CO 80487 Foreign State or Province: ----- Foreign Country: -----	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	Gail Jensen ----- 1625 Mid Valley Drive ----- Steamboat Springs CO 80487 Foreign State or Province: ----- Foreign Country: -----	\$ 7,069	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	Lee & Judy Culbertson ----- 13413 Shore Vista Drive ----- Austin TX 78732 Foreign State or Province: ----- Foreign Country: -----	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	Kris and Bill Bensler ----- 1625 Mid Valley Drive ----- Steamboat Springs CO 80487 Foreign State or Province: ----- Foreign Country: -----	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization Steamboat Adaptive Recreational Sports	Employer identification number 20-5823688
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	Skip & Vivian Curry 1725 Highland Way Steamboat Springs CO 80487 Foreign State or Province: _____ Foreign Country: _____	\$ 10,790	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	David & Debbie Dacus 5444 Candlewood Drive Houston TX 77056 Foreign State or Province: _____ Foreign Country: _____	\$ 24,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	Clyde Evans 3 Creekwood Drive Dublin GA 31021 Foreign State or Province: _____ Foreign Country: _____	\$ 7,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	Katrina Gatti 41880 County Road 44 Steamboat Springs CO 80487 Foreign State or Province: _____ Foreign Country: _____	\$ 13,594	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	Lori Hiltz 1823 Clubhouse Drive Steamboat Springs CO 80487 Foreign State or Province: _____ Foreign Country: _____	\$ 17,088	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	Terry Huffington PO Box 4337 Houston TX 77210 Foreign State or Province: _____ Foreign Country: _____	\$ 11,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization Steamboat Adaptive Recreational Sports	Employer identification number 20-5823688
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	Lisa & Larry Jaynes ----- 11050 Hidden Blvd ----- McGregor TX 76657 Foreign State or Province: ----- Foreign Country: -----	\$ ----- 22,319	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	Abigail Jensen ----- 1625 Mid Valley Drive ----- Steamboat Springs CO 80487 Foreign State or Province: ----- Foreign Country: -----	\$ ----- 16,921	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	JP Chamness ----- PO Box 77401 ----- Steamboat Springs CO 80477 Foreign State or Province: ----- Foreign Country: -----	\$ ----- 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	Jim & Susan Larson ----- PO Box 880519 ----- Steamboat Springs CO 80488 Foreign State or Province: ----- Foreign Country: -----	\$ ----- 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	NM Real Estate, Inc ----- 42855 Gunn Creek Lane ----- Steamboat Springs CO 80487 Foreign State or Province: ----- Foreign Country: -----	\$ ----- 7,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	Tamara Diane Miller ----- 44285 County Road 129 ----- Steamboat Springs CO 80487 Foreign State or Province: ----- Foreign Country: -----	\$ ----- 31,569	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization Steamboat Adaptive Recreational Sports	Employer identification number 20-5823688
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	Andrew Ostrognai ----- 2923 Blackhawk Court ----- Steamboat Springs CO 80487 Foreign State or Province: ----- Foreign Country: -----	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	Christopher Paoli ----- PO Box 775835 ----- Steamboat Springs CO 80477 Foreign State or Province: ----- Foreign Country: -----	\$ 8,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	Chuck & Carrie Reuben ----- PO Box 776092 ----- Steamboat Springs CO 80477 Foreign State or Province: ----- Foreign Country: -----	\$ 6,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	Ron Simon ----- 2275 Golf View Way ----- Steamboat Springs CO 80487 Foreign State or Province: ----- Foreign Country: -----	\$ 18,600	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	Steve & Karen Speer ----- 34505 Golden Eagle Drive ----- Steamboat Springs CO 80487 Foreign State or Province: ----- Foreign Country: -----	\$ 5,375	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	Buck & Debbie Wearn ----- 7016 Ballentyne Court ----- Charlotte NC 28210 Foreign State or Province: ----- Foreign Country: -----	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization Steamboat Adaptive Recreational Sports	Employer identification number 20-5823688
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	Joe Weismantel ----- 1961 Camp Madron Road Unit 11 ----- Buchanan MI 49107 ----- Foreign State or Province: _____ Foreign Country: _____	\$ 6,787	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	Yampa Valley Bank ----- PO Box 775770 ----- Steamboat Springs CO 80477 ----- Foreign State or Province: _____ Foreign Country: _____	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	YVCF ----- PO Box 881869 ----- Steamboat Springs CO 80488 ----- Foreign State or Province: _____ Foreign Country: _____	\$ 7,625	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	Alpine Bank ----- 1901 Pine Grove Rd ----- Steamboat Springs CO 80487 ----- Foreign State or Province: _____ Foreign Country: _____	\$ 13,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	Anschutz Family Foundation ----- 555 17 Street Suite 2400 ----- Denver CO 80202 ----- Foreign State or Province: _____ Foreign Country: _____	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	Bloom, Steve & Kelly ----- 577 Anglers Court ----- Steamboat Springs CO 80487 ----- Foreign State or Province: _____ Foreign Country: _____	\$ 5,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization Steamboat Adaptive Recreational Sports	Employer identification number 20-5823688
