				Re	turn of C	Organization	Exe	empt	From I	nco	me Ta	IX	<u></u>	<u>DMB No. 154</u>	5-0047
Forn	ຸ	90		Under secti	on 501(c), 52	7, or 4947(a)(1) of the	e Interi	nal Reven	ue Code (e	xcept	private fou	Indation	s)	20Z	
	-	of the Treas	surv	►	Do not enter	Social Security num	bers o	n this form	n as it may l	be mad	le public.			Open to P	ublic
Intern	al Reve	nue Servic	e			about Form 990 and				<u> </u>	form990.			Inspectio	n
A F	or th			dar year, or ta		•			and endin		D. Employ		4/30/		
Всг	neck if ap	oplicable:		-	DAPTIVE S	PORTS CENTER	OF C	RESTED)		D Employ	er identif	ication r	umber	
	Addre			TE, INC.							04 1	0 6 0 4 4			
	chang			Business As	ο hox if mail is	not delivered to street ad	dress)	F	Room/suite		E Telepho	06344			
	1	change return		BOX 1639					toon, ouno)349-			
	Termi				ovince, country,	and ZIP or foreign postal	code				(970	/349	- 2290		
	Amen	ded									G Gross r	eceipts \$		5,383,	231
	Applic	F Name and address of principal officer:								H(a) Is this	a group re		Yes	X No	
] pendi	-	PO B	OX 1639, C	RESTED B	UTTE, CO 8122					Subord H(b) Are all	inates? subordinates	s included?	Yes	No
I .	Tax-ex	empt stat		X 501(c)(3)	501(c) () (insert no.)		947(a)(1) or	r 527	,	lf "No,	" attach a l	ist. (see in:	structions)	
J	Websi	te: 🕨	WWW.	ADAPTIVESF	ORTS.ORG						H(c) Group	exemption	number		
ĸ	Form	of organiz	ation:	X Corporation	Trust	Association Other	•		L Year of	formati	on: 1995	M Stat	e of lega	domicile:	CO
Pa	art I	Sum	mary												
	1	Briefly of	describ	e the organizati	on's mission c	or most significant activ	ities: _	ENHANC	CING THE	E_QUA	ALITY_C	DF LIE	FE OF	PEOPL	E
ЭСe		WITH	DISA	ABILITIES_	THROUGH (DUTDOOR ADVEN	FURE	ACTIV	ITIES						
Governance	_														
ove					0	liscontinued its opera		•					1		
ର ଜ	3					body (Part VI, line 1a)									16
	4					the governing body (P									16
Activities	5 6					endar year 2021 (Part '									<u>45</u> 193
Act	0 79	Total ur		d business rever	ue from Part V	sary) /III, column (C), line 12	• • •					7a			NONE
						Form 990-T, line 34									110111
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	Not uni	ciatea								Prior Yea		-	urrent Yea	ar
	8	Contrib	utionsa	and grants (Part	VIII. line 1h)		_				2,717	,813.		4,225,	314.
Revenue	9					COPY FOR PUBLIC INSPECTION					338,897.			· · ·	900.
eve	10					es 3, 4, and 7d)			SPECTION			,839.		158,	
~	11					, 6d, 8c, 9c, 10c, and 1					2	2,946.		48,	221.
	12	Total re	venue	- add lines 8 thi	ough 11 (mus	t equal Part VIII, colum	n (A), l	ine 12) 🔒			3,095	,495.		4,998,	660.
	13	Grants	and sir	milar amounts pa	aid (Part IX, col	umn (A), lines 1-3)					88	8,554.		199,	926.
	14	Benefits	s paid t	to or for member	s (Part IX, colu	ımn (A), line 4)						NONE	<u> </u>		NONE
ses						efits (Part IX, column (					1,434	,121.		1,635,	
Expenses						n (A), line 11e)						NONE	2		NONE
Exp						D), line 25) ▶								1 6 4 0	1 8 0
						a-11d, 11f-24e)					1,641			1,640,	
	18 19					l Part IX, column (A), li n line 12					3,164	,424. ,929.		<u>3,475,</u> 1,522,	
es	19	Revenu	1622	expenses. Subli						Beginn	ning of Curr			Ind of Year	
Net Assets or Fund Balances	20	Total as	sets (F	Part X line 16)						_	18,916		-	9,319,	
Ass I Bal	21										1,429				390.
Lung						1 from line 20					17,487			8,892,	
	rt II	Sigr	nature	Block								-			
Unc	ler per	nalties of	perjury,	I declare that I have	ave examined th	is return, including acco	mpanyi	ng schedule	es and statem	nents, ar	nd to the be	est of my	knowled	lge and bel	ief, it is
true	, corre	ect, and co	ompiete	. Declaration of pre	eparer (other tha	n officer) is based on all i	nformat	ION OF WHICE	n preparer nas	s any kn	owiedge.				
0:												2/12/	/2022		
Sig Her		S S	ignature	e of officer							Date	)			
пе	e	·		INA KEMPIN	[			TRE	ASURER						
		· ·	,, ,	print name and title		Deserved 1			Det			<u> </u>	DTIN		
Paid		-		parer's name		Preparer's signature			Date		Check		PTIN		
	barer	MARY				Mary Jane Re	nai		12/12		2	nployed		38772	
-	Only	Firm's r		BDO USA,		<b>AT D AT D A A A A A A A A A A</b>	0177 -		00001		Firm's EIN			81590	
May	the I					CLE STE 300 B	(000)				Phone no.			40-039	
				on Act Notice, s				<u></u>						Yes Form <b>990</b>	(2021)
	~~~~				copulu										(·/

For Paperwork Reduction Act Notice, see the separate instructions.

For	m 990 (202	1)			Page 2
Pa	art III	Statement of Program Service Acco			
_	Data	Check if Schedule O contains a resp	onse or note to any line in this Part I	III <u></u>	х х
1		escribe the organization's mission:			
	SEE SC	REDULE 0			
2	Did the	organization undertake any significan	program services during the yea	r which were not listed on the	e
		m 990 or 990-EZ?			Yes X No
		lescribe these new services on Sched			
3		organization cease conducting, or			
		lescribe these changes on Schedule (Yes X No
4		the organization's program service		s three largest program servi	ces as measured by
•		5. Section $501(c)(3)$ and $501(c)(4)$ o			
		expenses, and revenue, if any, for eac		-	
4a	(Code:) (Expenses \$ 2,684,5	44. including grants of \$	122,418.) (Revenue \$	328,265.)
	THE A	DAPTIVE SPORTS CENTER'S W	INTER PROGRAM IS A THRIV	ING OUTDOOR	
	ADVEN	TURE PROGRAM FOR PEOPLE W	ITH DISABILITIES AND THE	IR FAMILIES	
		HAS EXISTED SINCE THE ORC			
		ITIES INCLUDE ALPINE AND I	· · · ·		
	-	G, AS WELL AS ICE CLIMBING			
		ITIES. PROGRAMS PRIMARILY AT CRESTED BUTTE MOUNTAIN			
		AI CRESIED BUILE MOUNTAIL	N RESORT AND THE SURROUN	IDTNG	
	_1100111				
4b	(Code: _		23. including grants of \$		238,635.)
	THE A	DAPTIVE SPORTS CENTER'S SU	JMMER PROGRAMS HAVE EXIS	STED SINCE	
		CORE ACTIVITIES OFFERED 1			
	-	FAMILIES INCLUDE CANOEIN			
		NG, DOWNHILL MOUNTAIN BIK			
		ING, AND A ROPES CHALLENG			
		PRING THROUGH THE FALL AT		RESORT, IN	
	GUNNI	SON COUNTY, AND THROUGHOUT	COLORADO.		
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other pr	ogram services (Describe on Schedule	O.)		
	(Expense			\$)	
4e			,915,267.	,	
JSA	020 1.000				Form 990 (2021)
		QP R59G	B008419.T0	01	4

-	990 (2021)		F	Page 3
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)? If "Yes,"			
•	complete Schedule A.	1	X	<u> </u>
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	2	Х	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		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? If "Yes," complete Schedule C, Part II.	4		x
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues,	<u> </u>		
Ţ	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		
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? If			
	"Yes," complete Schedule D, Part I.	6		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? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		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			
40	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10	v	
11	or in quasi endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10	X	
••	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
-	complete Schedule D, Part VI	11a	х	
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? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
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? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	Х	<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	120	v	
h	Schedule D, Parts XI and XII. Was the organization included in consolidated, independent audited financial statements for the tax year? If	12a	X	<u> </u>
D D	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
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? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		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? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
4.0	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	40		77
20-	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		X
р 21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		<u> </u>
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
JSA		1 - 1		

Pag	e	4

-	90 (2021)		F	Page 4
Part	V Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	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	22	37	
24 0	employees? If "Yes," complete Schedule J. Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23	X	
24 a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
C	to defease any tax-exempt bonds?	24c		
Ь	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	244		
204	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
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?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	26		Х
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? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Х
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? If "Yes," complete Schedule R, Part I.	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		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? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
D	19? Note: All Form 990 filers are required to complete Schedule O	38	Х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V	•••		
4 -	Enter the number reported in her 2 of Form 4000. Fater 0 if act and in the literation of the second se		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	1c	v	
JSA	reportable gaming (gambling) winnings to prize winners?		X 990	(2021)
1E1030	1.000			(2021)

ADAPTIVE SPORTS CENTER OF CRESTED

Page 5

7

Par	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 45			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
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		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
vu	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
Ň	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
a	and services provided to the payor?	7a	х	
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
C	required to file Form 8282?	7c		Х
Ь	If "Yes," indicate the number of Forms 8282 filed during the year	10		
		7e		х
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	76 7f		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g		
-	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	79 7h		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		
9	sponsoring organization have excess business holdings at any time during the year?	-		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources			
D	against amounts due or received from them.)			
