## 2023

## **990**

# PUBLIC

# DISCLOSURE

			** PUBLIC DISCLOSURE COPY **		OMB No. 1545-0047		
_	0	00	Return of Organization Exempt From	Income Tax			
Form <b>990</b>			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (e		2023		
		of the Treasury	Do not enter social security numbers on this form as it may t Go to www.irs.gov/Form990 for instructions and the latest	•	Open to Public Inspection		
	A For the 2023 calendar year, or tax year beginning APR 1, 2023 and ending MAR 31, 2024						
-	heck if		f organization	D Employer identifica	tion number		
a	oplicabl	le:					
	Addre chang	es CHAL	LENGED ATHLETES, INC.				
	Name chang	e Doing bi	usiness as CHALLENGED ATHLETES FOUNDATION	33-073959	5		
	nitial return		and street (or P.O. box if mail is not delivered to street address) Room/suit				
	Final return termir	. I	WAPLES STREET	858-866-0			
	ated Amen	City or to	own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	20,585,204.		
	return Applio	SAN	DIEGO, CA 92121 nd address of principal officer: KRISTINE ENTWISTLE	H(a) Is this a group retu			
	tion pendi		AS C ABOVE	for subordinates?			
<u>і</u> т	- - - - - - - - - - - - - - - - - - -	empt status:		H(b) Are all subordinates inclu If "No." attach a lis			
-	Vebsi		CHALLENGEDATHLETES.ORG	H(c) Group exemption			
				ar of formation: 1996 M			
	rt I	Summary					
	1	Briefly describ	e the organization's mission or most significant activities: <b>PROVIDE</b> O	PPORTUNITIES &	SUPPORT		
ů.		TO PEOP	LE WITH PHYSICAL DISABILITIES TO PURSU	E ACTIVE LIFES	TYLES.		
rna	2	Check this bo	s.				
No.		Number of vot		18			
Activities & Governance			lependent voting members of the governing body (Part VI, line 1b)		16		
ties			of individuals employed in calendar year 2023 (Part V, line 2a)		34 1500		
tivit			of volunteers (estimate if necessary) d business revenue from Part VIII, column (C), line 12		0.		
Ř			business taxable income from Form 990-T, Part I, line 11		0.		
		not unrolatou		Prior Year	Current Year		
	8	Contributions	and grants (Part VIII, line 1h)	13,816,231.	17,578,813.		
Revenue	9	Program servi	ce revenue (Part VIII, line 2g)	276,890.	295,057.		
eve eve	10	Investment ind	come (Part VIII, column (A), lines 3, 4, and 7d)	19,831.	82,301.		
"	11	Other revenue	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-1,250,371.	-1,295,984.		
_			- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12,862,581.	16,660,187.		
			nilar amounts paid (Part IX, column (A), lines 1-3)	6,103,823.	7,207,643.		
		•	to or for members (Part IX, column (A), line 4)	0.	0.3,808,033.		
ses			r compensation, employee benefits (Part IX, column (A), lines 5-10)	<u> </u>	<u> </u>		
Expenses			undraising fees (Part IX, column (A), line 11e)	0.	0.		
Ä			es (Part IX, column (A), lines 11a-11d, 11f-24e)	3,516,970.	4,079,043.		
			s. Add lines 13-17 (must equal Part IX, column (A), line 25)	13,437,328.	15,094,719.		
		•	expenses. Subtract line 18 from line 12	-574,747.	1,565,468.		
or				Beginning of Current Year	End of Year		
Assets or d Balances	20	Total assets (F	Part X, line 16)	27,806,351.	32,724,882.		
t As: d Bé			(Part X, line 26)	5,836,822.	6,626,683.		
Eunc			fund balances. Subtract line 21 from line 20	21,969,529.	26,098,199.		
	rt II		Block Idealars that I have avamined this ratural including accompanying schedules and state		1 1 11 12 23 2		

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

Sign	Signature of officer			Date				
Here	KRISTINE ENTWISTLE, CHIEF	EXECUTIVE (	OFFICER					
	Type or print name and title							
	Print/Type preparer's name	Preparer's signature	Da		Check	PTIN		
Paid			12	2/05/24	self-employed			
Preparer		ADVISORS LL	P	Firm's	EIN			
Use Only	Firm's address 680 HAWTHORNE AVE	SE <b>#140</b>						
	SALEM, OR 97301	$\sim$		Phone	no.(503	) 585-77	774	
May the IF	May the IRS discuss this return with the preparer shown above? See instructions							
LHA For	LHA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 Form 990 (2023)							