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	Carrig, Blaise & Leslie ----- 29622 CR 14 ----- Steamboat Springs CO 80487 Foreign State or Province: ----- Foreign Country: -----	\$ ----- 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	Cummings, Chris ----- 3381 Oak Hammock Court ----- Bonita Springs FL 34134 Foreign State or Province: ----- Foreign Country: -----	\$ ----- 5,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	Colorado State Parks and Wildlife ----- 6060 Broadway ----- Denver CO 80216 Foreign State or Province: ----- Foreign Country: -----	\$ ----- 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	Craig-Scheckman Family Foundation ----- PO Box 880129 ----- Steamboat Springs CO 80488 Foreign State or Province: ----- Foreign Country: -----	\$ ----- 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	Flanigan, Leah ----- 134 Musterfield Road ----- Concord MA 01742 Foreign State or Province: ----- Foreign Country: -----	\$ ----- 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	Hartner, Kris ----- 328 S Brainard Street ----- Naperville IL 60540 Foreign State or Province: ----- Foreign Country: -----	\$ ----- 6,750	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization Steamboat Adaptive Recreational Sports	Employer identification number 20-5823688
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	Janes, Andy & Jan ----- 55950 Hannahs Way ----- Clark CO 80428 Foreign State or Province: ----- Foreign Country: -----	\$ 5,067	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38	Kulich, John & Patty ----- 3106 Aspen Wood Lane ----- Steamboat Springs CO 80487 Foreign State or Province: ----- Foreign Country: -----	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39	Lugano Diamonds & Jewelry, Inc. ----- 620 Newport Center Drive, Suite 100 ----- Newport Beach CA 92660 Foreign State or Province: ----- Foreign Country: -----	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40	Lujan, Jon ----- 2626 S Miller Drive Suite 202 ----- Lakewood CO 80227 Foreign State or Province: ----- Foreign Country: -----	\$ 30,368	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41	MacArthur, Charles ----- 816 Spring Hill Road ----- Steamboat Springs CO 80487 Foreign State or Province: ----- Foreign Country: -----	\$ 12,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42	McKenzie, Thomas and Caitlyn ----- 1328 13th Street ----- Steamboat Springs CO 80487 Foreign State or Province: ----- Foreign Country: -----	\$ 6,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization Steamboat Adaptive Recreational Sports	Employer identification number 20-5823688
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43	Messinger, Jeff & Sally 653 Clemont Circle Steamboat Springs CO 80487 Foreign State or Province: _____ Foreign Country: _____	\$ 9,951	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44	Montgomery, Chris & Amanda 115 Valverdant Circle Steamboat Springs CO 80487 Foreign State or Province: _____ Foreign Country: _____	\$ 5,466	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45	Parks, Ki & Karen PO Box 770910 Steamboat Springs CO 80477 Foreign State or Province: _____ Foreign Country: _____	\$ 6,250	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46	Rawlings, Kay 750 Deerfoot Arts Park Drive Steamboat Springs CO 80487 Foreign State or Province: _____ Foreign Country: _____	\$ 16,250	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47	Roane, Gay 1009 N Post Oak Lane, Suite 220 Houston TX 77024 Foreign State or Province: _____ Foreign Country: _____	\$ 32,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
48	Charlene Rosenblatt 6990 Roaring Fork Trail Boulder CO 80301 Foreign State or Province: _____ Foreign Country: _____	\$ 10,559	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization Steamboat Adaptive Recreational Sports	Employer identification number 20-5823688
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49	Routt County HRC PO Box 774005 Steamboat Springs CO 80477 Foreign State or Province: _____ Foreign Country: _____	\$ 8,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
50	Steamboat Springs Education Fund 35 5th Street Unit 310 Steamboat Springs CO 80487 Foreign State or Province: _____ Foreign Country: _____	\$ 12,289	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
51	Swain, Jonathan & Mary 36266 296th Avenue Bellevue IA 52031 Foreign State or Province: _____ Foreign Country: _____	\$ 33,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
52	The Harry and Jeanette Weinberg Foundation 7 Park Center Court Owings Mills MD 21117 Foreign State or Province: _____ Foreign Country: _____	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
53	Tober, Steve & Kristina 3213 Snowflake Circle Steamboat Springs CO 80487 Foreign State or Province: _____ Foreign Country: _____	\$ 8,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
54	Wilwerding, Douglas & Elaine 914 N 143rd Circle Omaha NE 68154 Foreign State or Province: _____ Foreign Country: _____	\$ 5,130	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization Steamboat Adaptive Recreational Sports	Employer identification number 20-5823688
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55	Reeves Foundation ----- 636 Morris Turnpike Suite 3A ----- Short Hills NJ 07078 Foreign State or Province: ----- Foreign Country: -----	\$ 18,013	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization Steamboat Adaptive Recreational Sports	Employer identification number 20-5823688
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Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----