120	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
р 13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
a	Note: See the instructions for additional information the organization must report on Schedule O.			
h	Enter the amount of reserves the organization is required to maintain by the states in which			
D	the organization is licensed to issue qualified health plans			
~	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15 15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
10	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
••	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			
JSA 1E104(Form	990	(2021)

Form 990 (2021)

Form 9	90 (2021) ADAPTIVE SPORTS CENTER OF CRESTED 84-1063	447	F	Page 6
Part	VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule 0.	See in	struc	tions.
	Check if Schedule O contains a response or note to any line in this Part VI			Х
Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 16			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
	Enter the number of voting members included on line 1a, above, who are independent <u>1b</u> <u>16</u>			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	2		х
3	any other officer, director, trustee, or key employee?	-		
3	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
-	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
-	the year by the following:	8a	Х	
a b	The governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.	9		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	,	
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10b		
44.5	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	11a	Х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? • Describe on Schedule O the process, if any, used by the organization to review this Form 990.	u		
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by			
-	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	15a	Х	
a b	The organization's CEO, Executive Director, or top management official	15a	X	
U	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
Cast	organization's exempt status with respect to such arrangements?	16b		
	on C. Disclosure			
17 19	List the states with which a copy of this Form 990 is required to be filed ▶	. (000	tion F	01(~)
18	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. \boxed{X} Own website $$ Another's website \boxed{X} Upon request $$ Other <i>(explain on Schedule O)</i>	(Sec		01(0)
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict o	f inter	est n	olicy
	and financial statements available to the public during the tax year.		551 p	Siloy,
20	State the name, address, and telephone number of the person who possesses the organization's books and record	s 🕨		
	PAMELA MAESTRO PO BOX 1639 CRESTED BUTTE, CO 81224 970-349-2296	Form	990	(2021)
JSA		1 0111	550	(2021)

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Componented

Section A	Check if Schedule O contains a response or note to any line in this Part VII
	•
	Independent Contractors
Fart VII	Compensation of Oncers, Directors, Trustees, Rey Employees, Highest Compensated Employees, and

Kov

Employage

Linhoot

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."

Officers

~ f

Director

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average	(do r		(C Pos ieck	ition	e than c	one	(D) Reportable	(E) Reportable	(F) Estimated amount
	hours		box, unless person is bo officer and a director/tro					compensation	compensation	of other
	per week (list any						ŕ	from the organization (W-2/	from related organizations (W-2/	compensation from the
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)	organization and related organizations
(1) CHRISTOPHER HENSLEY	45.00									
EXECUTIVE DIRECTOR	NONE	1		х				159,530.	NONE	27,296.
(2) CHRIS READ	45.00									
PROGRAM DIRECTOR	NONE					Х		117,656.	NONE	20,434.
(3) ALLISON BUTCHER	45.00									
DEVELOPMENT DIRECTOR	NONE					Х		97,732.	NONE	22,751.
(4) PAMELA MAESTRO	45.00									
BUSINESS & HR DIRECTOR	NONE			Х				69,665.	NONE	31,388.
(5) EILEEN DUPRE	12.50									
PRESIDENT	NONE	Х		Х				NONE	NONE	NONE
(6) MARGARET SMITH	8.00	-								
VICE PRESIDENT	NONE	Х		Х				NONE	NONE	NONE
(7) TINA KEMPIN	3.00	-								
TREASURER	NONE	Х		Х				NONE	NONE	NONE
(8) PATRICK WILSON	1.00	-								
SECRETARY	NONE	Х		Х				NONE	NONE	NONE
(9) MARY BARRETT	2.00	-								
BOARD MEMBER	NONE	Х						NONE	NONE	NONE
(10) STEVE BOLTON	1.00	-								
BOARD MEMBER AS OF 12/11/21	NONE	Х						NONE	NONE	NONE
(11) JOE CALANDRA	4.00	-								
BOARD MEMBER AS OF 6/4/21	NONE	Х						NONE	NONE	NONE
(12) BOB COLVEY	2.00									
BOARD MEMBER	NONE	Х						NONE	NONE	NONE
(13) ROBERT DAVIS	1.00									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(14) KIMBER FELTON	1.00									
BOARD MEMBER	NONE	Х						NONE	NONE	NONE

ADAPTIVE SPORTS CENTER OF CRESTED

(A)	(B)			(C))			(D)	(E)	(F)	
Name and title	Average hours per week (list any hours for	box, office	not ch unles er and	Posit ieck n s pers I a dir	tion nore son is recto	than o s both or/truste	an ee)	Reportable compensation from the	Reportable compensation from related organizations	Estimate amount o other compensat	of
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organizati and relate organizatio	on ed
5) LINDA FIALKOFF	5.00										
BOARD MEMBER MAY-DEC 2021	NONE	Х						NONE	NONE		NON
L6) JOE GARCIA	3.00										
BOARD MEMBER	NONE	Х						NONE	NONE		NOI
L7) DON HUMPHREYS	2.00										
BOARD MEMBER	NONE	Х						NONE	NONE		NO
8) MIKE JOHNSON	4.00										
BOARD MEMBER	NONE	Х						NONE	NONE		NO
9) MAUREEN STENGER	2.00										
BOARD MEMBER	NONE	Х						NONE	NONE		NO
20) DAN WRIGHT	2.00										
BOARD MEMBER THROUGH 6/2021	NONE	Х						NONE	NONE		NOI
21) AUSTEN WRIGHT	2.00										
BOARD MEMBER	NONE	Х						NONE	NONE		NOI
22) ERIC BARNES	4.00										
BOARD MEMBER AS OF 3/4/22	NONE	X						NONE	NONE		NOI
	+	-									
	+										
lb Sub-total							►	444,583.	NONE	101,	
c Total from continuation sheets to Part VII, S	Section A						►	NONE	NONE		NOI
d Total (add lines 1b and 1c)					• •	• •		444,583.	NONE	101,	869
2 Total number of individuals (including but not reportable compensation from the organization		hose	liste	d ab	ove) who 2	o re	ceived more than	\$100,000 of		
Did the energiaction list and former off			4	- 4				lavaa an biabaat		Yes	N
B Did the organization list any former offi employee on line 1a? If "Yes," complete Sched										3	
For any individual listed on line 1a, is the organization and related organizations g											

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*

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
2	Total number of independent contractors (including but not limited to those more than \$100,000 in compensation from the organization ►	e listed above) who received NONE	

5

Х

Form 990 (2021)

ADAPTIVE SPORTS CENTER OF CRESTED Part VIII Statement of Revenue

		Check if Schedule	Осо	ontains a re	espor	nse or note to an	y line in this Part V	/111		
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts ts	1a	Federated campaigns			1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues			1b					
ΩĔ	c	Fundraising events			1c	1,406,692.				
fts	d	Related organizations			1d					
ila	e	Government grants (co			1e	485,472.				
Sir	f	All other contributions,		· [
er (and similar amounts not in	-	-	1f	2,333,150.				
the	g	Noncash contributions				,,				
d d f	9	lines 1a-1f			1g	\$ 273,244.				
ãС	h	Total. Add lines 1a-1f		_			4,225,314.			
						Business Code	1,225,5111			
ė		PROGRAM INCOME WINTER	2			900099	246,369.	246,369.		
ž	2a	LOCKER REVENUE				900099	163,791.	163,791.		
Ser	b	PROGRAM INCOME SUMMER				900099	156,740.	156,740.		
۲el ع	С	PROGRAM INCOME SUMMER				900099	150,740.	150,740.		
gra Re	d									
Program Service Revenue	e									
ш.	f	All other program servi					F.C.C. 0.00			
	g	Total. Add lines 2a-2f					566,900.			
	3	Investment income (0	-		33,425.			33,425.
		other similar amounts).				. [53,425. NONE			55,425
	4	Income from investme		•						
	5	Royalties		(i) Real		(ii) Personal	NONE			
			-							
	6a	Gross rents	<u>6a</u>		,912.					
	b	Less: rental expenses	6b		,741.					
	C	Rental income or (loss)	6c		,171.	NONE	44.454			44.454
	d	Net rental income or (lo	SS) 🛛				44,171.			44,171.
	7a	Gross amount from			lies	(ii) Other				
		sales of assets								
		other than inventory	7a			160,810.				
ue	b	Less: cost or other basis								
/en		and sales expenses	7b			36,010.				
Revenue	c	Gain or (loss)	7c			124,800.				
	d	Net gain or (loss)	• •	•••••		<u></u> ▶	124,800.			124,800.
Other	8a	Gross income fror	n f	undraising						
0		events (not including \$	1	,406,692.						
		of contributions rep	orted	on line						
		1c). See Part IV, line 18			8a	303,223.				
	b	Less: direct expenses		l	8b	305,820.				
	c	Net income or (loss) fro	om fu	Indraising ey	vents	<u></u> ▶	-2,597.			-2,597.