	n 990 (2023) CHALLENGED ATHLETES, INC. 33 rt III Statement of Program Service Accomplishments	-0739596	Page
			X
-	Check if Schedule O contains a response or note to any line in this Part III		[A
1	Briefly describe the organization's mission: IT IS THE MISSION OF THE CHALLENGED ATHLETES FOUNDATION TO		
	OPPORTUNITIES AND SUPPORT TO PEOPLE WITH PHYSICAL DISABILIT		
	CAN PURSUE ACTIVE LIFESTYLES THROUGH PHYSICAL FITNESS AND CO	OMPETITIV	8
	ATHLETICS.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	XN
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	XN
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measu	ured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the	total expenses, ar	nd
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 7,426,786. including grants of \$ 5,620,146. ) (Revenue \$		
	ACCESS FOR ATHLETES THROUGH CAF'S GRANT DISTRIBUTION CYCLE	EACH YEAD	R,
	WE ARE ABLE TO PROVIDE ADAPTIVE SPORTS EQUIPMENT, PROSTHETIC		
	TRAINING, COACHING, MENTORING AND COMPETITION GRANTS TO PHY		
	DISABLED PEOPLE AGED 3 - 90 YEARS OLD TO ENABLE THEM TO LEAR		VE
	LIFESTYLE. RESEARCH SHOWS THAT PARTICIPATION IN SPORTS OF A		
	LEADS TO AN INCREASE IN INDEPENDENCE, SELF-ESTEEM AND SENSE		
	AND ACCOMPLISHMENT. SINCE 1994, CAF HAS PROVIDED DIRECT FIN.		
	ASSISTANCE TO MORE THAN 48,000 ATHLETES AROUND THE WORLD.		
	ASSISTANCE TO MORE THAN 40,000 ATHLETES AROUND THE WORLD.		
4b	(Code:) (Expenses \$ 2,176,560. including grants of \$ 65,929. ) (Revenue \$)	295,	057.
	SAN DIEGO TRIATHLON CHALLENGE (SDTC) & TOUR DE COVE A CELE	BRATION O	F
	LIFE AND SPORT THAT ENCOMPASSES NOT ONLY THE COMMUNITY OF S.	AN DIEGO,	
	DIM ALL CONCELENDE OF THE ONE EANTLY THE DOUD DAY STONE		
	BUT ALL CONSTITUENTS OF THE CAF FAMILY. THIS FOUR DAY EVENT	ENGAGED	
	OVER 200 CHALLENGED ATHLETES AND 1000 FUNDRAISERS AT OUR CO		
		MMUNITY	AN
	OVER 200 CHALLENGED ATHLETES AND 1000 FUNDRAISERS AT OUR CON CHALLENGE WEEKEND. HIGHLIGHTS INCLUDED: : (1) KIDS FUN ROLL	MMUNITY & RUN, SA	
	OVER 200 CHALLENGED ATHLETES AND 1000 FUNDRAISERS AT OUR CON CHALLENGE WEEKEND. HIGHLIGHTS INCLUDED: : (1) KIDS FUN ROLL DIEGO TRIATHLON CHALLENGE, METRIC CENTURY CYCLING, 5K, YOGA	MMUNITY & RUN, SZ AND TOUR	
	OVER 200 CHALLENGED ATHLETES AND 1000 FUNDRAISERS AT OUR CON CHALLENGE WEEKEND. HIGHLIGHTS INCLUDED: : (1) KIDS FUN ROLL DIEGO TRIATHLON CHALLENGE, METRIC CENTURY CYCLING, 5K, YOGA COVE STATIONARY CYCLING EVENTS (2) CELEBRATION OF ABILITIES	MMUNITY & RUN, SI AND TOUR PROGRAM	
	OVER 200 CHALLENGED ATHLETES AND 1000 FUNDRAISERS AT OUR CON CHALLENGE WEEKEND. HIGHLIGHTS INCLUDED: : (1) KIDS FUN ROLL DIEGO TRIATHLON CHALLENGE, METRIC CENTURY CYCLING, 5K, YOGA COVE STATIONARY CYCLING EVENTS (2) CELEBRATION OF ABILITIES SHOWCASING ALL THE AMAZING EVENTS AND PARTICIPANTS (3) VIRT	MMUNITY & RUN, SA AND TOUR PROGRAM UAL GROUP	
	OVER 200 CHALLENGED ATHLETES AND 1000 FUNDRAISERS AT OUR CON CHALLENGE WEEKEND. HIGHLIGHTS INCLUDED: : (1) KIDS FUN ROLL DIEGO TRIATHLON CHALLENGE, METRIC CENTURY CYCLING, 5K, YOGA COVE STATIONARY CYCLING EVENTS (2) CELEBRATION OF ABILITIES SHOWCASING ALL THE AMAZING EVENTS AND PARTICIPANTS (3) VIRT RIDES, RUNS & WALKS, (4) GRANT PRESENTATIONS (5) ONLINE SOC	MMUNITY & RUN, SA AND TOUR PROGRAM UAL GROUP	
	OVER 200 CHALLENGED ATHLETES AND 1000 FUNDRAISERS AT OUR CON CHALLENGE WEEKEND. HIGHLIGHTS INCLUDED: : (1) KIDS FUN ROLL DIEGO TRIATHLON CHALLENGE, METRIC CENTURY CYCLING, 5K, YOGA COVE STATIONARY CYCLING EVENTS (2) CELEBRATION OF ABILITIES SHOWCASING ALL THE AMAZING EVENTS AND PARTICIPANTS (3) VIRT	MMUNITY & RUN, SA AND TOUR PROGRAM UAL GROUP	
	OVER 200 CHALLENGED ATHLETES AND 1000 FUNDRAISERS AT OUR CON CHALLENGE WEEKEND. HIGHLIGHTS INCLUDED: : (1) KIDS FUN ROLL DIEGO TRIATHLON CHALLENGE, METRIC CENTURY CYCLING, 5K, YOGA COVE STATIONARY CYCLING EVENTS (2) CELEBRATION OF ABILITIES SHOWCASING ALL THE AMAZING EVENTS AND PARTICIPANTS (3) VIRT RIDES, RUNS & WALKS, (4) GRANT PRESENTATIONS (5) ONLINE SOC	MMUNITY & RUN, SA AND TOUR PROGRAM UAL GROUP	
4.5	OVER 200 CHALLENGED ATHLETES AND 1000 FUNDRAISERS AT OUR COL CHALLENGE WEEKEND. HIGHLIGHTS INCLUDED: : (1) KIDS FUN ROLL DIEGO TRIATHLON CHALLENGE, METRIC CENTURY CYCLING, 5K, YOGA COVE STATIONARY CYCLING EVENTS (2) CELEBRATION OF ABILITIES SHOWCASING ALL THE AMAZING EVENTS AND PARTICIPANTS (3) VIRT RIDES, RUNS & WALKS, (4) GRANT PRESENTATIONS (5) ONLINE SOC ENGAGEMENT.	MMUNITY & RUN, SA AND TOUR PROGRAM UAL GROUP	
4c	OVER 200 CHALLENGED ATHLETES AND 1000 FUNDRAISERS AT OUR COL         CHALLENGE WEEKEND. HIGHLIGHTS INCLUDED: : (1) KIDS FUN ROLL         DIEGO TRIATHLON CHALLENGE, METRIC CENTURY CYCLING, 5K, YOGA         COVE STATIONARY CYCLING EVENTS (2) CELEBRATION OF ABILITIES         SHOWCASING ALL THE AMAZING EVENTS AND PARTICIPANTS (3) VIRT         RIDES, RUNS & WALKS, (4) GRANT PRESENTATIONS (5) ONLINE SOC         ENGAGEMENT.         (Code:)(Expenses \$1,345,671. including grants of \$375,402.) (Revenue \$1)	MMUNITY & RUN, SA AND TOUR PROGRAM UAL GROUP IAL MEDIA	DE
4c	OVER 200 CHALLENGED ATHLETES AND 1000 FUNDRAISERS AT OUR CONCLALLENGE WEEKEND. HIGHLIGHTS INCLUDED: : (1) KIDS FUN ROLL         DIEGO TRIATHLON CHALLENGE, METRIC CENTURY CYCLING, 5K, YOGA         COVE STATIONARY CYCLING EVENTS (2) CELEBRATION OF ABILITIES         SHOWCASING ALL THE AMAZING EVENTS AND PARTICIPANTS (3) VIRT         RIDES, RUNS & WALKS, (4) GRANT PRESENTATIONS (5) ONLINE SOC         ENGAGEMENT.         (Code:) (Expenses \$1, 345, 671. including grants of \$375, 402. ) (Revenue \$         CAF IDAHO - PROVIDES UNPARALLELED SPORT AND RECREATIONAL OP:	MMUNITY & RUN, SA AND TOUR PROGRAM UAL GROUP IAL MEDIA PORTUNITI	DE
4c	OVER 200 CHALLENGED ATHLETES AND 1000 FUNDRAISERS AT OUR CONCHALLENGE WEEKEND. HIGHLIGHTS INCLUDED: : (1) KIDS FUN ROLL         DIEGO TRIATHLON CHALLENGE, METRIC CENTURY CYCLING, 5K, YOGA         COVE STATIONARY CYCLING EVENTS (2) CELEBRATION OF ABILITIES         SHOWCASING ALL THE AMAZING EVENTS AND PARTICIPANTS (3) VIRT         RIDES, RUNS & WALKS, (4) GRANT PRESENTATIONS (5) ONLINE SOC         ENGAGEMENT.         (Code:)(Expenses\$ 1,345,671. including grants of \$ 375,402.) (Revenue \$ CAF IDAHO - PROVIDES UNPARALLELED SPORT AND RECREATIONAL OPTAND         AND SUPPORT TO ALL PERMANENTLY DISABLED RESIDENTS OF IDAHO.	MMUNITY & RUN, SJ AND TOUR PROGRAM UAL GROUP IAL MEDIA PORTUNITII THROUGH	DE
4c	OVER 200 CHALLENGED ATHLETES AND 1000 FUNDRAISERS AT OUR COL         CHALLENGE WEEKEND. HIGHLIGHTS INCLUDED: : (1) KIDS FUN ROLL         DIEGO TRIATHLON CHALLENGE, METRIC CENTURY CYCLING, 5K, YOGA         COVE STATIONARY CYCLING EVENTS (2) CELEBRATION OF ABILITIES         SHOWCASING ALL THE AMAZING EVENTS AND PARTICIPANTS (3) VIRT         RIDES, RUNS & WALKS, (4) GRANT PRESENTATIONS (5) ONLINE SOC         ENGAGEMENT.         (Code:)(Expenses \$1,345,671. including grants of \$375,402. ) (Revenue \$         CAF IDAHO - PROVIDES UNPARALLELED SPORT AND RECREATIONAL OP         AND SUPPORT TO ALL PERMANENTLY DISABLED RESIDENTS OF IDAHO.         GRANTS FOR ADAPTIVE SPORTS EQUIPMENT, COACHING, AND COMPETIT	MMUNITY & RUN, SJ AND TOUR PROGRAM UAL GROUP IAL MEDIA PORTUNITI THROUGH TION	DE
	OVER 200 CHALLENGED ATHLETES AND 1000 FUNDRAISERS AT OUR COL         CHALLENGE WEEKEND. HIGHLIGHTS INCLUDED: : (1) KIDS FUN ROLL         DIEGO TRIATHLON CHALLENGE, METRIC CENTURY CYCLING, 5K, YOGA         COVE STATIONARY CYCLING EVENTS (2) CELEBRATION OF ABILITIES         SHOWCASING ALL THE AMAZING EVENTS AND PARTICIPANTS (3) VIRT         RIDES, RUNS & WALKS, (4) GRANT PRESENTATIONS (5) ONLINE SOC         ENGAGEMENT.         (Code:)(Expenses \$1,345,671. including grants of \$375,402.) (Revenue \$         CAF IDAHO - PROVIDES UNPARALLELED SPORT AND RECREATIONAL OP         AND SUPPORT TO ALL PERMANENTLY DISABLED RESIDENTS OF IDAHO.         GRANTS FOR ADAPTIVE SPORTS EQUIPMENT, COACHING, AND COMPETITE         EXPENSES AS WELL AS SPORTS PROGRAMMING , CAF-IDAHO IS UNLEAD	MMUNITY & RUN, SJ AND TOUR PROGRAM UAL GROUP IAL MEDIA PORTUNITI THROUGH TION SHING	DE
4c	OVER 200 CHALLENGED ATHLETES AND 1000 FUNDRAISERS AT OUR CON CHALLENGE WEEKEND. HIGHLIGHTS INCLUDED: : (1) KIDS FUN ROLL DIEGO TRIATHLON CHALLENGE, METRIC CENTURY CYCLING, 5K, YOGA COVE STATIONARY CYCLING EVENTS (2) CELEBRATION OF ABILITIES SHOWCASING ALL THE AMAZING EVENTS AND PARTICIPANTS (3) VIRT RIDES, RUNS & WALKS, (4) GRANT PRESENTATIONS (5) ONLINE SOC ENGAGEMENT. (Code:)(Expenses \$ 1,345,671. including grants of \$ 375,402.) (Revenue \$) CAF IDAHO - PROVIDES UNPARALLELED SPORT AND RECREATIONAL OP AND SUPPORT TO ALL PERMANENTLY DISABLED RESIDENTS OF IDAHO. GRANTS FOR ADAPTIVE SPORTS EQUIPMENT, COACHING, AND COMPETIT EXPENSES AS WELL AS SPORTS PROGRAMMING , CAF-IDAHO IS UNLEA ATHLETIC POTENTIAL AND GIVING PEOPLE WITH PHYSICAL DISABILIT	MMUNITY & RUN, SJ AND TOUR PROGRAM UAL GROUP IAL MEDIA PORTUNITI THROUGH TION SHING	DE
4c	OVER 200 CHALLENGED ATHLETES AND 1000 FUNDRAISERS AT OUR COL         CHALLENGE WEEKEND. HIGHLIGHTS INCLUDED: : (1) KIDS FUN ROLL         DIEGO TRIATHLON CHALLENGE, METRIC CENTURY CYCLING, 5K, YOGA         COVE STATIONARY CYCLING EVENTS (2) CELEBRATION OF ABILITIES         SHOWCASING ALL THE AMAZING EVENTS AND PARTICIPANTS (3) VIRT         RIDES, RUNS & WALKS, (4) GRANT PRESENTATIONS (5) ONLINE SOC         ENGAGEMENT.         (Code:)(Expenses \$1,345,671. including grants of \$375,402.) (Revenue \$         CAF IDAHO - PROVIDES UNPARALLELED SPORT AND RECREATIONAL OP         AND SUPPORT TO ALL PERMANENTLY DISABLED RESIDENTS OF IDAHO.         GRANTS FOR ADAPTIVE SPORTS EQUIPMENT, COACHING, AND COMPETITE         EXPENSES AS WELL AS SPORTS PROGRAMMING , CAF-IDAHO IS UNLEAD	MMUNITY & RUN, SJ AND TOUR PROGRAM UAL GROUP IAL MEDIA PORTUNITI THROUGH TION SHING	DE
4c	OVER 200 CHALLENGED ATHLETES AND 1000 FUNDRAISERS AT OUR CON CHALLENGE WEEKEND. HIGHLIGHTS INCLUDED: : (1) KIDS FUN ROLL DIEGO TRIATHLON CHALLENGE, METRIC CENTURY CYCLING, 5K, YOGA COVE STATIONARY CYCLING EVENTS (2) CELEBRATION OF ABILITIES SHOWCASING ALL THE AMAZING EVENTS AND PARTICIPANTS (3) VIRT RIDES, RUNS & WALKS, (4) GRANT PRESENTATIONS (5) ONLINE SOC ENGAGEMENT. (Code:)(Expenses \$ 1,345,671. including grants of \$ 375,402.) (Revenue \$) CAF IDAHO - PROVIDES UNPARALLELED SPORT AND RECREATIONAL OP AND SUPPORT TO ALL PERMANENTLY DISABLED RESIDENTS OF IDAHO. GRANTS FOR ADAPTIVE SPORTS EQUIPMENT, COACHING, AND COMPETIT EXPENSES AS WELL AS SPORTS PROGRAMMING , CAF-IDAHO IS UNLEA ATHLETIC POTENTIAL AND GIVING PEOPLE WITH PHYSICAL DISABILIT	MMUNITY & RUN, SJ AND TOUR PROGRAM UAL GROUP IAL MEDIA PORTUNITI THROUGH TION SHING	DE
	OVER 200 CHALLENGED ATHLETES AND 1000 FUNDRAISERS AT OUR CON CHALLENGE WEEKEND. HIGHLIGHTS INCLUDED: : (1) KIDS FUN ROLL DIEGO TRIATHLON CHALLENGE, METRIC CENTURY CYCLING, 5K, YOGA COVE STATIONARY CYCLING EVENTS (2) CELEBRATION OF ABILITIES SHOWCASING ALL THE AMAZING EVENTS AND PARTICIPANTS (3) VIRT RIDES, RUNS & WALKS, (4) GRANT PRESENTATIONS (5) ONLINE SOC ENGAGEMENT. (Code:)(Expenses \$ 1,345,671. including grants of \$ 375,402.) (Revenue \$) CAF IDAHO - PROVIDES UNPARALLELED SPORT AND RECREATIONAL OP AND SUPPORT TO ALL PERMANENTLY DISABLED RESIDENTS OF IDAHO. GRANTS FOR ADAPTIVE SPORTS EQUIPMENT, COACHING, AND COMPETIT EXPENSES AS WELL AS SPORTS PROGRAMMING , CAF-IDAHO IS UNLEA ATHLETIC POTENTIAL AND GIVING PEOPLE WITH PHYSICAL DISABILIT	MMUNITY & RUN, SJ AND TOUR PROGRAM UAL GROUP IAL MEDIA PORTUNITI THROUGH TION SHING	DE
4c	OVER 200 CHALLENGED ATHLETES AND 1000 FUNDRAISERS AT OUR CON CHALLENGE WEEKEND. HIGHLIGHTS INCLUDED: : (1) KIDS FUN ROLL DIEGO TRIATHLON CHALLENGE, METRIC CENTURY CYCLING, 5K, YOGA COVE STATIONARY CYCLING EVENTS (2) CELEBRATION OF ABILITIES SHOWCASING ALL THE AMAZING EVENTS AND PARTICIPANTS (3) VIRT RIDES, RUNS & WALKS, (4) GRANT PRESENTATIONS (5) ONLINE SOC ENGAGEMENT. (Code:)(Expenses \$ 1,345,671. including grants of \$ 375,402.) (Revenue \$) CAF IDAHO - PROVIDES UNPARALLELED SPORT AND RECREATIONAL OP AND SUPPORT TO ALL PERMANENTLY DISABLED RESIDENTS OF IDAHO. GRANTS FOR ADAPTIVE SPORTS EQUIPMENT, COACHING, AND COMPETIT EXPENSES AS WELL AS SPORTS PROGRAMMING , CAF-IDAHO IS UNLEA ATHLETIC POTENTIAL AND GIVING PEOPLE WITH PHYSICAL DISABILIT	MMUNITY & RUN, SJ AND TOUR PROGRAM UAL GROUP IAL MEDIA PORTUNITI THROUGH TION SHING	DE
4c	OVER 200 CHALLENGED ATHLETES AND 1000 FUNDRAISERS AT OUR CON CHALLENGE WEEKEND. HIGHLIGHTS INCLUDED: : (1) KIDS FUN ROLL DIEGO TRIATHLON CHALLENGE, METRIC CENTURY CYCLING, 5K, YOGA COVE STATIONARY CYCLING EVENTS (2) CELEBRATION OF ABILITIES SHOWCASING ALL THE AMAZING EVENTS AND PARTICIPANTS (3) VIRT RIDES, RUNS & WALKS, (4) GRANT PRESENTATIONS (5) ONLINE SOC ENGAGEMENT. (Code:)(Expenses \$ 1,345,671. including grants of \$ 375,402.) (Revenue \$) CAF IDAHO - PROVIDES UNPARALLELED SPORT AND RECREATIONAL OP AND SUPPORT TO ALL PERMANENTLY DISABLED RESIDENTS OF IDAHO. GRANTS FOR ADAPTIVE SPORTS EQUIPMENT, COACHING, AND COMPETIT EXPENSES AS WELL AS SPORTS PROGRAMMING , CAF-IDAHO IS UNLEA ATHLETIC POTENTIAL AND GIVING PEOPLE WITH PHYSICAL DISABILIT	MMUNITY & RUN, SJ AND TOUR PROGRAM UAL GROUP IAL MEDIA PORTUNITI THROUGH TION SHING	DE
4c	OVER 200 CHALLENGED ATHLETES AND 1000 FUNDRAISERS AT OUR CON CHALLENGE WEEKEND. HIGHLIGHTS INCLUDED: : (1) KIDS FUN ROLL DIEGO TRIATHLON CHALLENGE, METRIC CENTURY CYCLING, 5K, YOGA COVE STATIONARY CYCLING EVENTS (2) CELEBRATION OF ABILITIES SHOWCASING ALL THE AMAZING EVENTS AND PARTICIPANTS (3) VIRT RIDES, RUNS & WALKS, (4) GRANT PRESENTATIONS (5) ONLINE SOC ENGAGEMENT. (Code:)(Expenses \$ 1,345,671. including grants of \$ 375,402.) (Revenue \$) CAF IDAHO - PROVIDES UNPARALLELED SPORT AND RECREATIONAL OP AND SUPPORT TO ALL PERMANENTLY DISABLED RESIDENTS OF IDAHO. GRANTS FOR ADAPTIVE SPORTS EQUIPMENT, COACHING, AND COMPETIT EXPENSES AS WELL AS SPORTS PROGRAMMING , CAF-IDAHO IS UNLEA ATHLETIC POTENTIAL AND GIVING PEOPLE WITH PHYSICAL DISABILIT	MMUNITY & RUN, SJ AND TOUR PROGRAM UAL GROUP IAL MEDIA PORTUNITI THROUGH TION SHING	DE
4c	OVER 200 CHALLENGED ATHLETES AND 1000 FUNDRAISERS AT OUR CON CHALLENGE WEEKEND. HIGHLIGHTS INCLUDED: : (1) KIDS FUN ROLL DIEGO TRIATHLON CHALLENGE, METRIC CENTURY CYCLING, 5K, YOGA COVE STATIONARY CYCLING EVENTS (2) CELEBRATION OF ABILITIES SHOWCASING ALL THE AMAZING EVENTS AND PARTICIPANTS (3) VIRT RIDES, RUNS & WALKS, (4) GRANT PRESENTATIONS (5) ONLINE SOC ENGAGEMENT. (Code:)(Expenses \$ 1,345,671. including grants of \$ 375,402.) (Revenue \$) CAF IDAHO - PROVIDES UNPARALLELED SPORT AND RECREATIONAL OP AND SUPPORT TO ALL PERMANENTLY DISABLED RESIDENTS OF IDAHO. GRANTS FOR ADAPTIVE SPORTS EQUIPMENT, COACHING, AND COMPETIT EXPENSES AS WELL AS SPORTS PROGRAMMING , CAF-IDAHO IS UNLEA ATHLETIC POTENTIAL AND GIVING PEOPLE WITH PHYSICAL DISABILIT	MMUNITY & RUN, SJ AND TOUR PROGRAM UAL GROUP IAL MEDIA PORTUNITI THROUGH TION SHING	DE
	OVER 200 CHALLENGED ATHLETES AND 1000 FUNDRAISERS AT OUR CO CHALLENGE WEEKEND. HIGHLIGHTS INCLUDED: : (1) KIDS FUN ROLL DIEGO TRIATHLON CHALLENGE, METRIC CENTURY CYCLING, 5K, YOGA COVE STATIONARY CYCLING EVENTS (2) CELEBRATION OF ABILITIES SHOWCASING ALL THE AMAZING EVENTS AND PARTICIPANTS (3) VIRT RIDES, RUNS & WALKS, (4) GRANT PRESENTATIONS (5) ONLINE SOC ENGAGEMENT. (Code:)(Expenses \$	MMUNITY & RUN, SJ AND TOUR PROGRAM UAL GROUP IAL MEDIA PORTUNITI THROUGH TION SHING	DE
	OVER 200 CHALLENGED ATHLETES AND 1000 FUNDRAISERS AT OUR CONCLALLENGE WEEKEND. HIGHLIGHTS INCLUDED: : (1) KIDS FUN ROLL         DIEGO TRIATHLON CHALLENGE, METRIC CENTURY CYCLING, 5K, YOGA         COVE STATIONARY CYCLING EVENTS (2) CELEBRATION OF ABILITIES         SHOWCASING ALL THE AMAZING EVENTS AND PARTICIPANTS (3) VIRT         RIDES, RUNS & WALKS, (4) GRANT PRESENTATIONS (5) ONLINE SOC         ENGAGEMENT.         (code:)(Expenses1,345,671. including grants of \$375,402.) (Revenue \$         CAF IDAHO - PROVIDES UNPARALLELED SPORT AND RECREATIONAL OP         AND SUPPORT TO ALL PERMANENTLY DISABLED RESIDENTS OF IDAHO.         GRANTS FOR ADAPTIVE SPORTS EQUIPMENT, COACHING, AND COMPETITEXPENSES AS WELL AS SPORTS PROGRAMMING, CAF-IDAHO IS UNLEA         ATHLETIC POTENTIAL AND GIVING PEOPLE WITH PHYSICAL DISABILIT         TO GET BACK INTO THE GAME OF LIFE THROUGH SPORT.         Other program services (Describe on Schedule 0.)	MMUNITY & RUN, SJ AND TOUR PROGRAM UAL GROUP IAL MEDIA PORTUNITI THROUGH TION SHING	DE
4d	OVER 200 CHALLENGED ATHLETES AND 1000 FUNDRAISERS AT OUR CONCLALLENGE WEEKEND. HIGHLIGHTS INCLUDED: : (1) KIDS FUN ROLL         DIEGO TRIATHLON CHALLENGE, METRIC CENTURY CYCLING, 5K, YOGA         COVE STATIONARY CYCLING EVENTS (2) CELEBRATION OF ABILITIES         SHOWCASING ALL THE AMAZING EVENTS AND PARTICIPANTS (3) VIRT         RIDES, RUNS & WALKS, (4) GRANT PRESENTATIONS (5) ONLINE SOC         ENGAGEMENT.         (code:)(Expenses1,345,671. including grants of \$375,402.) (Revenue \$         CAF IDAHO - PROVIDES UNPARALLELED SPORT AND RECREATIONAL OP         AND SUPPORT TO ALL PERMANENTLY DISABLED RESIDENTS OF IDAHO.         GRANTS FOR ADAPTIVE SPORTS EQUIPMENT, COACHING, AND COMPETINEXPENSES AS WELL AS SPORTS PROGRAMMING, CAF-IDAHO IS UNLEAA         ATHLETIC POTENTIAL AND GIVING PEOPLE WITH PHYSICAL DISABILIT         TO GET BACK INTO THE GAME OF LIFE THROUGH SPORT.         Other program services (Describe on Schedule 0.)         (Expenses \$ 1,925,794. including grants of \$ 1,146,166.) (Revenue \$ 1,925,794. including grants of \$ 1,146,166.) (Revenue \$ 1,125.	MMUNITY & RUN, SJ AND TOUR PROGRAM UAL GROUP IAL MEDIA PORTUNITI THROUGH TION SHING	DE
	OVER 200 CHALLENGED ATHLETES AND 1000 FUNDRAISERS AT OUR CONCLALLENGE WEEKEND. HIGHLIGHTS INCLUDED: : (1) KIDS FUN ROLL         DIEGO TRIATHLON CHALLENGE, METRIC CENTURY CYCLING, 5K, YOGA         COVE STATIONARY CYCLING EVENTS (2) CELEBRATION OF ABILITIES         SHOWCASING ALL THE AMAZING EVENTS AND PARTICIPANTS (3) VIRT         RIDES, RUNS & WALKS, (4) GRANT PRESENTATIONS (5) ONLINE SOC         ENGAGEMENT.         (code:)(Expenses1,345,671. including grants of \$375,402.) (Revenue \$         CAF IDAHO - PROVIDES UNPARALLELED SPORT AND RECREATIONAL OP         AND SUPPORT TO ALL PERMANENTLY DISABLED RESIDENTS OF IDAHO.         GRANTS FOR ADAPTIVE SPORTS EQUIPMENT, COACHING, AND COMPETITEXPENSES AS WELL AS SPORTS PROGRAMMING, CAF-IDAHO IS UNLEA         ATHLETIC POTENTIAL AND GIVING PEOPLE WITH PHYSICAL DISABILIT         TO GET BACK INTO THE GAME OF LIFE THROUGH SPORT.         Other program services (Describe on Schedule 0.)	MMUNITY & RUN, SA AND TOUR PROGRAM UAL GROUP IAL MEDIA PORTUNITIA THROUGH TION SHING TIES A WAA )	DE ES Y
4d 4e	OVER 200 CHALLENGED ATHLETES AND 1000 FUNDRAISERS AT OUR CONCLALLENGE WEEKEND. HIGHLIGHTS INCLUDED: : (1) KIDS FUN ROLL         DIEGO TRIATHLON CHALLENGE, METRIC CENTURY CYCLING, 5K, YOGA         COVE STATIONARY CYCLING EVENTS (2) CELEBRATION OF ABILITIES         SHOWCASING ALL THE AMAZING EVENTS AND PARTICIPANTS (3) VIRT         RIDES, RUNS & WALKS, (4) GRANT PRESENTATIONS (5) ONLINE SOC         ENGAGEMENT.         (code:)(Expenses1,345,671. including grants of \$375,402.) (Revenue \$         CAF IDAHO - PROVIDES UNPARALLELED SPORT AND RECREATIONAL OP         AND SUPPORT TO ALL PERMANENTLY DISABLED RESIDENTS OF IDAHO.         GRANTS FOR ADAPTIVE SPORTS EQUIPMENT, COACHING, AND COMPETINEXPENSES AS WELL AS SPORTS PROGRAMMING, CAF-IDAHO IS UNLEAA         ATHLETIC POTENTIAL AND GIVING PEOPLE WITH PHYSICAL DISABILIT         TO GET BACK INTO THE GAME OF LIFE THROUGH SPORT.         Other program services (Describe on Schedule 0.)         (Expenses \$ 1,925,794. including grants of \$ 1,146,166.) (Revenue \$ 1,925,794. including grants of \$ 1,146,166.) (Revenue \$ 1,125.	MMUNITY & RUN, SA AND TOUR PROGRAM UAL GROUP IAL MEDIA PORTUNITIA THROUGH TION SHING TIES A WAA )	DE