Name of organization Steamboat Adaptive Recreational Sports	Employer identification number 20-5823688
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Part III **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) \$ _____ 0

Use duplicate copies of Part III if additional space is needed.

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

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

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

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

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

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

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

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

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2022

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

Name of the organization: Steamboat Adaptive Recreational Sports; Employer identification number: 20-5823688

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for values, 5-6 for Yes/No questions.

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

Multiple choice and table questions regarding conservation easements, including a table for 'Held at the End of the Tax Year' with rows 2a-2d.

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.

Questions 1a-1b and 2a-2b regarding reporting of art and historical treasures with dollar amounts.

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 make 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 program
 - 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 | 0 |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | 0 |
- 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	0	0	0	0	0
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	0	0	0	0	0

- 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** Term 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 | | |
| (ii) Related organizations | | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 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	0	337,000		337,000
b Buildings	0	5,929,502	528,387	5,401,115
c Leasehold improvements	0	0	0	0
d Equipment	0	437,388	338,579	98,856
e Other	0	63,180	31,930	31,251
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				5,868,222

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	0	
(2) Closely held equity interests	0	
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	0	

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. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	0	

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.)	0

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	0
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	0

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

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	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
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	0
3	Subtract line 2e from line 1	3	0
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 . (<i>This must equal Form 990, Part I, line 12.</i>)	5	0

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	
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	0
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 . (<i>This must equal Form 990, Part I, line 18.</i>)	5	0

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 XIII Supplemental Information *(continued)*

Electronic Filing Only

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization

Employer identification number

Steamboat Adaptive Recreational Sports

20-5823688

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a [X] Mail solicitations b [X] Internet and email solicitations c [] Phone solicitations d [X] In-person solicitations e [X] Solicitation of non-government grants f [] Solicitation of government grants g [X] Special fundraising events 2a Did the organization have a written or oral agreement with any individual... or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? [] Yes [X] No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions? (Yes/No), (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col. (i), (vi) Amount paid to (or retained by) organization. Rows 1-10 and Total.