	9a	Gross income f	rom	gaming						
		activities. See Part IV, li	ne 19		9a	NONE				
	b	Less: direct expenses			9b	NONE				
	c	Net income or (loss) fr	om g	aming activ	ities.	<u></u>	NONE			
	10a	Gross sales of ir	nvent	ory, less						
		returns and allowances			10a	NONE				
	b	Less: cost of goods sold			10b	NONE				
	c	Net income or (loss) fro			ory	<u></u>	NONE			
s						Business Code				
Miscellaneous Revenue	11a	INSURANCE DIVIDEND				525100	6,647.			6,646.
ane	b									
ell: eve	c b									1
isc R	d	All other revenue								1
Σ	e	Total. Add lines 11a-11				·	6,647.			
	12	Total revenue. See inst					4,998,660.	566,900.		206,445.

Check if Schedule O contains a respo Do not include amounts reported on lines 6b, 7b, Bb, 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	NONE			
2 Grants and other assistance to domestic				
individuals. See Part IV, line 22	199,926.	199,926.		
3 Grants and other assistance to foreign				
organizations, foreign governments, and				
foreign individuals. See Part IV, lines 15 and 16	NONE			
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors,				
trustees, and key employees	273,341.	109,336.	79,997.	84,008
6 Compensation not included above to disqualified				
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)	NONE			
7 Other salaries and wages	1,139,358.	1,023,922.		115,436
8 Pension plan accruals and contributions (include	98,296.	73,398.	7,221.	17,67
section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	12,043.	8,992.	885.	2,166
10 Payroll taxes	112,833.	90,514.	6,389.	15,930
11 Fees for services (nonemployees):				
a Management	NONE			
b Legal	NONE			
c Accounting	17,360.	7,918.	4,721.	4,72
d Lobbying	NONE	,		,
e Professional fundraising services. See Part IV, line 17	NONE			
f Investment management fees	NONE			
g Other. (If line 11g amount exceeds 10% of line 25, column				
(A), amount, list line 11g expenses on Schedule O.)	NONE			
12 Advertising and promotion	94,672.	75,801.		18,871
13 Office expenses	29,116.	10,621.	8,712.	9,783
14 Information technology	NONE	10,021.	0,712.	5,105
	NONE			
,	212,891.	177,519.	18,169.	17,203
16 Occupancy	13,648.	177,515.	10,109.	13,648
	13,040.			13,040
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
		10 706		
19 Conferences, conventions, and meetings	10,786.	10,786.		
20 Interest	12,044.	12,044.		
21 Payments to affiliates	NONE	421 670	47.004	
22 Depreciation, depletion, and amortization	479,643.	431,679.	47,964.	
23 Insurance	259,810.	222,574.	14,350.	22,886
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.)		1 = =		
a IN-KIND DONATIONS	189,810.	177,030.		12,780
b <u>CAMPS</u>	181,068.	181,068.		
c <u>VEHICLE/EQUIPMENT EXPENSES</u>	58,013.	58,013.		
d <u>WINTER PROGRAM EXPENSES</u>	44,126.	44,126.		
e All other expenses	37,191.		7,982.	29,209
25 Total functional expenses. Add lines 1 through 24e	3,475,975.	2,915,267.	196,390.	364,318
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 ▶ if following SOP 98-2 (ASC 958-720)				

Form 990 (2021)

Page	1	1	

	Check if Schedule O contains a response or note to any line in this Pa		••••	
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	142,035.	1	63,232
2	Savings and temporary cash investments.	1,903,863.	2	2,453,861
3	Pledges and grants receivable, net	487,685.	3	248,768
4	Accounts receivable, net	1,232.	4	10,974
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	NONE	5	NON
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)	NONE	6	NON
۲ 22	Notes and loans receivable, net	NONE	7	NON
Assets	Inventories for sale or use	7,042.	8	1,980
ž 9	Prepaid expenses and deferred charges	78,386.	9	56,341
10 a	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D			
b	Less: accumulated depreciation	15,812,016.	10c	15,917,469
11	Investments - publicly traded securities	483,904.	11	566,659
12	Investments - other securities. See Part IV, line 11	NONE	12	NON
13	Investments - program-related. See Part IV, line 11	NONE		NON
14	Intangible assets	NONE		NON
15	Other assets. See Part IV, line 11	NONE		NON
16	Total assets. Add lines 1 through 15 (must equal line 33)	18,916,163.	16	19,319,284
17	Accounts payable and accrued expenses	245,274.	17	268,342
18	Grants payable	NONE	18	NON
19	Deferred revenue	224,954.	19	158,048
20	Tax-exempt bond liabilities	NONE	20	NON
21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NON
ທ 22	Loans and other payables to any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%			
abi	controlled entity or family member of any of these persons	NONE	22	NON
<u> </u>	Secured mortgages and notes payable to unrelated third parties	958,910.	23	NON
24	Unsecured notes and loans payable to unrelated third parties	NONE	24	NON
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	NONE	25	NON
26	Total liabilities. Add lines 17 through 25	1,429,138.	26	426,390
lces	Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
	Net assets without donor restrictions	16,598,976.	27	17,877,980
28	Net assets with donor restrictions	888,049.	28	1,014,914
Vectors Or Lund balances 2 2 3 2 3 2 3 2 3 2 3 2 3 2 3 2 3 2 3 2 3 2 3 2 4 3 5 3 6 3 7 3 8 3 9 3 10 3 10 3 10 3 10 3 10 3 10 3 10 3 10 3 10 3 10 3 11 3 12 3 13 3 14 3 15 3 16 3	Organizations that do not follow FASB ASC 958, check here ► and complete lines 29 through 33.			
b 29	Capital stock or trust principal, or current funds		29	
30 ets	Paid-in or capital surplus, or land, building, or equipment fund		30	
SS 31	Retained earnings, endowment, accumulated income, or other funds		31	
a 32	Total net assets or fund balances	17,487,025.	32	18,892,894
ž 33	Total liabilities and net assets/fund balances	18,916,163.	33	19,319,284
1.2.2				Form 990 (2021

ADAPTIVE	SPORTS	CENTER	ΟF	CRESTED
	DIORID		OT.	

Form 9	90 (2021)				Pa	ge 12
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		4,9	98,	<u>660</u> .
2	Total expenses (must equal Part IX, column (A), line 25)	2				<u>975</u> .
3	Revenue less expenses. Subtract line 2 from line 1	3				<u>685</u> .
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1			<u>025</u> .
5	Net unrealized gains (losses) on investments	5		-1	16,	<u>816</u> .
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	1	8,8	92,	<u>894</u> .
Part						
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," ex	cplain	on			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted or	n a			
	separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	-				
	the audit, review, or compilation of its financial statements and selection of an independent accounta			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, e	xplain	on			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	rth in t	he			
	Single Audit Act and OMB Circular A-133?		••	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	•				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	udits .		3b		

Form **990** (2021)

SCHEDU	JLE /	١
(Form 990	D)	

Public Charity Status and Public Support

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

OMB No. 1545-0047

		of the Treasury nue Service		Go to www.irs.go	ov/Form990 for instruct	ons and	the latest	information.	Inspection
Name	e of the o	organization A	DAPTIVE S	PORTS CENTER	OF CRESTED			Employer identif	ication number
		INC.						84-1	063447
Par	rt I	Reason for	r Public Cha	rity Status. (All o	organizations must	complet	te this p	art.) See instruction	S.
The	organi	ization is not	a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	neck only	one box.)	
1	A	church, con	vention of chu	urches, or associa	tion of churches desc	ribed in s	ection 1	70(b)(1)(A)(i).	
2	A	school desc	ribed in secti	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90).)		
3			-		rganization described				
4	A	medical res	earch organiz	ation operated in	conjunction with a ho	spital de	scribed i	n section 170(b)(1)(A)(iii). Enter the
			ne, city, and st						
5		-	-	for the benefit of Complete Part II.)	a college or universit	y owne	d or ope	erated by a governme	ental unit described in
6					rnmental unit describe	d in sect	ion 170(b)(1)(A)(v).	
7									
	de	escribed in s	ection 170(b)	(1)(A)(vi). (Compl	ete Part II.)		-		
8	A	community	trust describe	d in section 170(b	b)(1)(A)(vi). (Complete	e Part II.)			
9	- AI	n agricultura	I research org	ganization describe	ed in section 170(b)(1)(A)(ix)	operated	I in conjunction with a	land-grant college
	0	r university o	or a non-land-	grant college of ag	priculture (see instruct	tions). E	nter the	name, city, and state c	of the college or
	ur	niversity:							
10	່ re ຣເ	eceipts from upport from	activities rela gross investm	ted to its exempt f nent income and u	ore than 331/3 % of its unctions, subject to c nrelated business tax 975. See section 509	ertain ex able inco	ceptions	s; and (2) no more tha s section 511 tax) from	n 331/3 % of its
11		-	•	•	usively to test for publi				
12		•	•						rry out the purposes of
		-		-					ction 509(a)(3). Check
			-		es the type of suppor			-	-
а					, supervised, or contr	-		- · ·	
			-		regularly appoint or e		ajority of	f the directors or truste	ees of the
			-		e Part IV, Sections A				
b				-	ed or controlled in co				
			-		rganization vested in	the sam	e persor	ns that control or mar	hage the supported
					, Sections A and C.				