<b>—</b>	000	(0000)
⊢orm	990	(2023)

Form 990 (2023) CHALLENGED ATHLETES, INC.
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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part 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, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u>X</u>
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		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		<u>X</u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			v
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		v	
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
_	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	11a	х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11a	- 23	
U		11b	х	
c	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
U	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		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			37
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to		v	
4-	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,	4-		х
40	column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	10	х	
19	1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"	18	- 23	
19		19		х
20a	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>	21		х
332003	12-21-23		990	(2023)

3

332003 12-21-23

Form	990	(2023)
FUIII	330	(2023)

			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	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes, " complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L. Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		x
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? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in noncash 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		x
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		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
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	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х
	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 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pa			-	-
	Check if Schedule O contains a response or note to any line in this Part V			
		_	Yes	No

1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	140			
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0			
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming					
(gambling) winnings to prize winners?			1c		
332004 12-21-23			Form	990	(2023)

332004 12-21-23

Form	990 (2023) CHALLENGED ATHLETES, INC.		33-0739	596	Р	<sub>age</sub> 5
Par						
					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	34			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	าร?	•	2b	Х	
				3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a					
	financial account in a foreign country (such as a bank account, securities account, or other financial a			4a		x
b	If "Yes," enter the name of the foreign country					
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	coun	ts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		x
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac			5b		x
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		<u> </u>
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					<u> </u>
Ua				6a		x
h				00		
b	If "Yes," did the organization include with every solicitation an express statement that such contribution were not tax deductible?		gins	Ch		
-	were not tax deductible?			6b		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).		usuidad ta tha navan0		Х	
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser			7a	X	<u> </u>
			• •	7b	~	<u> </u>
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			_		v
_	to file Form 8282?		I	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	7d				37
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		t?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f 7g		x
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?					<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza			7h		
8	8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the					
	sponsoring organization have excess business holdings at any time during the year?					
9	9 Sponsoring organizations maintaining donor advised funds.					
				9a		<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:	I	1			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
	Section 501(c)(12) organizations. Enter:	1	1			
	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
с	Enter the amount of reserves on hand	13c				
				14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul	e O		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner					
	excess parachute payment(s) during the year?			15		X
	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	incor	ne?	16		X
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivities	5			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		1
	If "Yes," complete Form 6069.					
332005	12-21-23			Form	990	(2023)
	_					. /

## 11451205 163675 16500.000

Form 990	(2023)
----------	--------

#### CHALLENGED ATHLETES, INC.

X

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

Check if Schedule O contains a res	ponse or note to an	y line in this Part VI	

Sec	tion 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	18					
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.							
b	Enter the number of voting members included on line 1a, above, who are independent	1b	16					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with any other	ſ					
	officer, director, trustee, or key employee?			2	Х			
3	Did the organization delegate control over management duties customarily performed by or under the	e direct supervi	sion					
	of officers, directors, trustees, or key employees to a management company or other person?			3		X		
4	Did the organization make any significant changes to its governing documents since the prior Form 99	90 was filed?		4		X		
5	Did the organization become aware during the year of a significant diversion of the organization's asse	ets?		5		X		
6	6 Did the organization have members or stockholders?							
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point 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, ste	ockholders, 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	r by the following	g:					
а	The governing body?			8a	Х			
b	Each committee with authority to act on behalf of the governing body?			8b	Х			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched at the						
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		X		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	venue Code.)						
					Yes			
10a	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 cha	apters, affiliate	s,					
	and branches to ensure their operations are consistent with the organization's exempt purposes? $\dots$			10b		<u> </u>		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	/ before filing th	ne form?	11a	Х			
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	<u> </u>		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	х			
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	'es," describe						
	on Schedule O how this was done			12c	X	<u> </u>		
13	Did the organization have a written whistleblower policy?			13	X			
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	l by independe	nt					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official			15a	X			
b	Other officers or key employees of the organization			15b	Х			
	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 arrangem	nent with a				77		
	taxable entity during the year?			16a		X		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat		on					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi							
800	exempt status with respect to such arrangements?			16b		<u> </u>		
	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed <u>CA</u>							
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an	ia 990-1 (sectio	s(3)(3)דעכ חמ	only) a	availat	SIE		
	for public inspection. Indicate how you made these available. Check all that apply.							
	X Own website X Another's website X Upon request Other (explain	on Schedule C	リ					

19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial
	statements available to the public during the tax year.

20	State the name, addre	ss, and telephon	ne number of the pe	rson who	possesses the organiza	tion's books and records
	LORRIE HALL	- 858-22	10-3510		-	
	9591 WAPLES	STREET,	SAN DIEGO	, CA	92121	

332006	12-21-23

6 2023.05000 CHALLENGED ATHLETES, INC. 16500.01

Form **990** (2023)

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A)	(B)	(C)					(D)	(E)	(F)	
Name and title	Average	(do	not cl	Pos			ne	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	rson i	s both	n an	compensation	compensation	amount of
	week		cer an	aad	Irecto	r/trus	tee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for related	e or di	ee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/	from the
	organizations	rustee	l trus		ee	npen		1099-NEC)	1099-NEC)	organization and related
	below	dual ti	ıtiona		nploy	st cor yee	-	1000 NEO		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizatione
(1) KRISTINE ENTWISTLE	45.00									
CHIEF EXECUTIVE OFFICER				х				190,487.	Ο.	7,074.
(2) KARA STERNER	45.00									
CHIEF MARKETING OFFICER						Х		156,403.	0.	11,116.
(3) DOUG OLSON	45.00									
SR DIRECTOR OF NE REGION						X		145,213.	0.	15,818.
(4) LORRAINE HALL	45.00									
CHIEF FINANCIAL OFFICER				Х				137,907.	0.	16,900.
(5) SUSAN BUTLER	45.00									
DEVELOPMENT DIRECTOR NORCAL						X		104,647.	0.	18,344.
(6) PATRICK LAWRENCE	45.00									
CHIEF PROGRAMS OFFICER						X		118,625.	0.	4,171.
(7) BOB BABBITT	1.00									
VICE PRESIDENT & FOUNDER		Х		Х				62,325.	0.	14,700.
(8) VIRGINIA TINLEY	45.00									
CHIEF LEGACY OFFICER	1.00			Х				64,500.	0.	1,935.
(9) RICK KOZLOWSKI	1.00								•	•
FOUNDER	1 00	X		Х				0.	0.	0.
(10) DEAN ROEPER	1.00								•	•
SECRETARY	1 00	X		Х				0.	0.	0.
(11) JEFFREY ESSAKOW	1.00								•	•
PRESIDENT & FOUNDER	1.00	Х		Х				0.	0.	0.
(12) ROGER QUARLES	1.00								•	•
MEMBER	1 0 0	X						0.	0.	0.
(13) SWAN PAIK	1.00	37						0	0	0
MEMBER	1 0 0	Х						0.	0.	0.
(14) ALAN SHANKEN	1.00	77						0	0	0
MEMBER	1 0 0	Х						0.	0.	0.
(15) JOHN PIZZI	1.00	77						0.	0.	0
MEMBER	1 00	Х						0.	0.	0.
(16) TABI KING	1.00	х						0.	0.	0
MEMBER (17) LOTTE TOFTDAHL	1.00	~				-		0.	0.	0.
(17) LOTTE TOFTDARL MEMBER	L . 00	х						0.	0.	0.
332007 12-21-23	1	Λ				I		. 0.	0.	Form <b>990</b> (2023)

332007 12-21-23

Form 990 (2023)

Form 990 (2023) CHALLENGE	ED ATHLE	TE	s,	I	NC	•			33-0739	9596 Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	ploy	ees,	anc	l Hig	ghes	t C	ompensated Employee	s (continued)	
(A) Name and title	<b>(B)</b> Average hours per week	box	not cł , unles	Pos heck i ss per	rson i	) than c s both pr/trust	an	<b>(D)</b> Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	(W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(18) JEFF JACOBS MEMBER	1.00	x						0.	0.	0.
(19) DAVID SAMSON	1.00									
MEMBER	1 0 0	Х						0.	0.	0.
(20) DAVID JOCHIM MEMBER	1.00	x						0.	0.	0.
(21) DANNY GABRIEL	1.00									
MEMBER (22) CHAD MERRIWEATHER	1.00	Х						0.	0.	0.
MEMBER	1.00	х						0.	0.	0.
(23) NICOLE LUDWIG	1.00									
MEMBER (24) SCOTT STACKMAN	1.00	X						0.	0.	0.
MEMBER	1.00	х						0.	0.	0.
		-								
		-								
1b Subtotal								980,107.	0.	
c Total from continuation sheets to Part VI <u>d</u> Total (add lines 1b and 1c)								0.980,107.	0.	
2 Total number of individuals (including but n										
compensation from the organization										6 Yes No
<b>3</b> Did the organization list any <b>former</b> officer,	director, truste	ee, k	key e	mpl	oyee	e, or	hig	hest compensated empl	loyee on	
line 1a? If "Yes," complete Schedule J for s										3 X
4 For any individual listed on line 1a, is the su and related organizations greater than \$150	-		-					-	-	4 X
5 Did any person listed on line 1a receive or a	ccrue compen	Isati	on fr	om	any	unre	late	ed organization or individ	dual for services	
rendered to the organization? If "Yes," com Section B. Independent Contractors	plete Schedule	e J fo	or su	ich į	oers	on .				5 X
1 Complete this table for your five highest con the organization. Report compensation for t	-									ation from
(A)	ine calendar ye			iy w				(B)		(C)
Name and business	address							Description of s	ervices	Compensation
DREAM SHARE PROJECT, LLC 1645 LYMAN PLACE, LOS ANG	ELES. C	А	90	02	7			VIDEOGRAPHY		134,000.
NY TENT, LLC	, .			<u> </u>				122001111		
110 WILBUR PLACE, BOHEMIA	. <u>, NY 11</u>	71	6					EVENTS		116,248.
2 Total number of independent contractors (ir	ncludina but na	ot lin	nited	to t	thos	se lis	ted	above) who received mo	ore than	
\$100,000 of compensation from the organiz	•				2					
										Form <b>990</b> (2023)