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		Farm to Barn (event type)	ARS Mountain Challe (event type)	1 (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	478,771	156,221	52,660	687,652
	2	Less: Contributions			0	0
	3	Gross income (line 1 minus line 2)	478,771	156,221	52,660	687,652
Direct Expenses	4	Cash prizes			0	0
	5	Noncash prizes			0	0
	6	Rent/facility costs			0	0
	7	Food and beverages			0	0
	8	Entertainment			0	0
	9	Other direct expenses	120,872	86,033	38,640	245,545
	10	Direct expense summary. Add lines 4 through 9 in column (d)				(245,545)
	11	Net income summary. Subtract line 10 from line 3, column (d)				442,107

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
		1	Gross revenue			
Direct Expenses	2	Cash prizes				0
	3	Noncash prizes				0
	4	Rent/facility costs				0
	5	Other direct expenses				0
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)				(0)	
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				0	

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

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

a The organization's facility	13a	%
b An outside facility	13b	%
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name _____

Address _____

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

Name _____

Address _____

16 Gaming manager information:

Name _____

Gaming manager compensation \$ _____

Description of services provided _____

- Director/officer Employee Independent contractor

17 Mandatory distributions:

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

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

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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.

Name of the organization

Steamboat Adaptive Recreational Sports

Employer identification number

20-5823688

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
(1) -----							
(2) -----							
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							
(8) -----							
(9) -----							
(10) -----							
(11) -----							
(12) -----							

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

3 Enter total number of other organizations listed in the line 1 table 0

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

Schedule I (Form 990) 2022

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Scholarships 1	198	61,869			
2					
3					
4					
5					
6					
7					

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

**SCHEDULE L
(Form 990)**

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open To Public Inspection

Name of the organization Steamboat Adaptive Recreational Sports	Employer identification number 20-5823688
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Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$ _____

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total.						\$	0					

Part III Grants or Assistance Benefiting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

**SCHEDULE O
(Form 990)**

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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

2022

Attach to Form 990 or Form 990-EZ.

**Open to Public
Inspection**

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

Steamboat Adaptive Recreational Sports

20-5823688

Form 990, Part VI, Line 11B: President and Treasurer review the 990 prior to filing

Form 990, Part VI, Line 9: Upon Request

Electronic Filing Only

Name of the organization

Employer identification number

Steamboat Adaptive Recreational Sports

20-5823688

Electronic Filing Only

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2022, or fiscal year beginning 5/1, 2022, and ending 4/30, 20 23

2022

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information.

Name of filer: Steamboat Adaptive Recreational Sports; EIN or SSN: 20-5823688; Name and title of officer or person subject to tax: Susan Petersen, Acting Executive Director

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only.

Table with 3 columns: Line number (1a-10a), Description (Form type and check box), and Amount. Line 1b shows total revenue of 1,878,999.

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

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) Steamboat Adaptive Recreational Sports, (EIN) 20-5823688 and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete.

PIN: check one box only

I authorize F2 Financial Inc (ERO firm name) to enter my PIN 23688 as my signature. Enter five numbers, but do not enter all zeros.

on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax: _____ Date: 10/21/2023

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.

84090589842 (Do not enter all zeros)

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature: Chantil Finklea Date: _____

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

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2022, or fiscal year beginning 5/1, 2022, and ending 4/30, 20 23

Department of the Treasury Internal Revenue Service

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

2022

Name of filer: Steamboat Adaptive Recreational Sports; EIN or SSN: 20-5823688; Name and title of officer or person subject to tax: Susan Petersen, Acting Executive Director

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only.

Table with 3 columns: Form type (e.g., Form 990, Form 990-EZ), check box, and amount (e.g., Total revenue, Total tax, Balance due). Includes a checked box for Form 8868.

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

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) Steamboat Adaptive Recreational Sports, (EIN) 20-5823688 and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete.

PIN: check one box only

I authorize F2 Financial Inc (ERO firm name) to enter my PIN [] as my signature. Enter five numbers, but do not enter all zeros.

on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax: _____ Date: _____

Part III Certification and Authentication

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

840905 (do not enter all zeros)

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature: Chantil Finklea Date: 10/21/2023