С					ng organization opera				lly integrated with,
			•	. , .	s). You must comple				
d			-		porting organization c	-			
					nization generally mus	-		-	d an attentiveness
-		-			omplete Part IV, Sect				
е			-		a written determinatio				п, туре п
f					ionally integrated sup		Jiganiza	lion.	
g				•	orted organization(s).				•••••
		e of supported of		(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of
	(7)			(.,	(described on lines 1-10	listed in yo	ur governing	support (see	other support (see
					above (see instructions))	docu Yes	ment? No	instructions)	instructions)
						103	110		
(A)									
(B)									
(C)									
(D)									
(E)									
Tota	ıl								

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

84-1063447

Page 2

Schedule A (Form 990) 2021

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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4,876,239.	6,985,732.	6,281,318.	2,717,813.	4,225,314.	25,086,416.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE
3	The value of services or facilities furnished by a governmental unit to the organization without charge						NONE
4	Total. Add lines 1 through 3	4,876,239.	6,985,732.	6,281,318.	2,717,813.	4,225,314.	25,086,416.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
c	shown on line 11, column (f) SEE SUPP PAG Public support. Subtract line 5 from line 4						1,607,356.
$\frac{6}{800}$	tion B. Total Support						23,479,060.
	ndar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
		4,876,239.	6,985,732.	6,281,318.	2,717,813.	4,225,314.	25,086,416.
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	117,693.	147,785.	156,430.	81,938.	126,984.	630,830.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						NONE
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						NONE
11	Total support. Add lines 7 through 10						25,717,246.
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	4,170,762.
13	First 5 years. If the Form 990 is for organization, check this box and stop here.	<u></u>	<u> </u>	, third, fourth,	or fifth tax yea	r as a section	501(c)(3) ▶
Sec	tion C. Computation of Public Sup		-				
14	Public support percentage for 2021 (lin					14	91.30 %
15	Public support percentage from 2020						90.40 %
16a	331/3% support test - 2021. If the org						
_	box and stop here . The organization qu			-			
b	331/3% support test - 2020. If the org						
47-	this box and stop here. The organization	-		-			
17a	10%-facts-and-circumstances test - 2		-				
	10% or more, and if the organization						
	Part VI how the organization meets the organization			-	-		
h	organization						
D			-				
	15 is 10% or more, and if the organiz in Part VI how the organization meets						
	organization			-	-		
18	Private foundation. If the organizatio						
10	•						
	instructions						

Schedule A (Form 990) 2021

Part IIISupport 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.)

Sec	tion A. Public Support					T	.
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513 .						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6						
10 a	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties, and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on.						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for	-					
	organization, check this box and stop here						►
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2021 (line 8					15	%
16	Public support percentage from 2020 Sche					16	%
Sec	tion D. Computation of Investmen						
17	Investment income percentage for 2021 (li					17	%
18	Investment income percentage from 2020					18	%
19 a	331/3% support tests - 2021. If the or	-					
	17 is not more than 331/3%, check this	-	-			••••••	
b	331/3% support tests - 2020. If the org						
	line 18 is not more than 331/3%, check		•	•			
20 JSA	Private foundation. If the organization	aid not check a	a box on line	14, 19a, or 19b	, check this bo		
	1 1.000					Scheaul	e A (Form 990) 2021

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in Part VI when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported 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).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 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? *If "Yes," complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **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))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*
- **c** 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? *If "Yes," provide detail in Part VI.*
- **10 a** 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)? *If "Yes," answer line 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	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.	11c		
secti	on B. Type I Supporting Organizations			
			Yes	No

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1

2

moi dire effe org	d the governing body, members of the governing body, officers acting in their official capacity, or membership of one or ore supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, rectors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) fectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported ganization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the upported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
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Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Section C. Type II Supporting Organizations

 Yes
 No

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

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
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).	2		
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? <i>If "Yes," describe in Part VI the role the organization's</i>			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).						
а	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.						
С	c The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).						
~	A	isian Tank Annuar lines on and oh halau		Yes	N		
2	ACTIN	ities 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.
- 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.*

2a

2b

3a

19

ADAPTIVE SPORTS CENTER OF CRESTEI Schedule A (Form 990) 2021)	84-	1063447 Page
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga			
1 Check here if the organization satisfied the Integral Part Test as a qualifyin instructions. All other Type III non-functionally integrated supporting organ			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of			
property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2021

Schedu	le A (Form 990) 2021				Page 7
Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	tions (continued)		
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish ex	xempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organi	zations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - p		5		
6	Other distributions (describe in Part VI). See instructions.		6		
7	Total annual distributions. Add lines 1 through 6.	7			
8	Distributions to attentive supported organizations to which	the organization is resp	oonsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	IS	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021				
	(reasonable cause required - <i>explain in Part VI).</i> See				
	instructions.				
3	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017				
C	From 2018				
d	From 2019				
e	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from				
	Section D, line 7: \$				
<u>a</u>	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, <i>explain in Part VI.</i> See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2017				
	Excess from 2018				
- C	Excess from 2019				
	Excess from 2020				
e	Excess from 2021				

Schedule A (Form 990) 2021

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Schedule of Contributors

OMB No. 1545-0047

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

Employer identification number

ADAPTIVE	SPORTS	CENTER	OF	CRESTED

BUTTE, INC

84-1063447

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).

	BUTTE, INC.		Employer identification number 84-1063447
art I	Contributors (see instructions). Use duplicate cop	pies of Part I if additional space is no	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	N/A	\$710,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	N/A	\$291,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	<u>N/A</u>	\$200,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	N/A	\$175,850.	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	<u>N/A</u>	\$143,785.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	<u>N/A</u>	\$119,774.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

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ame of c	organization ADAPTIVE SPORT'S CENTER OF CRES. BUTTE, INC.	U - U - U - U - U - U - U - U - U - U -	Employer identification number 84-1063447
Part I	Contributors (see instructions). Use duplicate cop	pies of Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<u>N/A</u>	\$115,515.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	<u>N/A</u>	\$113,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	<u>N/A</u>	\$103,225.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	<u>N/A</u>	\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	<u>N/A</u>	\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

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	(Form 990) (2021)		Page 3
Name of or	ganization ADAPTIVE SPORTS CENTER OF CRESTED BUTTE, INC.		entification number
Part II	Noncash Property (see instructions). Use duplicate copies of		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
4	LIFT TICKETS		
		\$175,850.	04/30/2022
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Schedule B (Form 990) (2021)

	(Form 990) (2021)			Page 4	
Name of o	rganization ADAPTIVE SPORTS CENTE BUTTE, INC.			Employer identification number 84-1063447	
Part III		the year from any tions completing Par ne year. (Enter this in	one contributor. (t III, enter the total formation once. S	Complete columns (a) through (e) and of <i>exclusively</i> religious, charitable, etc.,	
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held	
	Transferee's name, address,	(e) Transf and ZIP + 4	-	ship of transferor to transferee	
(a) No. from	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held	
Part I					
	Transferee's name, address,	(e) Transf and ZIP + 4	-	ship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held	
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held	
	Transferee's name, address,	(e) Transf and ZIP + 4	-	ship of transferor to transferee	
JSA				Schedule B (Form 990) (2021)	

SCHEDULE D (Form 990) Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.						OMB No. 1545-0047
	rtment of the Treasury nal Revenue Service	► Go to www.irs.gov	Form990 for instructions an	d the latest inform	ation.	Inspection
	e of the organization	ADAPTIVE SPORTS CENTE			Employer identificat	
BUI	TTE, INC.				84-10634	47
		tions Maintaining Donor Adv	ised Funds or Other Sir	nilar Funds or		
	Complete	e if the organization answered	"Yes" on Form 990, Par	rt IV, line 6.		
			(a) Donor advised	funds	(b) Funds and	other accounts
1	Total number at e	nd of year				
2		of contributions to (during year)				
3		of grants from (during year)				
4		at end of year				
5		ion inform all donors and donor	advisors in writing that t	he assets held i	n donor advised	
•	-	inization's property, subject to the				Yes No
6	-	on inform all grantees, donors, a	-	-		
•	•	e purposes and not for the bene		• •		
	-	nissible private benefit?				Yes No
Pa		tion Easements.				
		e if the organization answered	"Yes" on Form 990, Par	rt IV, line 7.		