332008 12-21-23

			2023) CHALLENGED	ATHLE	TES, I	INC.		33-0739	596 Page <b>9</b>
Pa	rt \	/111	Statement of Revenue						
			Check if Schedule O contains a respor	nse or note	e to any lin			(-)	(=)
						<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
S S	1	а	Federated campaigns 1a						
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues 1b						
, D O U O		с	Fundraising events 1c	8,4	444,195.				
ar A			Related organizations 1d						
s, o linil		е	Government grants (contributions) 1e	2	269,637.				
tion S		f	All other contributions, gifts, grants, and						
ibu			similar amounts not included above 1f		364,981.				
ontr of C		g	Noncash contributions included in lines 1a-1f	1,8	350,965.				
<u>a ŭ</u>		h	Total. Add lines 1a-1f			17,578,813.			
	_				ness Code 099	205 057	205 057		
Program Service Revenue	2	а	ENTRY FEES		099	295,057.	295,057.		
erv ue		b							
ven S		c d							
gra Re		u e							
Pro			All other program service revenue	_					
		' a	Total. Add lines 2a-2f			295,057.			
	3		Investment income (including dividends, in						
			other similar amounts)			82,301.			82,301.
	4		Income from investment of tax-exempt bor						
	5		Royalties						
			(i) Real		Personal				
	6	а	Gross rents 6a						
		b	Less: rental expenses 6b						
		С	Rental income or (loss) 6c						
			Net rental income or (loss)						
	7	а	Gross amount from sales of (i) Securiti	ies (II)	) Other				
			assets other than inventory <b>7a</b>						
Ð		b	Less: cost or other basis						
evenue		~	and sales expenses 7b Gain or (loss) 7c						
eve			Gain or (loss) 7c Net gain or (loss)						
Other Re	٥		Gross income from fundraising events (not						
đ	Ŭ	u	including \$ 8,444,195. of						
Ũ			contributions reported on line 1c). See						
			Part IV, line 18	8a 2,6	518,519.				
		b	Less: direct expenses	<b>8b</b> <sup>3</sup> , <sup>9</sup>	925,017.				
		с	Net income or (loss) from fundraising event	t <u>s</u>		-1,306,498.			-1306498.
	9	а	Gross income from gaming activities. See						
			,	9a					
			Less: direct expenses	9b					
			Net income or (loss) from gaming activities	;					
	10	а	Gross sales of inventory, less returns		10 514				
		Ŀ.		10a	10,514.				
			<b>J</b>	10b		10,514.			10,514.
		C	Net income or (loss) from sales of inventory		ness Code	10,514.			10,514.
sn	11	а							
neo	• •	a b		-					
Miscellaneous Revenue		c		-					
Be			All other revenue						
Σ			Total. Add lines 11a-11d						
	12		Total revenue. See instructions			16,660,187.	295,057.	0.	-1213683.
33200	9 12	-21-							Form <b>990</b> (2023)

332009 12-21-23

Page **9** 

33-0739596

CHALLENGED ATHLETES, INC. Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a respon	ise or note to any line in	this Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	7,004,318.	7,004,318.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	203,325.	203,325.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	543,489.	210,143.	221,852.	111,494.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,713,557.	1,866,480.	138,508.	708,569.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	75,106.	47,255.	8,502.	19,349.
9	Other employee benefits	224,784.	141,429.	25,447.	57,908.
10	Payroll taxes	251,097.	160,770.	27,575.	62,752.
11	Fees for services (nonemployees):				
а	Management				
	Legal	21,252.	15,939.	1,063.	4,250.
	Accounting	42,595.	31,946.	2,130.	8,519.
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
-	column (A), amount, list line 11g expenses on Sch 0.)	124,556.	92,927.	4,823.	26,806.
12	Advertising and promotion	547,249.	330,806.		216,443.
13	Office expenses	268,769.	263,586.	483.	4,700.
14	Information technology	182,523.	137,611.	8,216.	36,696.
15	Royalties				
16	Occupancy	258,400.	191,216.	12,920.	54,264.
17	Travel	213,782.	192,751.	2,139.	18,892.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	23,352.	17,514.	1,168.	4,670.
23	Insurance	119,077.	89,757.	5,864.	23,456.
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 0.)				
а	DIDECT DROODAN EXPENSES	788,104.	788,104.	0.	0.
b	SAN DIEGO TRI CHALLENGE	733,356.	733,356.	0.	0.
с	IN KIND BENEFITS	429,026.	301,311.	37,464.	90,251.
d	EVENT EXPENSES	182,682.	0.	0.	182,682.
е	All other expenses	144,320.	54,267.	3,618.	86,435.
25	Total functional expenses. Add lines 1 through 24e	15,094,719.	12,874,811.	501,772.	1,718,136.
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)				
_	g = = = = ( = = = = ,				

11451205 163675 16500.000

Ĺ

Form 990 (2023)

1

2

3

4

5

CHALLENGED ATHLETES, INC. Part X | Balance Sheet

> Check if Schedule O contains a response or note to any line in this Part X **(A)** Beginning of year **(B)** End of year 212,963. 341,725. 1 Cash - non-interest-bearing 2,756,743. 2,803,571. 2 Savings and temporary cash investments 591,000. 0. Pledges and grants receivable, net 3 140,697. 23,963. 4 Accounts receivable, net Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons 478,543. 176,819.

	6	Loans and other receivables from other disquali	ons (as defined				
		under section 4958(f)(1)), and persons described		6			
ŝ	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use			8		
As	9	Prepaid expenses and deferred charges			425,623.	9	478,543.
	10a						
		basis. Complete Part VI of Schedule D	10a	589,808.			
	b	Less: accumulated depreciation	10b	412,989.	200,171.	10c	176,819.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line -	23,515,696.	12	27,965,013.		
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	554,458.	15	344,248.		
	16	Total assets. Add lines 1 through 15 (must equ	27,806,351.	16	32,724,882.		
	17	Accounts payable and accrued expenses			422,390.	17	646,886.
	18	Grants payable			3,857,433.	18	4,793,629.
	19	Deferred revenue			1,002,541.	19	841,920.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	Part IV of	Schedule D		21	
ŝ	22	Loans and other payables to any current or forn	ner officer	, director,			
litie		trustee, key employee, creator or founder, subs	tantial cor	ntributor, or 35%			
Liabilities		controlled entity or family member of any of the	se person	s		22	
Ë	23	Secured mortgages and notes payable to unrela	ated third	parties		23	
	24	Unsecured notes and loans payable to unrelated	d third par	rties		24	
	25	Other liabilities (including federal income tax, pa	yables to	related third			
		parties, and other liabilities not included on lines	s 17-24). C	Complete Part X			
		of Schedule D			554,458.	25	344,248.

		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	554,458.	25	344,248.
	26	Total liabilities. Add lines 17 through 25	5,836,822.	26	6,626,683.
		Organizations that follow FASB ASC 958, check here			
ŝ		and complete lines 27, 28, 32, and 33.			
	27	Net assets without donor restrictions	9,771,870.	27	9,448,641.
Da	28	Net assets with donor restrictions	12,197,659.	28	16,649,558.
2		Organizations that do not follow FASB ASC 958, check here			
		and complete lines 29 through 33.			
5	29	Capital stock or trust principal, or current funds		29	
2012	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Í	31	Retained earnings, endowment, accumulated income, or other funds		31	
L L	32	Total net assets or fund balances	21,969,529.	32	26,098,199.
	33	Total liabilities and net assets/fund balances	27,806,351.	33	32,724,882.

Form 990 (2023)

Forn	m 990 (2023) CHALLENGED ATHLETES, INC.	33-	0739596	Page 12
Pa	art XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>		X
1	Total revenue (must equal Part VIII, column (A), line 12)	. 1	16,660	
2	Total expenses (must equal Part IX, column (A), line 25)	2	15,094	.,719.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,565	,468.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	. 4	21,969	,529.
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain on Schedule O)		2,563	,202.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,			
	column (B))	10	26,098	,199.
Pa	art XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII		·····	
				Yes No
1	Accounting method used to prepare the Form 990: 🗌 Cash 🛛 🔀 Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schec	ule O.		
-				1 37

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

Form 990 (2023)

332012 12-21-23

SCHEDULE A	١
------------	---

Department of the Treasury Internal Revenue Service

(Form 990)

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2023
Open to Public Inspection

1

### Name of the organization

Nam	ne of the organization Employer identification number								
D.				LETES, INC.					3-0739596
Par		Reason for Public (					ee instruction	S.	
	Ŭ	zation is not a private found	•	<b>u</b> .		,			
1		A church, convention of chu				on 170(b)(1	l)(A)(i).		
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)								
3		A hospital or a cooperative							
4		A medical research organize	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)	(iii). Enter	the hospital's name,
_		city, and state:							
5		An organization operated for		lege or university owned	or operation	ed by a go	ivernmental u	nit describe	ed in
•		section 170(b)(1)(A)(iv). (C					<i>(</i> )		
6 - 「		A federal, state, or local gov	-						
1	X	An organization that norma	•	ntial part of its support f	rom a gove	ernmentai	unit or from tr	ie general j	Dudiic described in
•		section 170(b)(1)(A)(vi). (C							
8		A community trust describe				ad in aanii	nation with a	land grant	
9		An agricultural research org				-		-	-
		or university or a non-land-g university:	frank college of agrici			name, city	, and state of	the college	0
10		An organization that norma	Ilv receives (1) more t	than 33 1/3% of its supr	ort from c	ontribution	ns membersh	in fees and	d aross receipts from
10		activities related to its exem							
		income and unrelated busir		-					-
		See section 509(a)(2). (Cor		(					
11		An organization organized a		vely to test for public sa	fety. See	section 50	)9(a)(4).		
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform tl	he functio	ns of, or to ca	rry out the	purposes of one or
		more publicly supported or	ganizations describe	d in section 509(a)(1) d	or section	509(a)(2).	See section &	509(a)(3).	Check the box on
		lines 12a through 12d that	describes the type of	f supporting organization	n and com	plete lines	12e, 12f, and	12g.	
а		Type I. A supporting orga	anization operated, su	upervised, or controlled	by its supp	ported org	anization(s), ty	pically by	giving
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	of the direc	tors or trustee	es of the su	ipporting
		organization. You must c	complete Part IV, Se	ections A and B.					
b		Type II. A supporting org	anization supervised	or controlled in connect	tion with its	s supporte	ed organizatio	n(s), by hav	ving
		control or management o	f the supporting orga	anization vested in the s	ame perso	ns that co	ntrol or manao	ge the supp	ported
		organization(s). You mus	-						
с		Type III functionally inte	• • • •					ly integrate	ed with,
		its supported organization							
d		Type III non-functionally	•					°,	
		that is not functionally int			-		-	an attentiv	reness
		requirement (see instructi		· · · · · · · · · · · · · · · · · · ·					
е		Check this box if the orga					туре і, туре	II, Type III	
	Fata	functionally integrated, or		<i>y</i> <b>o</b> 11	ng organiz	ation.			
		r the number of supported or ride the following information	•	d organization(s)					
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount of	monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	in your governi Yes	No	support (see ir	structions)	support (see instructions)
_	_								
Total									

Schedule	A (Form 990	) 2023
Part II	Suppo	rt Sc

CHALLENGED ATHLETES, INC.

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) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	13937506.	10512393.	15916213.	13816231.	<u>17578813.</u>	71761156.	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
4	0	13937506.	10512393.	15916213.	13816231.	17578813.	71761156.	
5	The portion of total contributions							
	by each person (other than a							
	governmental unit or publicly							
	supported organization) included							
	on line 1 that exceeds 2% of the							
	amount shown on line 11,							
	column (f)						12748146.	
	Public support. Subtract line 5 from line 4.						<u>59013010.</u>	
	tion B. Total Support	1	[	1	1	1		
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
		<u> 1393/506.</u>	10512393.	15916213.	<u>13816231.</u>	<u>µ/5/8813.</u>	/1/61156.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,		C 1 F 2	1.4. 6.4.6	10 001	00.001	400 004	
	and income from similar sources	284,860.	6,153.	14,646.	19,831.	82,301.	407,791.	
9	Net income from unrelated business							
	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)						801 600 48	
11	Total support. Add lines 7 through 10						72168947.	
12	,		,				,302,192.	
13	First 5 years. If the Form 990 is for the	-						
<u> </u>	organization, check this box and sto		-				<u></u>	
	ction C. Computation of Public						01 77	
	Public support percentage for 2023 (I		•	(7)		14	81.77 % 84.99 %	
	Public support percentage from 2022					15		
16a	33 1/3% support test - 2023. If the						37	
	stop here. The organization qualifies		0					
D	33 1/3% support test - 2022. If the order test is a support test - 2022.							
47-	and stop here. The organization qual							
1/a	10% -facts-and-circumstances test							
	and if the organization meets the fact			•		Ū.		
	meets the facts-and-circumstances te	•	•		•			
b	10% -facts-and-circumstances test	-					IU% Or	
	more, and if the organization meets the				• •			
10	organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <b>8 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions							
10	Fivate ioundation. If the organization	IT UIU NOT CHECK A	box on line 13, 16	a, 100, 17a, 0r 17b	o, check this box a			
						Schedule A	(Form 990) 2023	

332022 12-21-23

114	51205	163675	16500.

000

15 2023.05000 CHALLENGED ATHLETES, INC. 16500.01

Schedule A (Form 990) 2023

	qualify under the tests listed be	elow, please com	plete Part II.)						
Se	ction A. Public Support								
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(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 per- formed, 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 bus-								
	incon under contion 512								
4	Tax revenues levied for the organ- ization'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								
ł	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								
	Add lines 7a and 7b						_		
	Public support. (Subtract line 7c from line 6.)								
	••								
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total		
	Amounts from line 6						_		
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources								
k	Unrelated business taxable income								
	(less section 511 taxes) from businesses acquired after June 30, 1975								
	Add lines 10a and 10b								
	Net income from unrelated business activities not included on 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 th	ne organization's f	irst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organiza	tion,		
	check this box and stop here								
Se	ction C. Computation of Publi	c Support Pe	rcentage						
15	Public support percentage for 2023 (li	ine 8, column (f), d	divided by line 13,	column (f))		15	%		
16	Public support percentage from 2022	Schedule A, Part	: III, line 15			16	%		
Se	ction D. Computation of Inves	tment Incom	e Percentage						
17	Investment income percentage for 20	<b>)23</b> (line 10c, colu	mn (f), divided by I	ine 13, column (f))		17	%		
18	Investment income percentage from 2					18	%		
19a	<b>33 1/3% support tests - 2023.</b> If the	organization did				33 1/3%, and line	17 is not		
	more than 33 1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization								
k	• 33 1/3% support tests - 2022. If the	<b>b 33 1/3% support tests - 2022.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization							
k									

INC.

(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

CHALLENGED ATHLETES, INC.

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes No

### Part IV Supporting Organizations

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

## Section A. All Supporting Organizations

- 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.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *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.)

16

332024 12-21-23

Schedule A (Form 990) 2023
----------------------------

CHALLENGED ATHLETES, INC.

1

2

Yes No

Yes No

Pa	rt IV Supporting Organizations (continued)			
			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		
Sec	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> <b>Part VI</b> <i>how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the</i>			

	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
2	Did the organization operate for the benefit of any supported organization other than the supported
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

supervised	. or controlled the supp	porting organization.
Section C. Ty	pe II Supporting	Organizations

Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 1 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 1 the supported organization(s).

Section D. All Type III Supporting Organizations							
1	Did the organization provide to each of its supported organizations, by the last day of the fi						

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? If "Yes," describe in Part VI the role the organization's		
	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	The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions).	

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- Parent of Supported Organizations. Answer lines 3a and 3b below. 3

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. 332025 12-21-23

3b Schedule A (Form 990) 2023

2a

2b

3a

2023.05000 CHALLENGED ATHLETES, INC. 16500.01

17

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		
Sect	tion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	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		
Sect	tion 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	integra	ted Type III supporting orga	inization (see

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

18

Schedule A (Form 990) 2023

(B) Current Year

(optional)

(A) Prior Year

1

2

CHALLENGED ATHLETES, INC.