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

Form 4562 Statement - 990

4/30/2023

Steamboat Adaptive Recreational Sports 20-5823688

Item No.	Description of Property	Date Placed In Service	Asset Code	Business Use %	Cost or Other Basis	Sec. 179 Deduction	Credit	Special Allowance	Salvage Value	Recovery Basis	Recovery Period	Method	Convention Code	Prior Accum. Deprec., 179, Bonus	2022 Deprec.	2022 Accum. Deprec.
Depreciation Detail																
ACRS and other depreciation (Line 16)																
	Buildings	1/20/2015	R-3	100.00%	5,842,188	0	0	0	0	5,842,188	20.0	SYD	MM	362,182	154,988	517,170
	Basketball Wheelchairs (4)	6/11/2015	F-10	100.00%	7,980	0	0	0	0	7,980	7.0	SYD	MQ1	7,695	285	7,980
	Recumbent Bikes	7/8/2015	F-10	100.00%	3,295	0	0	0	0	3,295	7.0	SYD	MQ1	3,140	157	3,297
	Office Furniture	7/14/2015	F-11	100.00%	3,031	0	0	0	0	3,031	7.0	SYD	MQ1	2,923	108	3,031
	Xcountry Skis	7/20/2015	F-10	100.00%	4,000	0	0	0	0	4,000	7.0	SYD	MQ1	3,807	190	3,997
	Horse Saddle/Attachments	7/20/2015	F-10	100.00%	2,350	0	0	0	0	2,350	7.0	SYD	MQ1	2,240	112	2,352
	Paddleboard	9/2/2015	F-10	100.00%	996	0	0	0	0	996	7.0	SYD	MQ1	935	59	994
	Other Office Equipment	10/9/2015	F-11	100.00%	1,770	0	0	0	0	1,770	7.0	SYD	MQ1	1,644	126	1,770
	Praschberger Mono Ski	12/8/2015	F-10	100.00%	2,000	0	0	0	0	2,000	7.0	SYD	MQ1	1,835	167	2,002
	Snow Slider	3/23/2016	F-10	100.00%	1,495	0	0	0	0	1,495	7.0	SYD	MQ1	1,302	196	1,498
	Adjustable Sit Skis (2)	4/13/2016	F-10	100.00%	2,700	0	0	0	0	2,700	7.0	SYD	MQ1	2,316	386	2,702
	Julies Office	6/15/2016	F-11	100.00%	1,890	0	0	0	0	1,890	7.0	SYD	MQ1	1,598	270	1,868
	Metal Shelving	6/21/2016	F-11	100.00%	573	0	0	0	0	573	7.0	SYD	MQ1	485	82	567
	Wall Dividers	10/21/2016	F-11	100.00%	1,099	0	0	0	0	1,099	7.0	SYD	MQ1	877	157	1,034
	Bi-Ski	12/28/2016	F-10	100.00%	1,000	0	0	0	0	1,000	7.0	SYD	MQ1	775	143	918
	Sled Hockey Sleds	1/24/2017	F-10	100.00%	8,134	0	0	0	0	8,134	7.0	SYD	MQ1	6,197	1,162	7,359
	3 Stand Up Paddle Boards	4/7/2017	F-10	100.00%	5,565	0	0	0	0	5,565	7.0	SYD	MQ1	4,041	795	4,836
	Waterski Cage	4/14/2017	F-10	100.00%	1,340	0	0	0	0	1,340	7.0	SYD	MQ1	971	191	1,162
	Misty Mountain Thread Climb	4/30/2017	F-10	100.00%	1,275	0	0	0	0	1,275	7.0	SYD	MQ1	1,079	182	1,261
	Invacare Corp/Top End Force	6/1/2017	F-10	100.00%	2,407	0	0	0	0	2,407	7.0	SYD	MQ1	1,764	344	2,108
	Invacare Corp Top End STK X	6/1/2017	F-10	100.00%	1,477	0	0	0	0	1,477	7.0	SYD	MQ1	1,080	211	1,291
	Invacare Corp Top End STK X	6/1/2017	F-10	100.00%	1,897	0	0	0	0	1,897	7.0	SYD	MQ1	1,250	271	1,521
	Invacare Core Top End FRCG	6/1/2017	F-10	100.00%	3,114	0	0	0	0	3,114	7.0	SYD	MQ1	2,050	445	2,495
	Small Frame Fat Tire Bike	6/6/2017	F-10	100.00%	775	0	0	0	0	775	7.0	SYD	MQ1	536	111	647
	Medium Frame Fat Tire Bike	6/6/2017	F-10	100.00%	775	0	0	0	0	775	7.0	SYD	MQ1	536	111	647
	Large Frame Fat Tire Bike	6/6/2017	F-10	100.00%	775	0	0	0	0	775	7.0	SYD	MQ1	536	111	647
	Mountain Uniforms	6/22/2017	F-10	100.00%	2,737	0	0	0	0	2,737	7.0	SYD	MQ1	1,890	391	2,281
	Randall Reed's Ford 2017 Trar	6/27/2017	F-10	100.00%	37,000	0	0	0	0	37,000	7.0	SYD	MQ1	25,544	5,286	30,830
	Charles Schorb Catrike Road /	7/18/2017	F-10	100.00%	2,000	0	0	0	0	2,000	7.0	SYD	MQ1	1,358	286	1,644
	Mountain Bike	8/8/2017	F-10	100.00%	7,950	0	0	0	0	7,950	7.0	SYD	MQ1	5,301	1,136	6,437
	Mountain Uniforms	12/5/2017	F-10	100.00%	2,818	0	0	0	0	2,818	7.0	SYD	MQ1	1,746	403	2,149
	Enabling Technologies 2 Bi-Sk	12/14/2017	F-10	100.00%	9,295	0	0	0	0	9,295	7.0	SYD	MQ1	5,755	1,328	7,083
	Rocky Mountain Recumbents	2/19/2018	F-10	100.00%	2,750	0	0	0	0	2,750	7.0	SYD	MQ1	1,637	393	2,030
	Savin Printer	6/6/2018	F-5	100.00%	4,891	0	0	0	0	4,891	5.0	SYD	MQ1	3,831	978	4,809
	Rocky Mtn Bi-Ski Dynamique	7/1/2018	F-10	100.00%	4,750	0	0	0	0	4,750	7.0	SYD	MQ1	2,602	679	3,281
	Dell-Vostro SFF 3470 Betsy Be	8/20/2018	F-5	100.00%	679	0	0	0	0	679	5.0	SYD	MQ1	678	1	679
	ReActive Adaptions Handcycle	10/29/2018	F-10	100.00%	7,030	0	0	0	0	7,030	7.0	SYD	MQ1	3,514	1,004	4,518
	ReActive Adaptions Handcycle	10/29/2018	F-10	100.00%	7,030	0	0	0	0	7,030	7.0	SYD	MQ1	3,209	1,004	4,213
	ReActive Adaptions Handcycle	10/29/2018	F-10	100.00%	9,553	0	0	0	0	9,553	7.0	SYD	MQ1	4,777	1,365	6,142
	ReActive Adaptions Handcycl	10/29/2018	F-10	100.00%	4,893	0	0	0	0	4,893	7.0	SYD	MQ1	2,752	699	3,451
	Lahor Sport Handcycle	11/17/2018	F-10	100.00%	9,402	0	0	0	0	9,402	7.0	SYD	MQ1	4,589	1,343	5,932
	Half Arabian Palamino HAHR	1/25/2019	A-2	100.00%	3,000	0	0	0	0	3,000	3.0	SYD	MQ1	1,950	600	2,550
	2018 Homesteader Trailer VIN	2/6/2019	F-10	100.00%	7,918	0	0	0	0	7,918	7.0	SYD	MQ1	3,676	1,131	4,807
	XBLUE Networks Phones	3/5/2019	F-10	100.00%	2,649	0	0	0	0	2,649	7.0	SYD	MQ1	1,658	530	2,188
	Paro Truck and Bus 2009 Ford	4/4/2019	F-10	100.00%	14,500	0	0	0	0	14,500	7.0	SYD	MQ1	6,213	2,071	8,284
	Hospitality Designs Furniture	4/11/2019	F-10	100.00%	7,358	0	0	0	0	7,358	7.0	SYD	MQ1	3,153	1,051	4,204
	Mountain Mattress - 1 New Ma	5/27/2019	F-10	100.00%	690	0	0	0	0	690	7.0	SYD	MQ1	288	99	387
	Annies Home Consignment - C	5/28/2019	F-10	100.00%	562	0	0	0	0	562	7.0	SYD	MQ1	234	80	314