1	Purpose(s) of con	servation easements held by the	organization (check all that	t apply).		
	Preservation	n of land for public use (for example	, recreation or education)	Preservation c	of a historically imp	oortant land area
	Protection of	of natural habitat		Preservation c	of a certified histor	ic structure
	Preservatio	n of open space				
2		through 2d if the organization he	eld a qualified conservatio	n contribution in	the form of a cons	servation
		last day of the tax year.		ſ		End of the Tax Year
а		onservation easements		[2a	
b		tricted by conservation easements			2b	
с	-	vation easements on a certified			2c	
d		rvation easements included in (c				
		isted in the National Register			2d	
3		rvation easements modified, tra			nated by the orga	nization during the
	tax year 🕨	· · · · · · · · · · · · · · · · · · ·				
4	Number of states	where property subject to conse	rvation easement is located	d 🕨		
5		ation have a written policy reg			on, handling of	
	violations, and enf	orcement of the conservation ea	sements it holds?			Yes No
6		hours devoted to monitoring, insp				ents during the year
	▶			-		
7	Amount of expens	ses incurred in monitoring, inspec	ting, handling of violations,	and enforcing co	nservation easeme	ents during the year
	▶\$					
8	Does each conserv	vation easement reported on line 2	2(d) above satisfy the requi	rements of sectio	on 170(h)(4)(B)(i)	
	and section 170(h))(4)(B)(ii)?				Yes No
9	In Part XIII, descri	be how the organization reports	conservation easements i	n its revenue and	expense statemen	t and
		d include, if applicable, the text of		nization's financia	al statements that o	lescribes the
		counting for conservation easeme				
Pa		tions Maintaining Collections			Similar Assets.	
	•	e if the organization answered				
1a	If the organization of art, historical t service, provide in	n elected, as permitted under FA treasures, or other similar asse Part XIII the text of the footnote	ASB ASC 958, not to report ts held for public exhibit to its financial statements	ort in its revenue ion, education, o that describes the	e statement and b or research in fui ese items.	alance sheet works therance of public
b	If the organization art, historical treas	n elected, as permitted under F, sures, or other similar assets he ing amounts relating to these iter	ASB ASC 958, to report i Id for public exhibition, ec	n its revenue sta	atement and bala	nce sheet works of
		ded on Form 990, Part VIII, line 1			▶ \$_	
	(ii) Assets include	d in Form 990, Part X			▶ \$	
2		n received or held works of a				
	following amounts	s required to be reported under F	ASB ASC 958 relating to the	hese items:		
а	Revenue included	on Form 990, Part VIII, line 1.			▶ \$_	
b	Assets included in	Form 990, Part X			▶ \$	

For Paperwork R	eduction Act	t Notice, s	ee the Inst	ructions for	Form 990.
JSA .					
1E1268 1.000					
7273QP	R59G				

Schedule D (Form 990) 2021

Schee	dule D (Form 990) 2021 ADA	PTIVE S	PORTS	CENTER	OF CRES	STED				84-1	.06344'	7 Pa	age 2
Pa	rt III Organizations Maintaini						s, or	Other	Similar A				<u> </u>
3	Using the organization's acquisition											· ·	f its
	collection items (check all that appl									•			
а	Public exhibition			d	Loan	or excha	ange	progran	n				
b	Scholarly research			e	Other								
с	Preservation for future gene	rations											
4	Provide a description of the organ		collectior	ns and exp	lain how	they fui	rther	the org	anization'	s exemp	t purpos	e in	Part
	XIII.					-		-		-			
5	During the year, did the organization	on solicit or	r receive	donations	of art, hist	torical tr	easu	res, or c	ther simil	ar			
	assets to be sold to raise funds rath										Yes		No
Pa	rt IV Escrow and Custodial A	rrangeme	ents.			-							
	Complete if the organiza	ition answ	vered "Y	'es" on Fo	rm 990, l	Part IV,	line	9, or re	ported a	n amoui	nt on Fo	rm	
	990, Part X, line 21.												
1a	Is the organization an agent, trus	tee, custo	dian or	other interr	nediary f	or cont	ributi	ons or	other ass	ets not			
	included on Form 990, Part X?									[Yes		No
b	If "Yes," explain the arrangement in	n Part XIII	and com	plete the fo	ollowing ta	ble:							
										Amount			
С	Beginning balance						1c						
d	Additions during the year						1d						
е	Distributions during the year						1e						
f	Ending balance						1f						
2a											Yes		No
b	If "Yes," explain the arrangement in	n Part XIII.	Check I	here if the e	explanation	n has be	en pr	ovided o	on Part XII	I			
Pa	rt V Endowment Funds.												
	Complete if the organiza	ation answ	vered "Y	es" on Fo	rm 990,	-							
		(a) Curre	ent year	(b) Pri	or year	(c) Tw	o year	s back	(d) Three y	ears back	(e) Four	years b	ack
1a	Beginning of year balance	39	91,540.	2	210,715.		178,4	65.	16	56,865.	:	L48,58	39.
b	Contributions	14	10,670.	1	80,825.		32,2	50.		L1,600.		18,2	76.
с	Net investment earnings, gains,												
	and losses												
d	Grants or scholarships												
е	Other expenditures for facilities												
	and programs												
f	Administrative expenses												
g	End of year balance	53	32,210.	3	391,540.		210,7	15.	17	78,465.		L66,80	55.
2	Provide the estimated percentage		rent year	end baland	ce (line 1g	, columr	n (a))	held as:					
а	Board designated or quasi-endowm			%									
b	Permanent endowment 100.0												
С	· · · · · · · · · · · · · · · · · · ·	%											
_	The percentages on lines 2a, 2b, a												
3a	Are there endowment funds not in	the posses	ssion of	the organiz	ation that	are hel	d and	d admin	istered for	the	5		N
	organization by:											Yes	No
	(i) Unrelated organizations										3a(i)		X
	(ii) Related organizations										3a(ii)		Χ
-	If "Yes" on line 3a(ii), are the relate	•									3b		
4	Describe in Part XIII the intended u		e organiz	ation's ende	owment fu	nds.							
Pa	rt VI Land, Buildings, and Equ Complete if the organization	ation ansv	wered "	Yes" on Fo	orm 990.	Part IV	. line	11a. S	ee Form	990. Pa	art X. lin	e 10.	
	Description of property		(a) Cost	or other basis	(b) Cost	or other ba		(c) Acc	umulated) Book val		
			(inve	estment)	· ·	other)		depre	ciation		=		
1a	Land					391,60			1 0 0 0			1,60	
b	Buildings				16,9	972,88	34.	1,63	31,826.		15,34	1,05	<u>.8.</u>
С	Leasehold improvements						-					0 -	
d	Equipment					580,58			51,937.			8,65	
e		(.1)		000 5		215,10			59,070.			6,09	
Tota	I. Add lines 1a through 1e. (Column	(a) must e	equal Fol	rm 990, Par	t X, colum	n (B), lir	10 ne	c.)	►		15,91	7,46	v9.

Schedule D (Form 990) 2021

Part VII	Investments - Other Securities. Complete if the organization answered	l "Yes" on Form 990), Part IV, line 11b. See Form 990, Part X, li	ne 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) Financia	al derivatives			
(2) Closely	held equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.) 🔒 🕨			
Part VIII	Investments - Program Related. Complete if the organization answered	"Yes" on Form 990), Part IV, line 11c. See Form 990, Part X, li	ne 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)				
	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.	l "Voe" on Form 99(), Part IV, line 11d. See Form 990, Part X, li	no 15
	· · ·	scription		ok value
(1)	(d) 50		(0) 200	
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	umn (b) must equal Form 990, Part X, col. (B)	line 15.)		
Part X	Other Liabilities.), Part IV, line 11e or 11f. See Form 990, Pa	art X,
1.		otion of liability	(b) Boo	ok value
-	al income taxes	· · · · · · · · · · · · · · · · · · ·		-
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line 25.)			

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

X

Schedu	Ile D (Form 990) 2021 ADAPTIVE SPORTS CENTER OF CRESTED	84-	-1063447 Page 4
Part		n.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	5,105,864.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	307,130.
3	Subtract line 2e from line 1	3	4,798,734.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.) 4b 199,926.]	
с	Add lines 4a and 4b	4c	199,926.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	4,998,660.
Part		ırn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	3,699,995.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
с	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	423,946.
3		3	3,276,049.
3 4	Subtract line 2e from line 1	3	3,276,049.
-	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	3	3,276,049.
4	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	3	3,276,049.
4 a	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	3 4c	3,276,049.
4 a b	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) 4b 199,926.	4c	

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.

SEE SUPPLEMENTAL PAGE

PART V LINE 4:

THE ADAM LOCKARD ENDOWMENT FUND WAS ESTABLISHED AS A FUND WITH THE ORGANIZATION'S ENDOWMENT FUND ON AUGUST 4, 2014. THE FUND IS ONLY TO BE USED FOR FUNDING AT-RISK YOUTH PROGRAMMING OF THE ORGANIZATION. THE CALANDRA FAMILY FUND WAS ESTABLISHED AS A FUND WITH THE ORGANIZATION'S ENDOWMENT FUND ON FEBRUARY 2, 2015. THIS FUND IS ONLY TO BE USED FOR EQUIPMENT PURCHASES OF THE ORGANIZATION. THE MARY AND LUIS GARCIA SCHOLARSHIP FUND OF THE ADAPTIVE SPORTS CENTER OF CRESTED BUTTE WAS ESTABLISHED DECEMBER 4, 2020. THE FUND SHALL BE USED SOLELY FOR PARTICIPANT SCHOLARSHIPS.

A GENERAL ENDOWMENT WAS ESTABLISHED ON DECEMBER 2, 2020, WITH A DONATION OF \$50,517.

THE KELSEY WRIGHT BUILDING FUND WAS ESTABLISHED ON DECEMBER 10, 2021 WITH A DONATION OF \$100,000 FROM THE WRIGHT FAMILY FOUNDATION. THE FUND WILL BE USED SOLELY FOR MAINTENANCE, SUPPORT, AND LONG-TERM CAPITAL RENEWAL OF THE KELSEY WRIGHT BUILDING.