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( explain in Part VI). See instructions.

Schedule A (Form 990) 2023

All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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

Recoveries of prior-year distributions

Section A - Adjusted Net Income

Net short-term capital gain

1

2

Schedule A (Form 990) 2023 CHALLENGED ATHLETES, INC.
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Fai	i v Type in Non-Functionally integrated 509	allo Supporting Orga	mzauons (continu	<u>led)</u>	
<u>Secti</u>	on D - Distributions				Current Year
_1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	6	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	1		10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2023	าร	(iii) Distributable Amount for 2023
_1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
a	From 2018				
b	From 2019				
C	From 2020				
d	From 2021				
e	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j and 4c.				
8	Breakdown of line 7:				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				
	Excess from 2023				

Schedule A (Form 990) 2023

Schedule A	(Form 990) 2023	CHALLENGED	ATHLETES,	INC.	33-0739596 Page
Part VI	line 1; Part IV, Section D	, lines 2 and 3; Part IV, S	Section E, lines 1c,	2a, 2b, 3a, and 3b	10; Part II, line 17a or 17b; Part III, line 12; IV, Section B, lines 1 and 2; Part IV, Section C, ; Part V, line 1; Part V, Section B, line 1e; Part V, s part for any additional information.
332028 12-21-2	3		20		Schedule A (Form 990) 202

#### \*\* PUBLIC DISCLOSURE COPY \*\*

## **Schedule of Contributors**

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

Employer identification number

33-0739596

Section:
∑ 501(c)( 3 ) (enter number) organization
4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
527 political organization
501(c)(3) exempt private foundation
4947(a)(1) nonexempt charitable trust treated as a private foundation
501(c)(3) taxable private foundation

INC.

CHALLENGED ATHLETES

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

X 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 for an *exclusively* set is the set in the set is total exclusively religious.

**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).

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



OMB No. 1545-0047

### Schedule B (Form 990)

(FOULD 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

Name of organization

33-0739596

#### CHALLENGED ATHLETES, INC.

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 1 X Person Payroll 3,000,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 2 X Person Payroll 1,420,291. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 Person Payroll 423,464. Noncash X \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 X Person Payroll 710,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

11451205 163675 16500.000

Name of organization

Employer identification number

33-0739596

CHALLENGED ATHLETES, INC.

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
3	SPORTS EQUIPMENT		
(a) No. from Part I	(b) Description of noncash property given	\$ 423,464. (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
		\$	

23

11451205 163675 16500.000

lame of or	rganization	Employer identification numb				
HALLI	ENGED ATHLETES, INC.		33-0739596			
Part III	Exclusively religious, charitable, etc., contrib	(a) through (e) and the following line entry , charitable, etc., contributions of \$1,000 or I	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the ye			
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
Part I						
-		(e) Transfer of gif				
-	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee			
(a) Na						
(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			
Ī		(e) Transfer of gif	ft			
-	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	(e) Transfer of gift					
-	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee			
23454 12-26	-23		Schedule B (Form 990) (2			

24

11451205 163675 16500.000

		Supplementa	I Financial Statements		O	MB No. 1545-	0047
(Form 990) Complete if the organi		Complete if the organ	nization answered "Yes" on Form 990,			202	2
•			11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ttach to Form 990.			Open to Pu	Jublic
	epartment of the Treasury Attach to Form 990. ternal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.					Inspection	
Nam	e of the organizati	on		Emp	loyer iden	tification n	umber
		CHALLENGED ATHLETES				739596	5
Pa		-	I Funds or Other Similar Funds or A	coun	ts. Comp	olete if the	
	organizatio	n answered "Yes" on Form 990, Part IV, line	e 6.				
		_	(a) Donor advised funds	(b) Fun	ds and othe	er accounts	
1	Total number at er	nd of year					
2		f contributions to (during year)					
3	Aggregate value o	f grants from (during year)					
4	Aggregate value a	t end of year					
5	Did the organization	on inform all donors and donor advisors in w	riting that the assets held in donor advised fun	ds			
	are the organization	on's property, subject to the organization's e	exclusive legal control?			Yes	No
6	Did the organization	on inform all grantees, donors, and donor ac	dvisors in writing that grant funds can be used o	only			
	for charitable purp		donor advisor, or for any other purpose confer	•			
Dee	impermissible priv	ate benefit?		<u></u>		Yes	No
Pa		ation Easements. Complete if the org	anization answered "Yes" on Form 990, Part IV	, line 7.			
1	• • • •	servation easements held by the organizatio					
		n of land for public use (for example, recreat	<i>'</i>	,			
		f natural habitat	Preservation of a cert	ified his	storic struct	ture	
_		n of open space					
2			ed conservation contribution in the form of a co	nservat			
	day of the tax year				Held at the	End of the Ta	ax rear
-				2a			
b	-		share in share the second second	2b			
C			cture included on line 2a	2c			
d		vation easements included on line 2c acquir					
~				2d	-l	ha	
3		vation easements modified, transferred, rele	eased, extinguished, or terminated by the organ	ization	during the t	tax	
4	year	where property subject to conservation eas	amont is leasted				
4 5							
5	-	tion have a written policy regarding the peri forcement of the conservation easements it				Yes	No
6	,		holds? nandling of violations, and enforcing conservation				NO
U		a nours devoted to morntoning, inspecting, r		in case		ng the year	
7	Amount of expens	es incurred in monitoring inspecting hand	ing of violations, and enforcing conservation ea	sement	s durina th	e vear	
•	A mount of experie			Sement	o danng tri	o your	
8	Does each conser	 vation easement reported on line 2d above	satisfy the requirements of section 170(h)(4)(B)(	i)			
-		·		,		Yes	No
9			n easements in its revenue and expense staten				
•	-	•	ote to the organization's financial statements th				
		ounting for conservation easements.					
Pa			Art, Historical Treasures, or Other S	Similar	r Assets.		
		f the organization answered "Yes" on Form					
<b>1</b> a	· · · · ·	-	3, not to report in its revenue statement and bal	ance sh	eet works		
	•		lic exhibition, education, or research in furtheral				
		Part XIII the text of the footnote to its finan					
h			3 to report in its revenue statement and balance	e sheet	works of		

art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of p	ublic service,
provide the following amounts relating to these items.	
(i) Revenue included on Form 990, Part VIII, line 1	\$

	09-28-23	. ,
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2023
b	Assets included in Form 990, Part X	\$
а	Revenue included on Form 990, Part VIII, line 1	\$
	the following amounts required to be reported under FASB ASC 958 relating to these items:	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide	le
	(ii) Assets included in Form 990, Part X	\$
	(i) Revenue included on Form 990, Part VIII, line 1	\$