Form 4562 Statement - 990

4/30/2023

Steamboat Adaptive Recreational Sports 20-5823688

Item No.	Description of Property	Date Placed In Service	Asset Code	Business Use %	Cost or Other Basis	Sec. 179 Deduction	Credit	Special Allowance	Salvage Value	Recovery Basis	Recovery Period	Method	Convention Code	Prior Accum. Deprec., 179, Bonus	2022 Deprec.	2022 Accum. Deprec.
	Paro Truck and Bus - 2009 For	5/30/2019	F-11	100.00%	4,950	0	0	0	0	4,950	7.0	SYD	MQ1	2,062	707	2,769
	Serta Simmons Bedding, LLC -	8/20/2019	F-10	100.00%	1,359	0	0	0	0	1,359	7.0	SYD	MQ1	534	194	728
	Serta Simmons Bedding, LLC -	8/20/2019	F-10	100.00%	4,956	0	0	0	0	4,956	7.0	SYD	MQ1	1,947	708	2,655
	Serta Simmons Bedding, LLC -	8/20/2019	F-10	100.00%	1,320	0	0	0	0	1,320	7.0	SYD	MQ1	519	189	708
	Hospitality Designs - Sutton Lu	9/4/2019	F-10	100.00%	1,671	0	0	0	0	1,671	7.0	SYD	MQ1	637	239	876
	Precision Outdoor Power Equip	10/2/2019	F-10	100.00%	4,200	0	0	0	0	4,200	7.0	SYD	MQ1	1,550	600	2,150
	Office Furniture 2 Go - Flip Top	11/1/2019	F-10	100.00%	4,185	0	0	0	0	4,185	7.0	SYD	MQ1	1,495	598	2,093
	The Webstaurant Store - Holla	11/1/2019	F-10	100.00%	1,224	0	0	0	0	1,224	7.0	SYD	MQ1	437	175	612
	Dell Inc. - 23 " Monitors S2319	11/6/2019	F-10	100.00%	1,210	0	0	0	0	1,210	7.0	SYD	MQ1	1,209	1	1,210
	Dell Inc. - Vostro DT 5090 BTX	11/6/2019	F-10	100.00%	5,930	0	0	0	0	5,930	7.0	SYD	MQ1	5,929	1	5,930
	Enabling Technologies: Moniq	11/14/2019	F-10	100.00%	5,550	0	0	0	0	5,550	7.0	SYD	MQ1	1,982	793	2,775
	Enabling Technologies: Moniq	11/14/2019	F-10	100.00%	5,550	0	0	0	0	5,550	7.0	SYD	MQ1	1,982	793	2,775
	Enabling Technologies: Dynar	11/14/2019	F-10	100.00%	5,550	0	0	0	0	5,550	7.0	SYD	MQ1	1,982	793	2,775
	National Business Furniture - C	11/18/2019	F-10	100.00%	2,473	0	0	0	0	2,473	7.0	SYD	MQ1	883	353	1,236
	Western Paper Distributors - F	11/20/2019	F-10	100.00%	990	0	0	0	0	990	7.0	SYD	MQ1	353	141	494
	DTEN Inc - Board D7 55" Stan	12/3/2019	F-5	100.00%	4,329	0	0	0	0	4,329	5.0	SYD	MQ1	3,487	842	4,329
	Western Paper Distributors - S	12/4/2019	F-10	100.00%	1,545	0	0	0	0	1,545	7.0	SYD	MQ1	534	221	755
	Moxie Home Consignments - E	12/5/2019	F-10	100.00%	697	0	0	0	0	697	7.0	SYD	MQ1	241	100	341
	Olivia's Home Furnishings - Le	12/5/2019	F-10	100.00%	765	0	0	0	0	765	7.0	SYD	MQ1	264	109	373
	Olivia's Home Furnishings - Ur	12/5/2019	F-10	100.00%	695	0	0	0	0	695	7.0	SYD	MQ1	239	99	338
	Olivia's Home Furnishings - Pa	12/5/2019	F-10	100.00%	1,600	0	0	0	0	1,600	7.0	SYD	MQ1	478	229	707
	Olivia's Home Furnishings - AL	12/31/2019	F-10	100.00%	1,075	0	0	0	0	1,075	7.0	SYD	MQ1	372	154	526
	Olivia's Home Furnishings - Ff	12/31/2019	F-10	100.00%	555	0	0	0	0	555	7.0	SYD	MQ1	191	79	270
	Olivia's Home Furnishings - Cf	12/31/2019	F-10	100.00%	2,796	0	0	0	0	2,796	7.0	SYD	MQ1	964	399	1,363
	Olivia's Home Furnishings - AL	12/31/2019	F-10	100.00%	4,095	0	0	0	0	4,095	7.0	SYD	MQ1	1,414	585	1,999
	Olivia's Home Furnishings - WI	12/31/2019	F-10	100.00%	1,602	0	0	0	0	1,602	7.0	SYD	MQ1	553	229	782
	Cloud 9 Integrated Systems, LL	1/2/2020	F-10	100.00%	1,985	0	0	0	0	1,985	7.0	SYD	MQ1	663	284	947
	Origin Zero Designs LLC - Sigr	1/28/2020	F-10	100.00%	1,265	0	0	0	0	1,265	7.0	SYD	MQ1	422	181	603
	Origin Zero Designs LLC - Sigr	1/28/2020	F-10	100.00%	1,276	0	0	0	0	1,276	7.0	SYD	MQ1	425	182	607
	Ben's Blinds - Roller Shades	2/6/2020	F-10	100.00%	15,170	0	0	0	0	15,170	7.0	SYD	MQ1	4,876	2,167	7,043
Total ACRS and other depreciation (Line 16)					6,143,924	0	0	0	0	6,143,924				538,773	195,363	734,136
MACRS deductions for prior years (Line 17)																
	Shamrock - New Dishwasher	5/4/2020	F-10	100.00%	4,624	0	0	0	0	0	7.0	SL/GDS	MQ1	1,322	660	1,982
	Landscaping	7/1/2020	R-5	100.00%	35,064	0	0	0	0	35,064	39.0	SL/GDS	MM	1,648	899	2,547
	Hot Stuff Hearth & Home Fire F	10/1/2020	F-10	100.00%	2,542	0	0	0	0	2,542	7.0	SL/GDS	MQ1	628	363	991
	BG Constructors Sound Bar	1/15/2021	F-11	100.00%	32,903	0	0	0	0	32,903	7.0	SL/GDS	MQ1	2,799	1,579	4,378
	DynAccess Ltd Hydra Monoski	1/15/2021	F-10	100.00%	9,010	0	0	0	0	9,010	7.0	SL/GDS	MQ1	429	1,287	1,716
	KB Goodz Sltzski	11/4/2021	F-10	100.00%	6,672	0	0	0	0	6,672	7.0	SL/GDS	MM	477	953	1,430
	ADA Door	4/30/2022	R-5	100.00%	13,325	0	0	0	0	13,325	39.0	SL/GDS	MM	28	342	370
Total MACRS deductions for prior years (Line 17)					104,140	0	0	0	0	99,516				7,331	6,083	13,414
Subtotal Depreciation					6,248,064	0	0	0	0	6,243,440				546,104	201,446	747,550
Total Depreciation and Amortization					6,248,064	0	0	0	0	6,243,440				546,104	201,446	747,550