PART X, LINE 2:

THE CENTER IS EXEMPT FROM INCOME TAXES UNDER INTERNAL REVENUE CODE SECTION 501(C)(3) AND QUALIFIES FOR THE CHARITABLE CONTRIBUTION DEDUCTION. THE CENTER HAS ADOPTED THE PROVISIONS OF ASC 740-10-25 (FIN48), PERTAINING TO ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. MANAGEMENT HAS DETERMINED THE EFFECTS OF UNCERTAIN TAX POSITIONS ARE NOT MATERIAL TO THE ORGANIZATION FOR RECOGNITION OR DISCLOSURE IN THE ACCOMPANYING FINANCIAL STATEMENTS AND, ACCORDINGLY, NO INCOME TAX

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Schedule D (Form 990) 2021 ADAPTIVE SPORTS CENTER OF CRESTED	
Part XIII Supplemental Information (continued)	
LIABILITY HAS BEEN RECORDED FOR UNCERTAIN INCOME TAX POSITIONS	5 IN THE
ACCOMPANYING FINANCIAL STATEMENTS.	
PART XI, LINE 2D:	
DIRECT FUND RAISING EXPENSES INCLUDED IN PART VIII LINE 8B	305,820
RENTAL EXPENSES	42,741
TOTAL TO XI, LINE 2D	348,561
IOTAL IO AI, LINE 2D	J40, J01
PART XI, LINE 4B:	
SCHOLARSHIPS	199,926
PART XII, LINE 2D:	
DIDECT FIND DALGING EVENIGES INSTITUTED IN DADT WILL LINE OD	205 000
DIRECT FUND RAISING EXPENSES INCLUDED IN PART VIII LINE 8B	305,820
RENTAL EXPENSES	42,741
TOTAL TO XI, LINE 2D	348,561
PART XII, LINE 4B:	
SCHOLARSHIPS	199,926

SCHEDULE G		Information Re			-	-	OMB No. 1545-0047
(Form 990)		organization entered r	more than \$1	5,000 on For	m 990-EZ, line 6a.	s, or in the	2021
Department of the Treasury		Attach o to www.irs.gov/Form	to Form 990				Open to Public
Internal Revenue Service Name of the organization		-				Employer identification	
BUTTE, INC.	ADAPTIVE SPOR	KIS CENIER OF	CRESIE	U.		84-106344	
	g Activities. Comp	lete if the organ	ization ar	swered "	Yes" on Form 99		
	EZ filers are not re	-					
1 Indicate whether	the organization rais	sed funds through	any of the	following	activities. Check a	all that apply.	
a 📃 Mail solicita	tions	е	Solic	itation of	non-government g	rants	
b Internet and	email solicitations	f	Solic	itation of	government grant	S	
c Phone solic	itations	g	Spec	cial fundra	ising events		
d 🔄 In-person so	olicitations						
b If "Yes," list the	tion have a written o es listed in Form 990 10 highest paid indi least \$5,000 by the	, Part VII) or entity viduals or entities	in connec	tion with p	professional fundra	ising services?	Yes No fundraiser is to be
(i) Name and add or entity (fu		(ii) Activity	custody c	draiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
0							
7							
8							
9							
10							
Total 3 List all states in registration or lice	which the organiza ensing.	tion is registered o	or licensed	to solicit	contributions or	has been notified	it is exempt from

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.

	gross receipts greater than \$5,000	0.			
		(a) Event #1 CB OPEN (event type)	(b) Event #2 BRIDGE / BUTTE (event type)	(c) Other events	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	1,624,049.		NONE	1,708,795.
Ř	2 Less: Contributions	1,326,819.	78,753.	NONE	1,405,572.
	3 Gross income (line 1 minus line 2)	297,230.	5,993.	NONE	303,223.
	4 Cash prizes	NONE	NONE	NONE	NONE
	5 Noncash prizes	127,946.	1,252.	NONE	129,198.
suses	6 Rent/facility costs	39,878.	NONE	NONE	39,878.
Direct Expenses	7 Food and beverages	26,178.	1,102.		27,280.
Direc	8 Entertainment	20,958.	NONE	NONE	20,958.
	9 Other direct expenses	82,270.	3,639.		85,909.
	10 Direct expense summary. Add lin11 Net income summary. Subtract lin	es 4 through 9 in colu ne 10 from line 3, colu	mn (d)	>	303,223.
	rt III Gaming. Complete if the org \$15,000 on Form 990-EZ, lin	anization answered "			reported more than
Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1 Gross revenue				

Å	1 Gross revenue				
ses	2 Cash prizes				
Expen	3 Noncash prizes				
Direct Expenses	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	Yes %%	Yes% No	Yes% No	
	7 Direct expense summary. Add line	es 2 through 5 in colum	n (d)		
	8 Net gaming income summary. Sul	btract line 7 from line 1,	, column (d)		
9 a t		5	• <u> </u>	s?	Yes No

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?
 b If "Yes," explain:

Sched	ule G (Form 990 or 990-EZ) 2021 ADAPTIVE SPORTS CENTER OF CRESTED	84-10	063447	Page 3
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 entit			
	formed to administer charitable gaming?		Yes	No
13	Indicate the percentage of gaming activity conducted in:			
а	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 book records:	s and		
	Name			
	Address ►			
15 a	Does the organization have a contract with a third party from whom the organization receives	gaming		
	revenue?	1	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 ► \$			
с	If "Yes," enter name and address of the third party:			
	Nama N			
	Name			
	Address ►			
16	Gaming manager information:			
	Name			
	Gaming manager compensation ► \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming pro	ceeds to		
	retain the state gaming license?	,	Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt orga			
	or spent in the organization's own exempt activities during the tax year > \$			
Par	t IV Supplemental Information. Provide the explanation required by Part I, line 2b, columns Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additio (see instructions).			

Schedule G (Form 990 or 990-EZ) 2021

(Form 990) G	overnme	nts, and Ir rganization ans ► A	Assistance f ndividuals in wered "Yes" on F ttach to Form 990	n the Unite Form 990, Part IV D.	d States , line 21 or 22.		2021 DMB No. 1545-0047
Internal Revenue Service			/Form990 for the	atest information	1.		Inspection
Name of the organization ADAPTIVE SPORTS CEN	TER OF CRE	STED				Employer identificati	on number
BUTTE, INC. Part I General Information on Grants a	nd Assistanc	0				84-1063447	
 Does the organization maintain records to a the selection criteria used to award the gran Describe in Part IV the organization's proce Part II Grants and Other Assistance to 	substantiate th nts or assistanc edures for mor	ne amount of the ce? nitoring the use	of grant funds in th	e United States.			X Yes No
Part IV, line 21, for any recipient	that received	more than \$5	,000. Part II can	be duplicated if a	additional space is i	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)	_						
 Enter total number of section 501(c)(3) and Enter total number of other organizations li 							

Schedule I (Form 990) 2021

ADAPTIVE SPORTS CENTER OF CRESTED

84-1063447

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.

(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
195	199,926.			
	recipients	recipients cash grant	recipients cash grant non-cash assistance	recipients cash grant non-cash assistance FMV, appraisal, other)

information.

PART I DESCRIPTION OF PROCEDURE FOR MONITORING USE OF FUNDS

INDIVIDUALS AND COMMUNITY PARTICIPANTS MUST DISCUSS THEIR FINANCIAL

INFORMATION WITH THE ORGANIZATION'S PROGRAM COORDINATOR. PARTICIPANTS

FILL OUT AN ONLINE QUESTIONNAIRE. REQUIRED INFORMATION INCLUDES STATEMENT

OF NEED, NUMBER OF PEOPLE IN HOUSEHOLD, ANNUAL HOUSEHOLD INCOME, NUMBER

OF LESSONS REQUESTED, ESTIMATED ANNUAL HEALTH CARE EXPENSE RELATED TO

DISABILITY AND AMOUNT THEY CAN CONTRIBUTE. GROUP SCHOLARSHIPS ARE

DETERMINED AFTER DISCUSSION WITH THE TRIP LEADER.

Page 2

ADAPTIVE SPORTS CENTER OF CRESTED

84-1063447

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
3					
4					
5					
6					
7					
art IV Supplemental Information. Provide information.	the information re	quired in Part I,	line 2, Part III, o	column (b); and any c	other additional

ELIGIBILITY IS BASED ON A NEED BASIS, HONOR SYSTEM.

SELECTION CRITERIA: AVAILABLE TO EVERYONE WITH FINANCIAL NEED.

SCHEDULE J (Form 990)		Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees				OMB No. 1545-0047		
			on answered "Yes" on Form 990, Part IV, line 2	23.	pen to	o Puk	blic	
	nent of the Treasury Revenue Service		Attach to Form 990. 990 for instructions and the latest information.			ectio		
Name	of the organization	ADAPTIVE SPORTS CENTER	OF CRESTED	Employer identification				
BUTT	FE, INC.			84-1063447	,			
Part	Question	s Regarding Compensation	·					
						Yes	No	
1a			ovided any of the following to or for a pers					
	990, Part VII,	Section A, line 1a. Complete Part III to	provide any relevant information regarding	g these items.				