Part III       Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (contrawed)         3       Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection terms (check all that apply). <ul> <li>a</li> <li>Public exhibition</li> <li>b</li> <li>Colloative reserve</li> <li>c</li> <li>D</li> <li>Colloative reserve</li> <li>d</li> <li>Loan or exchange program</li> <li>e</li> <li>D</li> <li>D</li> <li>Colloative reserve</li> <li>D</li> <li>Colloative reserve</li> <li>D</li> <li>Colloative reserve</li> <li>D</li> <li>D</li> <li>Colloative reserve</li> <li>D</li> <lid< li=""> <li>D</li> <li>D</li></lid<></ul>		dule D (Form 990) 2023 CHALLEN	GED ATHLETE	S, INC. Historical Tre	asures or O	ther S	3 Similar /	<u>3-07</u> Assets	<u>39596</u>	Page 2		
collection time (check all that apply).       a       Public schibtion       d       Loan or exchange program         b       Scholarly research       e       Other		•							(Continu	iea)		
a Public exhibition b Scholarly research c Preservation for future generations collections and explain how they further the organization's exempt purpose in Part XIII. c Preserva and Custofial Arrangements Complete the organization's collection?         Yes         No         Part IV         Excove and Custofial Arrangements c One set of the organization answered 'Yes' on Form 990, Part X, line 21, for score and custofial arrangement in Part XIII and complete the following table:         Ves         Xes         No         b d' Yes, 'explain the arrangement in Part XIII and complete the following table:         C         Beginning balance         C         Beginning of year balance         C         Diverse the astimate arrangement         S         C         Diverse the astimate arrangement         S         C         S         C	-			,	iene mig maarma	into orgini						
b       Scholarly research       e       Other         4       Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.       5         5       Using the year, did the organization solicit or receive domations of art, historical treasures, or other similar assets to be solid to raise funds rather than to be maintained as part of the organization answered "Yes" on Form 990, Part IV, line 9, or responded an anount on Form 990, Part X, line 21.       Yes       No         1a       Is the organization angent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 900, Part X, line 21.       Yes       X       No         b       If "Yes," explain the arrangement in Part XIII. Check here if the organization answered "Yes" on Form 900, Part X       Yes       X       No         b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.       Yes       No         b       If Yes, 'acplain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.       Yes       No         b       If Yes, 'acplain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.       Yes       No         b       If Yes, 'acplain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.       Yes (a 2, 37, 35, 36, 2, 32, 37, 36, 2, 32, 37, 36, 36, 2, 32, 37, 36, 36, 32, 37, 35, 36, 2, 32, 37, 36, 36,	а	Public exhibition	d	Loan or exc	hange program							
4 Provide a description of the organization's collections and explain how they further the organization's severed propose in Part XIII.     5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets     to be solid to raise funds rather than to be maintained as part of the organization's collection?     Yes No Part IV Escrow and Custodial Arrangements Complete if the organization answered "Ves" on Form 900, Part IV, line 9, or reported an amount on Form 900, Part X, line 21, for escrow or custodial account liability?     Solid to raise funds rating that the transmement in Part XIII and complete the following table:     C Beginning balance     G Beginning of year balance     G Control Uses     G	b											
5       During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise funds rather than to be maintained as part of the organization's collection?       No         PartIV       Escrow and Custodial Arrangements       Complete if the organization answered "Yes" on Form 990, Part IV, line 5, or reported an amount on Form 990, Part X, line 21.       Yes       No         Is the organization an agent, fustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?       Yes       X       No         b If "Yes," explain the arrangement in Part XIII and complete the following table:       Intermediary for contributions or other assets not included on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         d Additions during the year       Int       Int       Int       Int       Int         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         D if theys, explain the arrangement in Part XII. Check here if the explanation has been provided in Part XIII.       Yes       No         Did the organization answered "Yes"       Int Part Y       Information Part YII.       Information Part YII.       Information Part YII.         a Beginning of year balance       2, 553, 202, -1, 031, 751, 597, 591, 942, 121, 944, 13, 728, 955, 124, 232, 577.       Inty Asset 014, 132, 733, 435, 656, 124, 715	с	c Preservation for future generations										
To be sold for raise funds: rather than to be maintained as part of the organization's collection?         Yes         No           Part IV         Escrow and Custodial Arrangements: Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.         The second of the organization and the organization answered "Yes" on Form 990, Part IV, line 9, or Song Part X, line 21.           1a Is the organization an agent, frustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.         Yes         Xinount           c         Beginning balance         to         Amount         to           d Additions during the year         1d         Id         Id         Id           d Additions during the year         1d         Id         Yes         No           b If 'Yes', explain the arrangement in Part XIII. Check here If the explanation has been provided in Part XII         Part V         Enclowment FundS         No           D If Yes' solain the arrangement in Part XIII. Check here If the explanation has been provided in Part XII         Part V         Enclowment FundS         No           D Orthoutions         60 Orthou years back (di Pint Y)         No         No         No           Controbutions         2, 553, 566.         24, 715, 978.         19, 421, 194.         13, 729, 855.           1a Bagining of year balance         2,	4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.										
Part IV reported an amount on Form 990, Part X, line 21.       Yes       X         1a is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?       Yes       X       No         b If "Yes," explain the arrangement in Part XIII and complete the following table:       Image: Complete intermediary for contributions or other assets not included on Form 990, Part X?       Yes       X       No         b If "Yes," explain the arrangement in Part XIII and complete the following table:       Image: Complete intermediary for contributions or other assets not included on Form 990, Part X.       Image: Complete intermediary for contributions or other assets not included on Form 990, Part X.       Image: Complete intermediary for contributions or other assets not included and more analyzed in the arrangement in Part XIII.       Image: Complete intermediary for assets not include an amount on Form 990, Part X.       Image: Complete intermediary for assets not include an amount on Form 990, Part X.       Image: Complete intermediary for assets not include an amount on Form 990, Part IV.       Image: Complete intermediary for assets not include an amount on Form 990, Part IV.       Image: Complete intermediary for assets not include an amount on Form 990, Part IV.       Image: Complete intermediary for assets not include an amount on Form 990, Part IV.       Image: Complete intermediary for assets not include an amount on Form 990, Part IV.       Image: Complete intermediary for assets not include an amount on Form 990, Part IV.       Image: Complete intermediary for assets not include an amount on Form 990, Part IV.       Image: Complete inter	5											
reported an amount on Form 990, Part X, line 21.         1a       Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 890, Part X         b       If 'Yes,'' explain the arrangement in Part XIII and complete the following table:         c       Beginning balance         d       Additions during the year         e       Eding balance         20       Dit the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b       If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII?       Yes       No         b       If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII?       Yes       No         b       Contributions       3,000,050.       813,700.       5,035,038.       (a),035,08.         a Beginning of year balance       23,515,696.       24,715,978.       19,421,194.       13,729,855.       12,821,797.         b       Contributions       3,000,050.       813,700.       5,035,038.       2,033,160.       2,035,638.       2,033,160.       2,035,638.       2,033,160.       2,035,638.       2,033,160.       2,035,638.       2,033,253.       2,247,5978.       19,421,194.       13,729,855.       <	_									No		
1a       is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?       Yes       X         b       If "Yes," explain the arrangement in Part XIII and complete the following table:       Amount       Image: Complete the following table:       Amount         c       Beginning balance       Image: Complete the following table:       Amount       Image: Complete the following table:       Image: Complete the following table:       Amount       Image: Complete the following table:	Par											
on Form 990, Part X?         Yes         X           b         If Yes, * explain the arrangement in Part XIII and complete the following table:         Amount           c         Beginning balance         1d           d         Additions during the year         1d           e         Distributions during the year         1d           2a         Distributions during the year         1d           e         International and the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.           Part V         Endowment Funds         Complete if the organization answered 'Yes' on Form 990, Part X, line 10.           Part V         Endowment Funds         Complete if the organization answered 'Yes' on Form 990, Part X, line 10.           Part V         Endowment Funds         Complete if the organization answered 'Yes' on Form 990, Part X, line 10.           Part V         Endowment funds         23, 515, 696, 24, 715, 978, 13, 421, 194, 13, 729, 855, 122, 821, 797.           b         Onthibutions         2, 563, 202, 1, 0.10, 765, 139, 02, 0.53, 638, 2, 0.39, 160.           c         Net investment earings, gains, and losse         1, 113, 935, 983, 213, 862, 474, 960, 378, 328, 524.           c         Other expenditures for facilities and programs         1, 3, 000, 0, %           p         End of year balance         27, 965, 013, 23, 515, 696,												
b       If "Yes," explain the arrangement in Part XIII and complete the following table:       Amount         c       Beginning balance       1c         d       Additions during the year       1d         e       Distributions during the year       1d         a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b       If "yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XII       Yes       No         b       If "yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII       The years back       (e) Four years back         1a       Beginning of year balance       22,513,5696, 247,715,978, 19, 421,194, 13,729,853, 22,039,160, 23,513,900, 2,053,638, 2,039,160, 23,538, 2,039,160, 24,513,970, 5,159,900, 2,053,638, 2,039,160, 24,513,970, 5,159,900, 2,053,638, 2,039,160, 24,513,978, 328,536, 4,598,079, 802,578, 308,23,538, 4,598,079, 802,578, 308,23,538, 4,598,079, 802,578, 308,23,538, 4,598,079, 802,578, 308,23,538, 4,598,079, 802,578, 308,23,538, 4,598,079, 802,578, 308,23,538, 4,598,079, 802,578, 308,23,538, 4,598,079, 802,578, 308,23,538, 4,598,079, 802,578, 308,23,538, 4,598,079, 802,578, 308,23,538, 4,598,079, 802,578, 308,23,538, 4,598,079, 802,578, 308,23,538, 4,598,079, 802,578, 308,23,538, 4,598,079, 802,578, 308,23,538, 4,598,079, 802,578, 308,23,538, 4,598,079, 802,578, 308,23,538, 4,598,079, 802,578, 308,23,538,44,598,079, 802,578, 308,23,538,44,598,079, 802,578, 308,23,538,44,598,079, 802,578, 308,23,538,44,598,079, 308,23,538,44,598,079,	1a											
c         Beginning balance         Amount           d         Additions during the year         1d         1d           e         Distributions during the year         1e         1d         1d           2         Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?         Ves         No           2         Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?         Ves         No           Part V         Endowment Funds         Complete if the organization answered "Ves" on Form 990, Part IV, line 10.         13, 729, 855, 12, 821, 797.         19, 421, 194, 13, 729, 855, 12, 821, 797.         2, 053, 638, 2, 039, 160.           C         Net investment earnings, gains, and losses         2, 563, 202, -1, 030, 769, 997, 358, 4, 598, 079, -802, 578.         328, 524.           Other expenditures for facilities         1, 113, 935, 983, 213, 862, 474, 960, 378, 328, 524.         328, 524.           Other expenditures for facilities         27, 965, 013, 23, 515, 696, 24, 715, 978, 19, 421, 194, 13, 729, 855.         29, 865, 013, 23, 515, 696, 24, 715, 978, 19, 421, 194, 13, 729, 855.           Permanet endowment         57, 0000         %         %         %           Permanet endowment         57, 0000         %         %         3a(0) X         3a(0) X         3a(0) X         3a									Yes	X No		
c       Beginning balance       1c       1d         d       Additions during the year       1d       1d         e       Distributions during the year       1e       1f         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b       If 'Yes' explain the arrangement in Part XII. Check here if the explanation has been provided in Part XII       Image: Part V       Endowment Funds       Complete if the explanation has been provided in Part XII         Part V       Endowment Funds       Complete if the explanation has been provided in Part XII       13, 729, 855.       12, 821, 797.         b       Contributions       23, 515, 595.       24, 715, 978.       19, 421, 194.       13, 729, 855.         c       Other expenditures for facilities and programs       1, 113, 335.       983, 213.       862, 474.       960, 378.       328, 524.         e       Other expenditures for facilities and programs       27, 965, 013.       23, 515, 696.       24, 715, 978.       19, 421, 194.       13, 729, 855.         e       The exercatages on lines 2a, 2b, and 2c should equal 100%.       36       Sa       Are there endowment       43.000       %       %       Sa(0)       X       3a(0)       X       3a(0)       X       3a(0	b	If "Yes," explain the arrangement in Part XIII	and complete the foll	owing table:					Amount			
d Additions during the year       1d         e Distributions during the year       1d         1       1         2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b If "Yes," explain the arangement in Part XIII. Check here if the explanation has been provided in Part XIII       Yes       No         b If "Yes," explain the arangement in Part XIII. Check here if the explanation has been provided in Part XIII       Yes       No         1a Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Four years back       (e) Two years back       (e) Four years       (e) Four years       (e) Four years       (e) Fo		De sinsis e la la se							Amount			
e       Distributions during the year       Ie         f       Ending balance       If       If         20       Did the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability?       Yes       No         20       Did the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability?       Yes       No         20       Did the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability?       Yes       No         Part V       Endowment Funds       Complete if the organization answered Yes' on Form 990, Part IV, line 10.       (a) Current year       (b) Prior years       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       3,000,000.       813,700.       5,159,900.       2,053,638.       2,039,160.         1a       Contributions       3,000,000.       813,700.       5,159,900.       2,053,638.       2,039,160.       2,0578.       3,28,524.         1a       Grants or scholarships       1,113,935.       983,213.       862,474.       960,378.       328,524.         1a       Hord year balance       27,965,013.       23,515,696.       24,715,978.       19,421,194.       13,729,855.         2       Provide the ese												
f       Ending balance												
2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         Part V       Endowment Funds       Complete if the organization answered 'Yes' on Form 990, Part K, line 10.       (e) Four years back	-											
b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII         Part V       Endowment Funds       Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1b       Contributions       3,000,050.       813,700.       5,159,900.       2,053,638.       2,039,160.         c       Net investment earnings, gains, and losses       2,563,202.       -1,030,769.       997,358.       4,598,079.       -802,578.         a       Other expenditures for facilities       1,113,935.       983,213.       862,474.       960,378.       328,524.         6       Other expenditures for facilities       1,113,935.       23,515,696.       24,715,978.       19,421,194.       13,729,855.         2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       a Board designated or quasi-endowment       43.0000									Ves	No		
Part V         Endowment Funds         Complete if the organization answered "Yes" on Form 990, Part IV, line 10.           1a         Beginning of year balance         (a) Current year         (b) Prior year         (c) Two years back         (d) Three years back         (e) Four years back           1a         Beginning of year balance         23, 515, 696.         24, 715, 978.         19, 421, 194.         13, 729, 855.         12, 821, 797.           1b         Contributions         3, 000, 050.         813, 700.         5, 159, 900.         2, 053, 638.         2, 033, 630.         2, 033, 630.         2, 033, 630.         2, 033, 630.         2, 033, 630.         2, 033, 630.         2, 033, 630.         2, 033, 630.         2, 033, 630.         2, 033, 630.         2, 033, 630.         2, 033, 630.         2, 033, 630.         2, 033, 630.         2, 033, 630.         2, 033, 630.         2, 033, 630.         2, 033, 630.         2, 033, 630.         2, 033, 630.         2, 033, 630.         2, 033, 630.         2, 033, 630.         2, 033, 630.         2, 033, 630.         2, 033, 630.         2, 033, 630.         2, 033, 630.         2, 033, 630.         2, 033, 630.         2, 033, 630.         2, 033, 630.         2, 033, 630.         2, 033, 630.         2, 033, 630.         2, 033, 630.         2, 033, 630.         2, 033, 630.         2, 033, 630.         2, 033, 630.		-					• ••••••					
(a) Current year         (b) Prior year         (c) Two years back         (d) Three years back         (e) Four years back           1a         Beginning of year balance         23,515,696.         24,715,978.         19,421,194.         13,729,655.         12,821,797.           b         Contributions         3,000,050.         813,700.         5,159,900.         2,053,638.         2,039,160.           c         Additions and losses         2,563,202.         -1,030,769.         997,358.         4,598,079.         -802,578.           d         Grants or scholarships         1,113,935.         983,213.         862,474.         960,378.         328,524.           e         Other expenditures for facilities and programs         1         13,729,855.         19,421,194.         13,729,855.           g         End of year balance         27,965,013.         23,515,696.         24,715,978.         19,421,194.         13,729,855.           2         Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:         Board designated or quasi-endowment         43.0000         %           b         Permanent endowment         57.0000         %         %         Teme percentage on lines 2a, 2b, and 2c should equal 100%.           3a         Are there endowment funds not in the possession of the orga												
b       Contributions       3,000,050       813,700       5,159,900       2,053,638       2,039,160         c       Net investment earnings, gains, and losses       2,553,202       -1,030,769       997,358       4,598,079       -e02,578         d       Grants or scholarships       1,113,935       983,213       862,474       960,378       328,524         e       Other expenditures for facilities and programs       1,113,935       983,213       862,474       960,378       328,524         f       Administrative expenses       27,965,013       23,515,696       24,715,978       19,421,194       13,729,855         2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a <td></td> <td>·</td> <td></td> <td></td> <td></td> <td></td> <td>) Three yea</td> <td>ars back</td> <td>(e) Four y</td> <td>/ears back</td>		·					) Three yea	ars back	(e) Four y	/ears back		
b       Contributions       3,000,050.       813,700.       5,159,900.       2,053,638.       2,039,160.         c       Net investment earnings, gains, and losses       2,563,202.       -1,030,769.       997,358.       4,598,079.       -802,578.         d       Grants or scholarships       1,113,935.       983,213.       862,474.       960,378.       328,524.         e       Other expenditures for facilities and programs       1       4       13,729,855.       19,421,194.       13,729,855.         g       End of year balance       27,965,013.       23,515,696.       24,715,978.       19,421,194.       13,729,855.         2       Provide the estimated percentage of the current year end balance (line 1g, column (al) held as:       a6ard designated or quasi-endowment       43.0000       %         b       Permanent endowment       57.0000       %       %       Yes       No         (i)       Unrelated organizations?	1a	Beginning of year balance	23,515,696.	24,715,978.	19,421,19	94.	13,729	9,855.	12,8	21,797.		
c       Net investment earnings, gains, and losses       2,563,202.       -1,030,769.       997,358.       4,598,079.       -802,578.         d       Grants or scholarships       1,113,935.       983,213.       862,474.       960,378.       328,524.         e       Other expenditures for facilities and programs       1       13,13,935.       983,213.       862,474.       960,378.       328,524.         f       Administrative expenses       27,965,013.       23,515,696.       24,715,978.       19,421,194.       13,729,855.         2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       80ard designated or quasi-endowment       43.0000       %         b       Permanent endowment       57.0000       %       %       %       %         The percentages on lines 2a, 2b, and 2c should equal 100%.       3a       Are there endowment funds not in the possession of the organization that are held and administered for the organizations?       3a(i)       X         (i)       Unrelated organizations?       3a(i)       X       3b       3a(i)       X         4       Describe in Part XII the intended uses of the organization's endowment funds.       Fareword for the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.       3b       Action for property       (a) Co			3,000,050.	813,700.	5,159,90	00.	2,053	3,638.	2,0	39,160.		
e       Other expenditures for facilities and programs			2,563,202.	-1,030,769.	997,3	58.	4,598	8,079.	- {	302,578.		
e Other expenditures for facilities and programs	d	Grants or scholarships	1,113,935.	983,213.	862,4	74.	960,378.			328,524.		
f       Administrative expenses       27,965,013.       23,515,696.       24,715,978.       19,421,194.       13,729,855.         2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       a       Board designated or quasi-endowment       43.0000       %         b       Permanent endowment       57.0000       %       %       %         c       Term endowment       57.0000       %       %       %         a       Describes on lines 2a, 2b, and 2c should equal 100%.       3a       Are there endowment funds not in the possession of the organization that are held and administered for the organizations?       (i)       Unrelated organizations?       3a(i)       X         (i)       Unrelated organizations?       3a(ii)       X       3a(ii)       X         dii)       Related organizations answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.       Description of property       (a) Cost or other basis (other)       (b) Cost or other basis (other)       (c) Accumulated depr												
g End of year balance       27,965,013.       23,515,696.       24,715,978.       19,421,194.       13,729,855.         2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       a Board designated or quasi-endowment       43.0000       %         b Permanent endowment       57.0000       %       %       %         The percentages on lines 2a, 2b, and 2c should equal 100%.       3a Are there endowment funds not in the possession of the organization that are held and administered for the organizations?       Yes       No         (i) Unrelated organizations?       3a(i) X       3a(i) X       3a(i) X       3a(i) X         b If "Yes" on line 3a(ii), are the related organization's endowment funds.       90, Part XI       Ise Form 990, Part X, line 10.       3b       4         Petr VI       Land, Buildings, and Equipment       (a) Cost or other basis (other)       (b) Cost or other basis (other)       (c) Accumulated depreciation       (d) Book value         b Buildings       229,578.52,759.176,819.       360,230.0.0.       0.         c Leasehold improvements       229,578.52,759.176,819.       0.       0.         c Leasehold improvements       360,230.0.0.       0.       0.		and programs										
2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:         a       Board designated or quasi-endowment	f	Administrative expenses										
a Board designated or quasi-endowment       43.0000       %         b Permanent endowment       57.0000       %         c Term endowment      %         The percentages on lines 2a, 2b, and 2c should equal 100%.       3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:       Yes No         (i) Unrelated organizations?       3a(i) X       3a(ii) X         (ii) Related organizations?       3a(ii) X       3a(ii) X         4 Describe in Part XIII the intended uses of the organization's endowment funds.       3b       4         Part VI       Land, Buildings, and Equipment       Sb       3b         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.       (d) Book value basis (investment)         b Buildings	g	End of year balance	27,965,013.	23,515,696.	24,715,97	78.	19,421	194.	13,7	29,855.		
b       Permanent endowment       57.0000       %         c       Term endowment      %         The percentages on lines 2a, 2b, and 2c should equal 100%.       3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) Unrelated organizations?</li> <li>(ii) Related organizations?</li> <li>(iii) Related organizations?</li> <li>(ii) Related organizations?</li> <li>(ii) Related organizations?</li> <li>(iii) Related organizations?</li> <li>(ii) Term Part VI Land, Buildings, and Equipment</li> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> </ul> <ul> <li>Description of property</li> <li>(a) Cost or other basis (other)</li> <li>(b) Cost or other</li> <li>(c) Accumulated depreciation</li> </ul> <ul> <li>(d) Book value basis (other)</li> <li>(e) accumulated depreciation</li> <li>(f) Basis (investment)</li> <li>(g) Cost or other</li> <li>(g) Scot 0, 230 .</li> <li>(h) Cost 0, 230 .</li> <li>(h) Cost 0, 230 .</li> <li>(h) Cost 0, 230 .</li> <li>(h) Book value depreciation</li> </ul>	2	Provide the estimated percentage of the curr		e (line 1g, column (a)	)) held as:							
c       Term endowment      %         The percentages on lines 2a, 2b, and 2c should equal 100%.       3a         3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) Unrelated organizations?</li> <li>(ii) Related organizations?</li> <li>(iii) Related organizations?</li> <li>(ii) Inrelated organizations?</li> <li>(ii) Belated organizations?</li> <li>(iii) Related organizations?</li> <li>(iii) Terms" on line 3a(ii), are the related organizations listed as required on Schedule R?</li> <li>(iii) Land, Buildings, and Equipment</li> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> </ul> <ul> <li>Description of property</li> <li>(a) Cost or other basis (other)</li> <li>(b) Cost or other basis (other)</li> <li>(c) Accumulated depreciation</li> <li>(d) Book value</li> <li>(d) B</li></ul>		· · · · · · · · · · · · · · · · · · ·	43.0000	_%								
The percentages on lines 2a, 2b, and 2c should equal 100%.         3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:	b	Permanent endowment 57.0000	%									
3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by:       Yes       No         (i)       Unrelated organizations?       3a(ii)       X         (ii)       Related organizations?       3a(ii)       X         b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b       3b         4       Describe in Part XIII the intended uses of the organization's endowment funds.       Part VI       Land, Buildings, and Equipment         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.       (d) Book value         Description of property       (a) Cost or other basis (other)       (c) Accumulated depreciation         b       Buildings       229, 578.       52, 759.       176, 819.         c       Leasehold improvements       360, 230.       0.       0.         e       Other       360, 230.       360, 230.       0.	С		•									
organization by:       Yes       No         (i)       Unrelated organizations?       3a(i)       X         (ii)       Related organizations?       3a(ii)       X         b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b       3b         4       Describe in Part XIII the intended uses of the organization's endowment funds.       Part VI       Land, Buildings, and Equipment         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.       (d) Book value         Description of property       (a) Cost or other basis (other)       (c) Accumulated depreciation       (d) Book value         1a       Land       229,578.       52,759.       176,819.         c       Leasehold improvements       360,230.       0.         e       Other       360,230.       0.			·									
(i) Unrelated organizations?       3a(i) X         (ii) Related organizations?       3a(ii) X         b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4 Describe in Part XIII the intended uses of the organization's endowment funds.       3b         Part VI       Land, Buildings, and Equipment         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (other)       (c) Accumulated depreciation         b Buildings       229,578.       52,759.       176,819.         c Leasehold improvements       360,230.       0.       0.         e Other       0       0       0       0	3a	•	ssion of the organization	tion that are held ar	nd administered f	or the			5			
(ii) Related organizations?       3a(ii) X         b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4 Describe in Part XIII the intended uses of the organization's endowment funds.       3b         Part VI       Land, Buildings, and Equipment         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.       (d) Book value         Description of property       (a) Cost or other basis (other)       (c) Accumulated depreciation         b Buildings       229, 578.       52, 759.         c Leasehold improvements       360, 230.       0.         e Other       0       0		0										
b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4       Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         1a       Land       1       1       Land       1         b       Buildings       229,578.       52,759.       176,819.         c       Leasehold improvements       360,230.       0.       0.         e       Other       0       0       0       0.												
4 Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         1a       Land	<b>L</b>											
Part VI       Land, Buildings, and Equipment         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         1a       Land									30			
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation       (d) Book value         1a       Land	_			vment lunas.								
Description of property(a) Cost or other basis (investment)(b) Cost or other basis (other)(c) Accumulated depreciation(d) Book value1a Land				. Part IV. line 11a. S	ee Form 990. Pa	rt X. line	e 10.					
basis (investment)         basis (other)         depreciation           1a Land										value		
1a Land		Description of property		• •						, aluc		
b Buildings         229,578.         52,759.         176,819.           c Leasehold improvements         360,230.         360,230.         0.           e Other	1a	Land	`									
c Leasehold improvements         229,578.         52,759.         176,819.           d Equipment         360,230.         360,230.         0.           e Other         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1												
d Equipment         360,230.         360,230.         0.           e Other				22	9,578.	5	2,75	9.	176	,819.		
e Other												
				K. line 10c. column	(B))				176	,819.		