Summary of Unadjusted Basis of Qualified Property (4562)

4/30/2023

Summary of Qualified Property by Activity

Activity	Unadjusted Cost or Basis
1 990	6,343,504

Detail of Qualified Property

Activity	Asset Description	Date In Service	Recovery Period	Years in Service	Total Cost or Basis	Business/Time Use Percent	Unadjusted Cost or Basis
2 990	Buildings	1/20/2015	20.0	9	5,842,188	100.00%	5,842,188
3 990	Leasehold Improvements	12/28/2009	39.0	14	3,740	100.00%	3,740
4 990	Leasehold Improvements	2/12/2010	39.0	14	1,596	100.00%	1,596
5 990	Leasehold Improvements	10/31/2012	39.0	11	2,964	100.00%	2,964
6 990	Benches for Winter Office	11/7/2013	7.0	10	3,167	100.00%	3,167
7 990	File Cabinets	11/11/2013	7.0	10	1,022	100.00%	1,022
8 990	4 Desktops 2 Laptops	9/17/2014	5.0	9	1,130	100.00%	1,130
9 990	Table, Desk, Shelves	12/3/2014	7.0	9	1,896	100.00%	1,896
10 990	Computer	7/1/2015	5.0	8	924	100.00%	924
11 990	Office Furniture	7/14/2015	7.0	8	3,031	100.00%	3,031
12 990	Other Office Equipment	10/9/2015	7.0	8	1,770	100.00%	1,770
13 990	Shopkeep	10/10/2015	5.0	8	1,577	100.00%	1,577
14 990	Laptop (Julie)	11/8/2015	5.0	8	975	100.00%	975
15 990	Julies Office	6/15/2016	7.0	7	1,890	100.00%	1,890
16 990	Metal Shelving	6/21/2016	7.0	7	573	100.00%	573
17 990	Ski Pass Printer	7/1/2016	5.0	7	2,961	100.00%	2,961
18 990	Computer (Lisa)	9/16/2016	5.0	7	759	100.00%	759
19 990	Wall Dividers	10/21/2016	7.0	7	1,099	100.00%	1,099
20 990	Projector	11/6/2016	5.0	7	713	100.00%	713
21 990	Computer (Brett M)	2/27/2017	5.0	7	1,252	100.00%	1,252
22 990	New Computer 2 Monitors	4/17/2017	5.0	7	1,352	100.00%	1,352
23 990	3 Buddy Bikes	7/1/2013	7.0	10	3,621	100.00%	3,621
24 990	3 Wheelcharis for Lodges	2/20/2014	7.0	10	1,415	100.00%	1,415
25 990	Terra Bike	3/11/2014	7.0	10	1,358	100.00%	1,358
26 990	Yeti Jr Monoski	4/30/2014	7.0	10	3,680	100.00%	3,680
27 990	Monoski	1/30/2015	7.0	9	6,150	100.00%	6,150
28 990	Portable Mountain Ramp	2/11/2015	7.0	9	2,635	100.00%	2,635
29 990	HOC2 Glide Bi-Ski	3/11/2015	7.0	9	5,149	100.00%	5,149
30 990	Terra Trike	4/7/2015	7.0	9	1,448	100.00%	1,448
31 990	Mono Ski (Turtle Ridge)	4/30/2015	7.0	9	5,000	100.00%	5,000
32 990	Basketball Wheelchairs (4)	6/11/2015	7.0	8	7,980	100.00%	7,980
33 990	Recumbent Bikes	7/8/2015	7.0	8	3,295	100.00%	3,295
34 990	Xcountry Skis	7/20/2015	7.0	8	4,000	100.00%	4,000
35 990	Horse Saddle/Attachments	7/20/2015	7.0	8	2,350	100.00%	2,350
36 990	Paddleboard	9/2/2015	7.0	8	996	100.00%	996
37 990	Praschberger Mono Ski	12/8/2015	7.0	8	2,000	100.00%	2,000
38 990	Snow Slider	3/23/2016	7.0	8	1,495	100.00%	1,495
39 990	Adjustable Sit Skis (2)	4/13/2016	7.0	8	2,700	100.00%	2,700
40 990	Bi-Ski	12/28/2016	7.0	7	1,000	100.00%	1,000
41 990	Sled Hockey Sleds	1/24/2017	7.0	7	8,134	100.00%	8,134
42 990	3 Stand Up Paddle Boards	4/7/2017	7.0	7	5,565	100.00%	5,565
43 990	Waterski Cage	4/14/2017	7.0	7	1,340	100.00%	1,340
44 990	Misty Mountain Thread Climb	4/30/2017	7.0	7	1,275	100.00%	1,275
45 990	Invacare Corp/Top End Force	6/1/2017	7.0	6	2,407	100.00%	2,407
46 990	Invacare Corp Top End STK X	6/1/2017	7.0	6	1,477	100.00%	1,477
47 990	Invacare Corp Top End Force	6/1/2017	7.0	6	1,897	100.00%	1,897
48 990	Invacare Core Top End FRCG	6/1/2017	7.0	6	3,114	100.00%	3,114
49 990	Small Frame Fat Tire Bike	6/6/2017	7.0	6	775	100.00%	775
50 990	Medium Frame Fat Tire Bike	6/6/2017	7.0	6	775	100.00%	775
51 990	Large Frame Fat Tire Bike	6/6/2017	7.0	6	775	100.00%	775
52 990	Mountain Uniforms	6/22/2017	7.0	6	2,737	100.00%	2,737
53 990	Randall Reed's Ford 2017 Tra	6/27/2017	7.0	6	37,000	100.00%	37,000
54 990	Charles Schorb Catrike Road	7/18/2017	7.0	6	2,000	100.00%	2,000
55 990	Mountain Bike	8/8/2017	7.0	6	7,950	100.00%	7,950
56 990	Mountain Uniforms	12/5/2017	7.0	6	2,818	100.00%	2,818
57 990	Enabling Technologies 2 Bi-Sk	12/14/2017	7.0	6	9,295	100.00%	9,295
58 990	Rocky Mountain Recumbents	2/19/2018	7.0	6	2,750	100.00%	2,750