	First-cla	ss or charter travel	Housing allowance or residence for	personal use				
	Travel fo	or companions	Payments for business use of perso	nal residence				
	Tax inde	emnification and gross-up payments	Health or social club dues or initiation	on fees				
	Discretio	onary spending account	Personal services (such as maid, cha	auffeur, chef)				
b	or reimburse	ement or provision of all of the ex	ne organization follow a written policy re openses described above? If "No," com	plete Part III to				
	explain				1b			
2	-		to reimbursing or allowing expenses	-				
			D/Executive Director, regarding the items	checked on line				
	1a?				2			
3			on used to establish the compensation of					
			at apply. Do not check any boxes for metho e CEO/Executive Director, but explain in P					
				art III.				
	· ·	nsation committee	X Written employment contract					
		dent compensation consultant	X Compensation survey or study					
	Form 99	00 of other organizations	X Approval by the board or compensation	ition committee				
4			Part VII, Section A, line 1a, with respect to	o the filing				
_	•	or a related organization:	ourmont?		4-		37	
-			ayment?		4a 4b		X X	
b	-		Ital nonqualified retirement plan?		40 40		X	
С					40			
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.							
	Only section	501(c)(3) $501(c)(4)$ and $501(c)(29)$ or	rganizations must complete lines 5-9.					
5	-		ion A, line 1a, did the organization pa	w or accrue any				
5		n contingent on the revenues of:	A, line A , und the organization particular A	ly of accide any				
а	•				5a		x	
	The organization?				5b		X	
~	If "Yes" on line 5a or 5b, describe in Part III.							
6			ion A, line 1a, did the organization pa	v or accrue anv				
-	-	n contingent on the net earnings of:	,,	,				
а					6a		х	
					6b		X	
	-	e 6a or 6b, describe in Part III.						
7			on A, line 1a, did the organization prov	ide any nonfixed				
-			escribe in Part III		7		Х	
8			paid or accrued pursuant to a contract that					
			Regulations section 53.4958-4(a)(3)? If				1	
					8		Х	
9			low the rebuttable presumption proced					
	Regulations s	ection 53.4958-6(c)?		<u></u>	9			
For Pa		ction Act Notice, see the Instructions for Fo		Schedu	le J (Fo	orm 990	0) 2021	

Schedule J (Form 990) 2021

84-1063447

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

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

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

		(B) Breakdown of W-2 a	nd/or 1099-MISC and/or	1099-NEC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
CHRISTOPHER HENSLEY	(i)	154,530.	5,000.		12,416.	14,880.	186,826.	NONE
1 EXECUTIVE DIRECTOR	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(i)							
2	(ii)							
	(i)							
3	(ii)							
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2021

Page 2

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2021

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection Employer identification number

Name of the organization BUTTE, INC.

► Go to www.irs.gov/Form990 for instructions and the latest information. ADAPTIVE SPORTS CENTER OF CRESTED

84-1063447

(e) (b) Number of profibutions of inplicable Number of contributions of inplicable Mended of determining nonceah contribution anounts 1 Art - Works of art	Par	Types of Property							
2 Art - Historical treasures			Check if	Number of contributions or	Noncash contribution amounts reported on	Method of dete			
2 Art - Historical measures	1	Art - Works of art	Х	16	9,337.	MARKET VALUE			
3 A1 - Fractional interests 4 Books and publications 5 Cothing and household goods x 6 Cars and other vehicles									
4 Books and publications x 44,460. MARKET VALUE 5 Clothing and household goods x 44,460. MARKET VALUE 6 Cars and other vehicles, - - - 7 Boats and planes, - - - 8 Intellectual property - - - 10 Securities - Closely held stock - - - 11 Securities - Closely held stock - - - 12 Securities - Closely held stock - - - 13 Qualified conservation contribution - Other - - - - 14 Qualified conservation contribution - Other - - - - - 14 Qualified conservation contribution - Other -	_								
5 Clothing and household goods	-								
goods X 44,460. MARKET VALUE 6 Cars and other vehicles. - - 7 Boats and planes - - 8 Intellectual property - - 10 Securities - Publicly traded X 14 70,109. 11 Securities - Publicly traded X 14 70,109. 12 Securities - Partnership, LLC, or trust interests - - 13 Gualified conservation contribution - Historic - - 14 Qualified conservation contribution - Other, - - 13 Real estate - Residential - - 14 Qualified conservation contribution - Other, - - 14 Qualified conservation contribution - Other, - - 14 Real estate - Residential - - 15 Real estate - Other, - - 16 Real estate - Other, - - 17 Real estate - Other, - - 18 Food inventory, X 29 38,947. 14 Taxidermy, - - - 20 Drugs and medical supplies - <t< td=""><td>-</td><td>•</td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	-	•							
6 Cars and other vehicles,	5		v		11 160				
7 Boats and planes	•				44,460.	MARKEI VALUE			
8 Intellectual property	-								
9 Securities - Publicly traded X 14 70,109. MARKET VALUE 10 Securities - Closely held stock	-								
10 Securities - Closely held stock	8								
11 Securities - Partnership, LLC, or trust interests	9			14	70,109.	MARKET VALUE			
or trust interests	10	-							
12 Securities - Miscellaneous	11	Securities - Partnership, LLC,							
13 Qualified conservation contribution - Historic structures,		or trust interests							
contribution - Historic structures	12	Securities - Miscellaneous							
structures	13	Qualified conservation							
14 Qualified conservation contribution - Other		contribution - Historic							
14 Qualified conservation contribution - Other		structures							
15 Real estate - Residential	14								
15 Real estate - Residential		contribution - Other							
16 Real estate - Commercial	15	Real estate - Residential							
17 Real estate - Other	-	Real estate - Commercial							
18 Collectibles X 29 38,947. MARKET VALUE 19 Food inventory X 29 38,947. MARKET VALUE 20 Drugs and medical supplies Image: Solution of the solutisolution of the solution of the solution of the solut		Pool estate - Other							
19 Food inventory X 29 38,947. MARKET VALUE 20 Drugs and medical supplies									
20 Drugs and medical supplies	-		v	20	20 047				
21 Taxidermy	-				30,947.	MARKEI VALUE			
22 Historical artifacts	-								
23 Scientific specimens		laxidermy							
24 Archeological artifacts Image: space of the s									
25 Other ► (SEE SUPP PAGE) 1,299. 180,500. 26 Other ► () 20 20 27 Other ► () 20 20 28 Other ► () 20 20 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement 29 NONE 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through to be used for exempt purposes for the entire holding period? 20 NONE 30a X b If "Yes," describe the arrangement in Part II. 30a X 31 X 31 X 32a Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 X 32a Does the organization have a gift acceptance policy that requires to solicit, process, or sell noncash contributions? 31 X 32a Does the organization have a use third parties or related organizations to solicit, process, or sell noncash contributions? 32a X b If "Yes," describe in Part II. 31 X 32a X 31 If the organization didn	-	Scientific specimens							
26 Other ►()	24								
27 Other ▶() 28 Other ▶() 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement	25				180,500.				
28 Other ▶() Yes 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement 29 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? Yes No b If "Yes," describe the arrangement in Part II. 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 X 32a b If "Yes," describe in Part II. 31 K 32a 32a X b If "Yes," describe in Part II. 31 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II. 32a X	26								
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement 29 NONE 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? 30a X 30a b If "Yes," describe the arrangement in Part II. 30a X 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 31 X 32a If "Yes," describe in Part II. 31 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II. 32a X	27	Other ►()							
which the organization completed Form 8283, Part V, Donee Acknowledgement 29 NONE 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? 30a X b If "Yes," describe the arrangement in Part II. 31 X 32a Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 X b If "Yes," describe in Part II. 32a If "Yes," describe in Part II. 32a X b If "Yes," describe in Part II. 31 X 32a X a If "Yes," describe in Part II. 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II. Image: the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II. Image: the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II. Image: the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.	28	Other ►()							
 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? b If "Yes," describe the arrangement in Part II. 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? b If "Yes," describe in Part II. 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II. 	29	Number of Forms 8283 received	by the org	anization during the tax ye	ear for contributions for				
 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		which the organization completed F	Form 8283,	Part V, Donee Acknowledge	ement	29	N	IONE	
 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? 30a X 30a X<							Yes	No	
to be used for exempt purposes for the entire holding period? 30a X b If "Yes," describe the arrangement in Part II. 1 1 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 X 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 31 X b If "Yes," describe in Part II. 32a X b If "Yes," describe in Part II. 32a X	30a	During the year, did the organizat	ion receive	by contribution any prope	rty reported in Part I, line	s 1 through			
to be used for exempt purposes for the entire holding period? 30a X b If "Yes," describe the arrangement in Part II. 1<		28, that it must hold for at least th	nree years f	rom the date of the initial	contribution, and which is	sn't required			
 b If "Yes," describe the arrangement in Part II. 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?. 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?. b If "Yes," describe in Part II. 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II. 			-					Х	
 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 32a If "Yes," describe in Part II. 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II. 	b			01					
contributions? 31 x 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 32a x b If "Yes," describe in Part II. 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II. a a a		-		tance policy that require	es the review of any	nonstandard			
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 32a X b If "Yes," describe in Part II. 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.	•						x		
contributions? 32a X b If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.	322								
 b If "Yes," describe in Part II. 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II. 	u	-	-	-				x	
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.	h								
describe in Part II.									