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 CHALLENGED	ATHLETES, INC.	33-0739596	Page
Part VII Investments - Other Securities			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	Ib. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market	value
1) Financial derivatives			
2) Closely held equity interests			
(3) Other			
(A) BENEFICIAL INTEREST IN			
(B) ASSETS	27,965,013.	END-OF-YEAR MARKET VALUE	
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	27,965,013.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market	value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes"			
(a)	Description	(b) Book	value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, co Part X Other Liabilities	ol. (B))		
	on Form 000 Dort IV line 1		
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1		value
1. (a) Description of liability	on Form 990, Part IV, line 1	(b) Book	value
(a) Description of liability       (1) Federal income taxes		(b) Book	
1.       (a) Description of liability         (1) Federal income taxes       (2) OPERATING LEASE LIABILITI		(b) Book	
1.       (a) Description of liability         (1) Federal income taxes       (2) OPERATING LEASE LIABILITI         (3)       (3)		(b) Book	
1.       (a) Description of liability         (1) Federal income taxes       (2) OPERATING LEASE LIABILITI         (3)       (4)		(b) Book	
I.       (a) Description of liability         (1) Federal income taxes       (2) OPERATING LEASE LIABILITI         (3)       (4)         (5)       (5)		(b) Book	
I.       (a) Description of liability         (1) Federal income taxes       (2) OPERATING LEASE LIABILITI         (3)       (4)         (5)       (6)		(b) Book	
1.       (a) Description of liability         (1) Federal income taxes       (2) OPERATING LEASE LIABILITI         (3)       (4)         (5)       (6)         (7)       (7)		(b) Book	
I.       (a) Description of liability         (1) Federal income taxes       (2) OPERATING LEASE LIABILITI         (3)       (4)         (5)       (6)         (7)       (8)		(b) Book	value 1,248.
1.       (a) Description of liability         (1) Federal income taxes       (2) OPERATING LEASE LIABILITI         (3)       (4)         (5)       (6)         (7)       (7)	ES	(b) Book	

INC.

CHALLENGED ATHLETES,

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

Schedule D (Form 990) 2023

33-0739596 Page 3

332053 09-28-23

Sche	edule D (Form 990) 2023 CHALLENGED ATHLETES, INC.	33-	0739596 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per R		
	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	20,006,983.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	J ( ) / )		
b	Donated services and use of facilities 2b 966, 276	•	
с			
d	Other (Describe in Part XIII.) 2d 2,563,202	•	
е	Add lines <b>2a</b> through <b>2d</b>	2e	3,529,478.
3	Subtract line 2e from line 1	3	16,477,505.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а		_	
b	Other (Describe in Part XIII.) 4b 182,682	•	
С	Add lines <b>4a</b> and <b>4b</b>	4c	182,682.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	16,660,187.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Retur	'n
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	15,878,313.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities 2a 966, 276	<u>•</u>	
b	Prior year adjustments 2b	_	
С	Other losses 2c	_	
d	Other (Describe in Part XIII.)	_	
е	Add lines <b>2a</b> through <b>2d</b>	2e	966,276.
3	Subtract line <b>2e</b> from line <b>1</b>	3	14,912,037.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а		_	
b	Other (Describe in Part XIII.)         4b         182,682	•	
С	Add lines <b>4a</b> and <b>4b</b>	4c	182,682.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18.)	5	15,094,719.
Pa	rt XIII Supplemental Information		

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

## PART V, LINE 4:

THE FOUNDATION'S BOARD OF DIRECTORS ESTABLISHED TWO ENDOWMENTS DESIGNATED
TO SUPPORT CURRENT OPERATIONS AND PROVIDE FUTURE GRANTING OPPORTUNITIES.
THE FOUNDATION ALSO ESTABLISHED TWO DONOR RESTRICTED ENDOWMENT FUNDS, THE
CHALLENGED ATHLETES FOUNDATION ENDOWMENT FUND IN MEMORY OF ROBIN WILLIAMS
TO SUPPORT CURRENT OPERATIONS AND PROVIDE FUTURE GRANTING OPPORTUNITIES
AND THE ROBERT SPOTSWOOD MEMORIAL FUND FOR GRANTS TO DESERVING ATHLETES,
WITH A FOCUS ON SUPPORTING YOUTH UNDER THE AGE OF 18.

PART X, LINE 2:

## THE FOUNDATION FOLLOWS THE PROVISIONS OF UNCERTAIN TAX POSITIONS AS

ADDRESSED IN FINANCIAL ACCOUNTING STANDARDS BOARD ACCOUNTING STANDARDS

28

332054 09-28-23

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 CHALLENGED ATHLETES, INC.	33-0739596 Page 5
Part XIII Supplemental Information (continued)	
CODIFICATION. THE FOUNDATION RECOGNIZES ACCRUED INTEREST AND	D PENALTIES
ASSOCIATED WITH UNCERTAIN TAX POSITIONS AS PART OF THE INCOM	IE TAX
PROVISION, WHEN APPLICABLE. THERE ARE NO AMOUNTS ACCRUED IN	THE FINANCIAL
STATEMENTS RELATED TO UNCERTAIN TAX POSITIONS FOR THE YEARS	ENDED MARCH
31, 2024 AND 2023.	
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
CHANGE IN VALUE OF BENEFICIAL INTEREST IN ASSETS	2,563,202.
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
SPECIAL EVENT EXPENSES NETTED WITH RELATED REVENUE	182,682.
	102,002.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
SPECIAL EVENT EXPENSES NETTED WITH RELATED REVENUE	182,682.
	Schedule D (Form 990) 2023
332055 09-28-23	. ,

Department of the Treasury Internal Revenue Service	Go to w	ww.irs.aov/Form	1990 for instructions and the latest i	nformation.		n to Public ection
Name of the organization		www.iio.govii oni				ification number
		~			22 00205	0.6
CHALLENGED ATHL	ETES, ING		aide the United Otates		33-07395	96
		cuvilles Out	side the United States. Compl	ete if the orgar	ization answered '	'Yes" on
Form 990, Part I		- maintain raaar	de te cubatantista the amount of ite av	anto and other		
-	-		ds to substantiate the amount of its gra the selection criteria used to award the			Yes No
the grantees engining h	or the grants of a	assistance, and i	the selection chiefla used to award the	grants or assis		
2 For grantmakers. Desc	ribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and ot	her assistance out	side the
United States.		organization of		s granto and ot		
	he following Part	L line 3 table ca	an be duplicated if additional space is r	needed.)		
(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in the region	1	vity listed in (d)	(f) Total
	offices	employees, agents, and	(by type) (such as, fundraising, pro-	is a pro	gram service,	expenditures
	in the region	independent	gram services, investments, grants to		e specific type	for and investments
		contractors in the region	recipients located in the region)	of service	(s) in the region	in the region
NORTH AMERICA -						
CANADA AND MEXICO,						
BUT NOT THE UNITED				EQUIPMENT,	TRAINING AND	
STATES	0	0	PROGRAM SERVICES	COMPETITION	GRANTS.	1,500.
EAST ASIA AND THE						
PACIFIC - AUSTRALIA,						
BRUNEI, BURMA,				EQUIPMENT,	TRAINING AND	
CAMBODIA,	0	0	PROGRAM SERVICES	COMPETITION	GRANTS.	15,750.
EUROPE (INCLUDING						
ICELAND & GREENLAND)						
- ALBANIA, ANDORRA,				EQUIPMENT,	TRAINING AND	
AUSTRIA, BELGIUM	0	0	PROGRAM SERVICES	COMPETITION	GRANTS.	54,000.
SOUTH AMERICA -						
ARGENTINA, BOLIVIA,						
BRAZIL, CHILE,				EQUIPMENT,	TRAINING AND	
COLUMBIA, ECUADOR,	0	0	PROGRAM SERVICES	COMPETITION	GRANTS.	99,825.
MIDDLE EAST AND						
NORTH AFRICA -						
ALGERIA, BAHRAIN,				EQUIPMENT,	TRAINING AND	
DJIBOUTI, EGYPT,	0	0	PROGRAM SERVICES	COMPETITION	GRANTS.	32,250.
<b>0</b> 0 1 1 1 <i>i</i>	0					202.205
3 a Subtotal	0	0				203,325.
<b>b</b> Total from continuation	0	0				_
sheets to Part I						0.
c Totals (add lines 3a	0	0				203,325.
and 3b)	0	I V				