Detail of Qualified Property

	Activity	Asset Description	Date In Service	Recovery Period	Years in Service	Total Cost or Basis	Business/Time Use Percent	Unadjusted Cost or Basis
59	990	XBLUE Networks Phones	3/5/2019	7.0	5	2,649	100.00%	2,649
60	990	Hospitality Designs Furniture	4/11/2019	7.0	5	7,358	100.00%	7,358
61	990	Amazon Meraki License Firew	4/22/2019	3.0	5	351	100.00%	351
62	990	Savin Printer	6/6/2018	5.0	5	4,891	100.00%	4,891
63	990	Dell-Vostro SFF 3470 Tim Nag	7/1/2018	5.0	5	769	100.00%	769
64	990	Dell-Vostro SFF 3470 Samant	7/1/2018	5.0	5	769	100.00%	769
65	990	Dell-Vostro SFF 3470 Intern D	7/1/2018	5.0	5	769	100.00%	769
66	990	Dell-Vostro SFF 3470 Betsy B	8/20/2018	5.0	5	679	100.00%	679
67	990	Dell-Vostro 15 5000 for Betsy	8/29/2018	5.0	5	863	100.00%	863
68	990	Dell-Vostro 15 5000 for Mike B	8/29/2018	5.0	5	863	100.00%	863
69	990	Savin Color Printer C360SF	4/2/2019	5.0	5	935	100.00%	935
70	990	Rocky Mtn Bi-Ski Dynamique S	7/1/2018	7.0	5	4,750	100.00%	4,750
71	990	Half Arabian Palamino HAHR	1/25/2019	3.0	5	3,000	100.00%	3,000
72	990	ReActive Adaptions Handcycle	10/29/2018	7.0	5	7,030	100.00%	7,030
73	990	ReActive Adaptions Handcycle	10/29/2018	7.0	5	7,030	100.00%	7,030
74	990	ReActive Adaptions Handcycle	10/29/2018	7.0	5	9,553	100.00%	9,553
75	990	ReActive Adamptions Handycl	10/29/2018	7.0	5	4,893	100.00%	4,893
76	990	Lahor Sport Handcycle	11/17/2018	7.0	5	9,402	100.00%	9,402
77	990	2018 Homesteader Trailer VIN	2/6/2019	7.0	5	7,918	100.00%	7,918
78	990	Paro Truck and Bus 2009 Ford	4/4/2019	7.0	5	14,500	100.00%	14,500
79	990	Paro Truck and Bus - 2009 Fo	5/30/2019	7.0	4	4,950	100.00%	4,950
80	990	Precision Outdoor Power Equip	10/2/2019	7.0	4	4,200	100.00%	4,200
81	990	Enabling Technologies: Moniq	11/14/2019	7.0	4	5,550	100.00%	5,550
82	990	Enabling Technologies: Moniq	11/14/2019	7.0	4	5,550	100.00%	5,550
83	990	Enabling Technologies: Dynar	11/14/2019	7.0	4	5,550	100.00%	5,550
84	990	Mountain Mattress - 1 New Ma	5/27/2019	7.0	4	690	100.00%	690
85	990	Annie's Home Consignment - D	5/28/2019	7.0	4	562	100.00%	562
86	990	Serta Simmons Bedding, LLC	8/20/2019	7.0	4	1,359	100.00%	1,359
87	990	Serta Simmons Bedding, LLC	8/20/2019	7.0	4	4,956	100.00%	4,956
88	990	Serta Simmons Bedding, LLC	8/20/2019	7.0	4	1,320	100.00%	1,320
89	990	Hospitality Designs - Sutton Lu	9/4/2019	7.0	4	1,671	100.00%	1,671
90	990	Office Furniture 2 Go - Flip Top	11/1/2019	7.0	4	4,185	100.00%	4,185
91	990	The Webstaurant Store - Holla	11/1/2019	7.0	4	1,224	100.00%	1,224
92	990	Dell Inc. - 23 " Monitors S2319	11/6/2019	7.0	4	1,210	100.00%	1,210
93	990	Dell Inc. - Vostro DT 5090 BTX	11/6/2019	7.0	4	5,930	100.00%	5,930
94	990	Dell Inc. - Latitude 7400 2 in 1	11/6/2019	7.0	4	3,012	100.00%	3,012
95	990	National Business Furniture - C	11/18/2019	7.0	4	2,473	100.00%	2,473
96	990	Western Paper Distributors - F	11/20/2019	7.0	4	990	100.00%	990
97	990	DTEN Inc - Board D7 55" Stan	12/3/2019	5.0	4	4,329	100.00%	4,329
98	990	Western Paper Distributors - S	12/4/2019	7.0	4	1,545	100.00%	1,545
99	990	Moxie Home Consignments - B	12/5/2019	7.0	4	697	100.00%	697
100	990	Olivia's Home Furnishings - Le	12/5/2019	7.0	4	765	100.00%	765
101	990	Olivia's Home Furnishings - Ur	12/5/2019	7.0	4	695	100.00%	695
102	990	Olivia's Home Furnishings - Pa	12/5/2019	7.0	4	1,600	100.00%	1,600
103	990	Olivia's Home Furnishings - AL	12/31/2019	7.0	4	1,075	100.00%	1,075
104	990	Olivia's Home Furnishings - FH	12/31/2019	7.0	4	555	100.00%	555
105	990	Olivia's Home Furnishings - CH	12/31/2019	7.0	4	2,796	100.00%	2,796
106	990	Olivia's Home Furnishings - AL	12/31/2019	7.0	4	4,095	100.00%	4,095
107	990	Olivia's Home Furnishings - W	12/31/2019	7.0	4	1,602	100.00%	1,602
108	990	Cloud 9 Integrated Sysems, LL	1/2/2020	7.0	4	1,985	100.00%	1,985
109	990	Origin Zero Designs LLC - Sig	1/28/2020	7.0	4	1,265	100.00%	1,265
110	990	Origin Zero Designs LLC - Sig	1/28/2020	7.0	4	1,276	100.00%	1,276
111	990	Ben's Blinds - Roller Shades	2/6/2020	7.0	4	15,170	100.00%	15,170
112	990	Shamrock - New Dishwasher	5/4/2020	7.0	3	4,624	100.00%	4,624
113	990	Hot Stuff Hearth & Home Fire	10/1/2020	7.0	3	2,542	100.00%	2,542
114	990	BG Constructors Sound Bar	1/15/2021	7.0	3	32,903	100.00%	32,903
115	990	Landscaping	7/1/2020	39.0	3	35,064	100.00%	35,064
116	990	ADA Door	4/30/2022	39.0	2	13,325	100.00%	13,325
117	990	KB Goodz Sitzski	11/4/2021	7.0	2	6,672	100.00%	6,672
118	990	DynAccess Ltd Hydra Monosk	1/15/2021	7.0	3	9,010	100.00%	9,010
119	990	ADA Door	5/31/2022	39	1	5,489	100.00%	5,489
120	990	ADA Door	8/31/2022	39	1	11,831	100.00%	11,831
121	990	Build out of Basecamp	10/31/2022	39	1	5,417	100.00%	5,417
122	990	Build out of Base Camp	11/30/2022	39	1	7,888	100.00%	7,888

Elections

Election to Exclude Property From MACRS Depreciation

Pursuant to IRC Section 168(f)(1), the Taxpayer elects to exclude certain property (see depreciation schedule) placed in service during the current tax year from MACRS Depreciation.