	55			oranni (c) for a type of pro	perty for which column (a				
	For P								

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

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

SCHEDULE M, PART I, LINE 31

TYPES OF GIFTS NOT ACCEPTED

THE CORPORATION RESERVES THE RIGHT TO REFUSE ANY GIFT THAT:

(I) IS CONTRARY TO THE CORPORATION'S ARTICLES OF INCORPORATION OR BYLAWS

(II) WOULD RESULT IN THE CORPORATION LOSING ITS 501(C)(3) STATUS;

(III) IS TOO DIFFICULT OR EXPENSIVE TO ADMINISTER IN RELATION TO ITS

VALUE

(IV) IS FOR A PURPOSE OUTSIDE THE CORPORATION'S MISSION; OR

(V) WOULD RESULT IN ANY UNACCEPTABLE CONSEQUENCES TO THE CORPORATION. THE DECISION TO DECLINE A GIFT FOR ANY REASON MAY OCCUR AT ANY LEVEL, I.E., BY THE EXECUTIVE DIRECTOR OR DEVELOPMENT DIRECTOR, BY THE FINANCE COMMITTEE OR BY THE BOARD.

TYPES OF GIFTS ACCEPTED

CASH GIFTS, IN ANY FORM (E.G., CASH, CHECK, MONEY ORDER, WIRE TRANSFER OR CREDIT CARD) AND MARKETABLE SECURITIES (SUCH AS PUBLICLY TRADED SECURITIES), WILL BE ACCEPTED WITHOUT REVIEW UNLESS THE EXECUTIVE DIRECTOR OR THE DEVELOPMENT DIRECTOR, IN HIS OR HER JUDGMENT, DETERMINES THAT THE GIFT INVOLVES SPECIAL CIRCUMSTANCES REQUIRING REVIEW BY THE FINANCE COMMITTEE.

NON-MARKETABLE SECURITIES AND CLOSELY-HELD BUSINESS INTERESTS, SUCH AS DEBT AND EQUITY POSITIONS IN NON-PUBLICLY TRADED COMPANIES, AND INTERESTS IN SOLE PROPRIETORSHIP, PARTNERSHIPS, LIMITED PARTNERSHIPS, LIMITED

B008419.T001

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

LIABILITY COMPANIES AND S CORPORATIONS, WILL ONLY BE ACCEPTED UPON REVIEW AND APPROVAL OF THE FINANCE COMMITTEE, UNLESS THE FINANCE COMMITTEE DETERMINES THE MATTER SHOULD BE REFERRED TO THE BOARD. REAL PROPERTY GIFTS, INCLUDING DEVELOPED PROPERTY, UNDEVELOPED PROPERTY AND GIFTS SUBJECT TO A PRIOR LIFE INTEREST, WILL ONLY BE ACCEPTED UPON RECOMMENDATION BY THE FINANCE COMMITTEE AND APPROVAL OF THE BOARD. REMAINDER INTERESTS IN A PERSONAL RESIDENCE, RANCH OR VACATION PROPERTY WILL BE REVIEWED AND ACCEPTED IN THE SAME MANNER AS REAL PROPERTY GIFTS.

TANGIBLE AND INTANGIBLE PERSONAL PROPERTY, INCLUDING AUCTION ITEMS DONATED FOR FUNDRAISING EVENTS, ART AND COLLECTIBLES, MOTOR VEHICLES, COPYRIGHTS AND OTHER INTELLECTUAL PROPERTY, MAY BE ACCEPTED BY THE EXECUTIVE DIRECTOR OR THE DEVELOPMENT DIRECTOR WITHOUT FURTHER REVIEW UNLESS, IN HIS OR HER JUDGMENT, THE GIFT INVOLVES SPECIAL CIRCUMSTANCES REQUIRING REVIEW BY THE FINANCE COMMITTEE. Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS								
DESCRIPTION	(A) CHECK	(B) NUMBER OF CONTRIBUTIONS	(C) REVENUES REPORTED	(D) METHOD OF DETERMINING				
LIFT TICKETS/PA ENTERTAINMENT EQUIPMENT/SUPPL	X X X X	1,294 2 3	175,850. 3,400. 1,250.	MARKET VALUE MARKET VALUE MARKET VALUE				
TOTALS	==	1,299.	180,500.					

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.



Name of the organization

84-1063447

FORM 990, PART VI, LINE 11B

ADAPTIVE SPORTS CENTER OF CRESTED

THE FINANCE COMMITTEE REVIEWS AND APPROVES AN ELECTRONIC VERSION OF THE 990 BEFORE THE RETURN IS SENT TO THE BOARD OF DIRECTORS. THE BOARD OF DIRECTORS THEN REVIEWS AND APPROVES THE ELECTRONIC VERSION OF THE 990 BEFORE THE RETURN IS FILED WITH THE IRS. AN OFFICER OF THE ORGANIZATION SIGNS THE 990.

FORM 990 PART VI, SECTION B, LINE 12C

AS AN EMPLOYEE, YOU ARE EXPECTED TO ACT AT ALL TIMES IN THE ASC'S BEST INTERESTS AND TO EXERCISE SOUND JUDGMENT UNCLOUDED BY PERSONAL INTERESTS OR DIVIDED LOYALTIES. BOTH IN PERFORMING YOUR DUTIES AT THE ASC AND IN YOUR OUTSIDE ACTIVITIES, YOU SHOULD AVOID A CONFLICT OF INTEREST AND THE APPEARANCE OF A CONFLICT OF INTEREST.

A CONFLICT OF INTEREST EXISTS IF YOUR CIRCUMSTANCES WOULD LEAD A REASONABLE PERSON TO QUESTION WHETHER YOUR INTERESTS AND LOYALTIES ARE ALIGNED WITH THE ASC'S BEST INTERESTS. IF, FOR EXAMPLE, YOU ARE INVOLVED IN AN OUTSIDE ACTIVITY OR HAVE A FINANCIAL OR OTHER PERSONAL INTEREST THAT MIGHT INTERFERE WITH YOUR OBJECTIVITY IN PERFORMING YOUR DUTIES AND RESPONSIBILITIES FOR ASC, YOU POTENTIALLY MAY HAVE A CONFLICT OF INTEREST. IN CASES OF POTENTIAL CONFLICT OF INTEREST, EMPLOYEES MUST ACT TO PRESERVE AND ENHANCE THE INTERESTS OF THE ASC BY PUTTING THE INTERESTS OF THE ORGANIZATION AHEAD OF ALL OTHER BUSINESS AND PERSONAL INTERESTS. IF YOU ARE CONCERNED THAT YOU HAVE A CONFLICT OF INTEREST, OR IF YOU ARE UNCERTAIN IF YOU HAVE A CONFLICT OF INTEREST, YOU SHOULD NOTIFY YOUR

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 **Open to Public** Inspection

Name of the organization

SUPERVISOR IMMEDIATELY.

FORM 990, PART VI, SECTION B, LINE 15

THE BOARD PRESIDENT AND ORGANIZATIONAL AFFAIRS COMMITTEE GIVE AN ANNUAL PERFORMANCE AND COMPENSATION REVIEW FOR THE EXECUTIVE DIRECTOR USING COMPARABLE DATA AND CONTEMPORANEOUS SUBSTANTIATION. THE EXECUTIVE DIRECTOR GIVES AN ANNUAL PERFORMANCE AND COMPENSATION REVIEW TO ALL KEY EMPLOYEES OF THE ORGANIZATION USING COMPARABLE DATA AND CONTEMPORANEOUS SUBSTANTIATION. THE LAST REVIEW OF KEY EMPLOYEE COMPENSATION OCCURRED IN MAY 2022.

FORM 990, PART VI, SECTION C, LINE 19

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, FORM 990 AND FINANCIAL STATEMENTS AVAILABLE TO MEMBERS OF THE PUBLIC UPON REQUEST. IT IS ALSO AVAILABLE ON THE ORGANIZATION'S WEBSITE AND OTHER WEBSITES SUCH AS GUIDESTAR AND CHARITY NAVIGATOR.

FORM 990, PART XII, LINE 2C

THE ORGANIZATION DID NOT CHANGE THE AUDIT OVERSIGHT OR SELECTION PROCESSES DURING THE YEAR.

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Schedule O (Form 990 or 990-EZ) 2021					
Name of the organization	Employer identification number				
ADAPTIVE SPORTS CENTER OF CRESTED	84-1063447				

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

THE ADAPTIVE SPORTS CENTER ENHANCES THE QUALITY OF LIFE OF PEOPLE WITH DISABILITIES THROUGH EXCEPTIONAL OUTDOOR ADVENTURE ACTIVITIES. THE SUCCESSFUL PROGRAMS THE ASC PROVIDES ARE INCLUSIVE TO FAMILIES AND FRIENDS, EMPOWER OUR PARTICIPANTS IN THEIR DAILY LIVES AND HAVE A POSITIVE ENDURING EFFECT ON SELF-EFFICACY, HEALTH, INDEPENDENCE AND OVERALL WELL-BEING.