**Statement of Activities Outside the United States** 

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. 

~~~

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

Schedule F (Form 990) 2023

OMB No. 1545-0047

LHA 332071 11-29-23

SCHEDULE F (Form 990)

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1<br>(a) Name of organization | <b>(b)</b> IRS code section and EIN (if applicable) | (c) Region | <b>(d)</b> Purpose of<br>grant | <b>(e)</b> Amount of cash grant | (f) Manner of cash disbursement | <b>(g)</b> Amount of<br>noncash<br>assistance | <b>(h)</b> Description<br>of noncash<br>assistance | <b>(i)</b> Method of<br>valuation (book, FMV,<br>appraisal, other) |
|-------------------------------|---|------------|--------------------------------|---------------------------------|---------------------------------|---|--|--|
|                               |   |            |                                |                                 |                                 |   |  |  |
|                               |   |            |                                |                                 |                                 |   |  |  |
|                               |   |            |                                |                                 |                                 |   |  |  |
|                               |   |            |                                |                                 |                                 |   |  |  |
|                               |   |            |                                |                                 |                                 |   |  |  |
|                               |   |            |                                |                                 |                                 |   |  |  |
|                               |   |            |                                |                                 |                                 |   |  |  |
|                               |   |            |                                |                                 |                                 |   |  |  |
|                               |   |            |                                |                                 |                                 |   |  |  |

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

**3** Enter total number of other organizations or entities

Schedule F (Form 990) 2023

Page 2

Schedule F (Form 990) 2023

CHALLENGED ATHLETES, INC.

33-0739596

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed. **(h)** Method of valuation (book, FMV, appraisal, other) (e) Manner of (f) Amount of (c) Number of (d) Amount of (g) Description of (b) Region (a) Type of grant or assistance recipients cash grant cash disbursement noncash noncash assistance assistance MIDDLE EAST AND NORTH AFRICA -ALGERIA, BAHRAIN, EQUIPMENT, TRAINING AND COMPETITION GRANT. DJIBOUTI, EGYPT 43 32,250. WIRE/CHECK 0. EAST ASIA AND THE PACIFIC -EQUIPMENT, TRAINING AND AUSTRALIA. COMPETITION GRANT. BRUNEI, BURMA, 28 15,750. WIRE/CHECK 0 EUROPE (INCLUDING ICELAND & GREENLAND) -EQUIPMENT, TRAINING AND COMPETITION GRANT. ALBANIA, ANDORRA, 79 54,000. WIRE/CHECK 0 SOUTH AMERICA -ARGENTINA, EQUIPMENT, TRAINING AND BOLIVIA, BRAZIL, COMPETITION GRANT. CHILE, COLUMBIA, 135 99,825. WIRE/CHECK 0. NORTH AMERICA -CANADA AND MEXICO, BUT NOT EQUIPMENT, TRAINING AND THE UNITED STATES COMPETITION GRANT 1,500.WIRE/CHECK Ο. 3

Schedule F (Form 990) 2023

| 1 | Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926)</i>   | Yes | X No |
|---|--|-----|------|
| 2 | Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may<br>be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and<br>Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a<br>U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990) | Yes | X No |
| 3 | Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471)</i>   | Yes | X No |
| 4 | Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see the Instructions for Form 8621)</i>  | Yes | X No |
| 5 | Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If</i> "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the Instructions for Form 8865)  | Yes | X No |
| 6 | Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)</i>   | Yes | X No |

Schedule F (Form 990) 2023

332074 11-29-23

Page 5

Schedule F (Form 990) 2023 CHALLENGED ATHLETES, INC.
Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:

AFTER THE INDIVIDUAL HAS SUBMITTED ALL REQUIRED MATERIALS AND HAS BEEN

AWARDED A GRANT THEY MUST SUBMIT THE FOLLOWING: SIGNED LETTER OF

AGREEMENT, RECEIPT TO PROVE THE FUNDS WERE USED FOR THE PURPOSE IT WAS

APPROVED FOR, AND FOLLOW-UP WITH ORGANIZATION IN REGARDS TO THE RESULTS

AND ACCOMPLISHMENTS IN RELATION TO THE GRANT.

| SCHEDULE G   | Suppleme  | ntal Information Regarding Fundraising or Gaming Activities        |              |                |         |                         |       |                              | OMB No. 1545-0047                |  |
|--|---|--|--------------|----------------|---------|-------------------------|-------|------------------------------|----------------------------------|--|
| (Form 990)   |   | e organization answered '  |              |                |         |                         | r 19, | or if the                    | 2023                             |  |
|  | C   | organization entered more  |              |                |         |                         |       |                              | Open to Public                   |  |
| Department of the Treasury<br>Internal Revenue Service |   |  |              |                |         |                         |       |                              |                                  |  |
|  |   |  |              |                |         |                         |       |                              | lentification number             |  |
| C C  | CHALLENGED ATHLETES, INC. 33-07   |  |              |                |         |                         |       |                              |                                  |  |
| Part I Fundrais  |   | Complete if the organizati   |              | red "Y         | es" or  | n Form 990, Part IV, li | ine 1 |                              |                                  |  |
|  | complete this part  |  |              |                |         |                         |       |                              |                                  |  |
| 1 Indicate whether th                                  | e organization rais   | ed funds through any of the  | e followin   | g activ        | vities. | Check all that apply.   |       |                              |                                  |  |
| a Mail solicitat                                       | 5 5   |  |              |                |         |                         |       |                              |                                  |  |
| b Internet and   | Internet and email solicitations <b>f</b> Solicitation of government grants |  |              |                |         |                         |       |                              |                                  |  |
| c Phone solici   | tations   | g  | Special      | fundra         | aising  | events                  |       |                              |                                  |  |
| d In-person so   |   |  |              |                |         |                         |       |                              |                                  |  |
|  |   | or oral agreement with any i                                       |              |                |         |                         | tees, |                              |                                  |  |
| • • •  |   | art VII) or entity in connection<br>viduals or entities (fundraise | -            |                |         | -                       |       | Y L                          |                                  |  |
| compensated at le                                      | •   |  | ers) pursua  |                | agree   |                         |       | Idraiser is to i             | Je                               |  |
| (i) Name and addres                                    | s of individual   |  |              | (iii)<br>fundr | Did     | (iv) Gross receipts     |       | Amount paid                  | (vi) Amount paid                 |  |
| or entity (fund  |   | (ii) Activity  |              | have c         | ustody  | from activity           |       | or retained by<br>fundraiser | to (or retained by) organization |  |
|  | ,   |  |              | contributions? |         | ,                       | lis   | ted in col. (i)              | organization                     |  |
|  |   |  |              | Yes            | No      | -                       |       |                              |                                  |  |
|  |   |  |              |                |         |                         |       |                              |                                  |  |
|  |   |  |              |                |         |                         |       |                              |                                  |  |
|  |   |  |              |                |         |                         |       |                              |                                  |  |
|  |   |  |              |                |         |                         |       |                              |                                  |  |
|  |   |  |              |                |         |                         |       |                              |                                  |  |
|  |   |  |              |                |         |                         |       |                              |                                  |  |
|  |   |  |              |                |         |                         |       |                              |                                  |  |
|  |   |  |              |                |         |                         |       |                              |                                  |  |
|  |   |  |              |                |         |                         |       |                              |                                  |  |
|  |   |  |              |                |         |                         |       |                              |                                  |  |
|  |   |  |              |                |         |                         |       |                              |                                  |  |
|  |   |  |              |                |         |                         |       |                              |                                  |  |
| Total  |   |  |              |                |         |                         |       |                              |                                  |  |
|  | ch the organizatio  | n is registered or licensed t                                      | to solicit c | ontrib         | utions  | or has been notified    | it is | exempt from 1                | registration                     |  |
|  |   |  |              |                |         |                         |       |                              |                                  |  |
|  |   |  |              |                |         |                         |       |                              |                                  |  |
|  |   |  |              |                |         |                         |       |                              |                                  |  |
|  |   |  |              |                |         |                         |       |                              |                                  |  |
|  |   |  |              |                |         |                         |       |                              |                                  |  |
|  |   |  |              |                |         |                         |       |                              |                                  |  |
|  |   |  |              |                |         |                         |       |                              |                                  |  |
|  |   |  |              |                |         |                         |       |                              |                                  |  |

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

Schedule G (Form 990) 2023

LHA 332081 09-13-23

CHALLENGED ATHLETES, INC.

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

| I               |   |  |   |  |                               | s greater than \$5,000.  |
|-----------------|---|--|---|--|-------------------------------|--|
|                 |   |  | (a) Event #1  | (b) Event #2   | (c) Other events              | (d) Total events   |
|                 |   |  | CELEBRATION   |  | 0                             | (add col. (a) through  |
|                 |   |  |   | MDC  | 2                             | col. (c))  |
| e               |   |  | (event type)  | (event type)   | (total number)                |  |
| Revenue         | 1   | Gross receipts   | 6,415,325.  | 2,622,300.   | 2,025,089.                    | 11,062,714.  |
|                 | 2   | Less: Contributions  | 5,055,450.  | 2,456,657.   | 932,088.                      | 8,444,195.   |
|                 | 3   | Gross income (line 1 minus line 2)   | 1,359,875.  | 165,643.   | 1,093,001.                    | 2,618,519.   |
| S               | 4   | Cash prizes  |   |  |                               |  |
|                 | 5   | Noncash prizes   |   |  |                               |  |
| penses          | 6   | Rent/facility costs  |   | 4,532.   | 82,000.                       | 86,532.  |
| Direct Expenses | 7   | Food and beverages   | 29,293.   | 358,856.   | 166,742.                      | 554,891.   |
| Dire            |   |  |   |  |                               | 200 012  |
|                 | 8   | Entertainment  | 313,708.  |  | 58,505.                       | 372,213.   |
|                 | 9   | Other direct expenses  | 955,153.  | 1,026,598.   | 929,630.                      | 2,911,381.   |
|                 | 9<br>10                                     | Other direct expenses<br>Direct expense summary. Add lines 4 through   | 955,153.<br>9 in column (d)   | 1,026,598.   | 929,630.                      | 2,911,381.<br>3,925,017.   |
| _               | 9<br>10<br>11                               | Other direct expenses<br>Direct expense summary. Add lines 4 through<br>Net income summary. Subtract line 10 from li   | 955,153.<br>9 in column (d)<br>ne 3, column (d)                           |  | 929,630.                      | 2,911,381.<br>3,925,017.   |
|                 | 9<br>10                                     | Other direct expenses<br>Direct expense summary. Add lines 4 through<br>Net income summary. Subtract line 10 from li   | 955,153.<br>9 in column (d)<br>ne 3, column (d)                           |  | 929,630.                      | 2,911,381.<br>3,925,017.   |
| Pa              | 9<br>10<br>11                               | Other direct expenses<br>Direct expense summary. Add lines 4 through<br>Net income summary. Subtract line 10 from li<br>II Gaming. Complete if the organization a  | 955,153.<br>9 in column (d)<br>ne 3, column (d)                           |  | 929,630.                      | 2,911,381.<br>3,925,017.<br>-1,306,498.<br>(d) Total gaming (add |
|                 | 9<br>10<br>11                               | Other direct expenses<br>Direct expense summary. Add lines 4 through<br>Net income summary. Subtract line 10 from li<br>II Gaming. Complete if the organization a  | 955,153.<br>9 in column (d)<br>ne 3, column (d)<br>answered "Yes" on Form | 990, Part IV, line 19, or r<br>(b) Pull tabs/instant | 929,630.<br>eported more than | 2,911,381.<br>3,925,017.<br>-1,306,498.<br>(d) Total gaming (add |
| Bevenue         | 9<br>10<br>11<br>rt I                       | Other direct expenses<br>Direct expense summary. Add lines 4 through<br>Net income summary. Subtract line 10 from li<br><b>Gaming.</b> Complete if the organization a<br>\$15,000 on Form 990-EZ, line 6a.   | 955,153.<br>9 in column (d)<br>ne 3, column (d)<br>answered "Yes" on Form | 990, Part IV, line 19, or r<br>(b) Pull tabs/instant | 929,630.<br>eported more than | 2,911,381.<br>3,925,017.<br>-1,306,498.<br>(d) Total gaming (add |
| Bevenue         | 9<br>10<br><u>11</u><br>rt I                | Other direct expenses<br>Direct expense summary. Add lines 4 through<br>Net income summary. Subtract line 10 from li<br>Gaming. Complete if the organization a<br>\$15,000 on Form 990-EZ, line 6a.  | 955,153.<br>9 in column (d)<br>ne 3, column (d)<br>answered "Yes" on Form | 990, Part IV, line 19, or r<br>(b) Pull tabs/instant | 929,630.<br>eported more than | 2,911,381.<br>3,925,017.<br>-1,306,498.<br>(d) Total gaming (add |
| Pa              | 9<br>10<br>11<br>rt I<br>2<br>3             | Other direct expenses<br>Direct expense summary. Add lines 4 through<br>Net income summary. Subtract line 10 from li<br><b>Gaming.</b> Complete if the organization a<br>\$15,000 on Form 990-EZ, line 6a.<br>Gross revenue<br>Cash prizes                                   | 955,153.<br>9 in column (d)<br>ne 3, column (d)<br>answered "Yes" on Form | 990, Part IV, line 19, or r<br>(b) Pull tabs/instant | 929,630.<br>eported more than | 2,911,381.<br>3,925,017.<br>-1,306,498.<br>(d) Total gaming (add |
| Bevenue         | 9<br>10<br><u>11</u><br>rt I<br>2<br>3<br>4 | Other direct expenses<br>Direct expense summary. Add lines 4 through<br>Net income summary. Subtract line 10 from li<br>Gaming. Complete if the organization a<br>\$15,000 on Form 990-EZ, line 6a.<br>Gross revenue<br>Cash prizes<br>Noncash prizes<br>Rent/facility costs | 955,153.<br>9 in column (d)<br>ne 3, column (d)<br>answered "Yes" on Form | 990, Part IV, line 19, or r<br>(b) Pull tabs/instant | 929,630.<br>eported more than | 2,911,381.<br>3,925,017.<br>-1,306,498.<br>(d) Total gaming (add |
| Baenue          | 9<br>10<br><u>11</u><br>rt I<br>2<br>3<br>4 | Other direct expenses<br>Direct expense summary. Add lines 4 through<br>Net income summary. Subtract line 10 from li<br>Gaming. Complete if the organization a<br>\$15,000 on Form 990-EZ, line 6a.<br>Gross revenue<br>Cash prizes<br>Noncash prizes                        | 955,153.<br>9 in column (d)<br>ne 3, column (d)<br>answered "Yes" on Form | 990, Part IV, line 19, or r<br>(b) Pull tabs/instant | 929,630.<br>eported more than | 2,911,381.<br>3,925,017.<br>-1,306,498.                          |

7 Direct expense summary. Add lines 2 through 5 in column (d)
8 Net gaming income summary. Subtract line 7 from line 1, column (d)

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

332082 09-13-23

Schedule G (Form 990) 2023

No

| Sch   | edule G (Form 990) 2023            | CHALLENGED               | ATHLETES,             | INC.   | 33-0739596                           | Page 3    |
|-------|------------------------------------|--------------------------|-----------------------|--|--------------------------------------|-----------|
| 11    | Does the organization conduct ga   | aming activities with no | nmembers?             |  | Yes                                  | No        |
| 12    |                                    |                          |                       | of a partnership or other entity formed                                      |                                      |           |
|       | to administer charitable gaming?   |                          |                       |  | Yes                                  | No        |
|       | Indicate the percentage of gamin   |                          |                       |  | 1 1                                  |           |
|       |                                    |                          |                       |  |                                      | %         |
|       |                                    |                          |                       |  |                                      | %         |
| 14    | Enter the name and address of th   | e person who prepares    | s the organization's  | gaming/special events books and reco   | rds:                                 |           |
|       | Name                               |                          |                       |  |                                      |           |
|       |                                    |                          |                       |  |                                      |           |
|       | Address                            |                          |                       |  |                                      |           |
|       |                                    |                          |                       |  |                                      |           |
| 15a   | Does the organization have a con   | tract with a third party | from whom the org     | anization receives gaming revenue?   | Yes                                  | No        |
|       |                                    |                          |                       |  |                                      |           |
| b     | If "Yes," enter the amount of gam  |                          |                       | \$ and the a   | mount                                |           |
|       | of gaming revenue retained by the  |                          |                       |  |                                      |           |
| С     | If "Yes," enter name and address   | of the third party:      |                       |  |                                      |           |
|       | Name                               |                          |                       |  |                                      |           |
|       |                                    |                          |                       |  |                                      |           |
|       | Address                            |                          |                       |  |                                      |           |
|       |                                    |                          |                       |  |                                      |           |
| 16    | Gaming manager information:        |                          |                       |  |                                      |           |
|       |                                    |                          |                       |  |                                      |           |
|       | Name                               |                          |                       |  |                                      |           |
|       | Gaming manager compensation        | \$                       |                       |  |                                      |           |
|       | daming manager compensation        | Ψ                        |                       |  |                                      |           |
|       | Description of services provided   |                          |                       |  |                                      |           |
|       |                                    |                          |                       |  |                                      |           |
|       |                                    |                          |                       |  |                                      |           |
|       | Diverter/officer                   | Freelower                | la dana a             |  |                                      |           |
|       | Director/officer                   | Employee                 | Indepe                | ndent contractor   |                                      |           |
| 17    | Mandatory distributions:           |                          |                       |  |                                      |           |
|       | Is the organization required under | r state law to make cha  | ritable distributions | from the gaming proceeds to  |                                      |           |
|       | retain the state gaming license?   |                          |                       |  | Yes                                  | No        |
| b     | Enter the amount of distributions  | required under state la  | w to be distributed   | to other exempt organizations or spent                                       | in the                               |           |
| De    | organization's own exempt activit  |                          |                       |  | <u> </u>                             |           |
| Ра    |                                    |                          |                       | red by Part I, line 2b, columns (iii) and (v<br>formation. See instructions. | <i>ı</i> ); and Part III, lines 9, 9 | b, 10b,   |
|       | 150, 150, 16, 810 170, 8           | s applicable. Also provi | de any additional in  | iornation. See instructions.   |                                      |           |
|       |                                    |                          |                       |  |                                      |           |
|       |                                    |                          |                       |  |                                      |           |
|       |                                    |                          |                       |  |                                      |           |
|       |                                    |                          |                       |  |                                      |           |
|       |                                    |                          |                       |  |                                      |           |
|       |                                    |                          |                       |  |                                      |           |
|       |                                    |                          |                       |  |                                      |           |
|       |                                    |                          |                       |  |                                      |           |
|       |                                    |                          |                       |  |                                      |           |
|       |                                    |                          |                       |  |                                      |           |
|       |                                    |                          |                       |  |                                      |           |
|       |                                    |                          |                       |  |                                      |           |
|       |                                    |                          |                       |  |                                      |           |
|       |                                    |                          |                       |  |                                      |           |
| 33208 | 33 09-13-23                        |                          | 27                    |  | Schedule G (Form S                   | 990) 2023 |

| Schedule G | (Form | 990 |
|------------|-------|-----|
|            | ~     |     |

| Part IV        | Supplemental Information | on (continued) |      |                       |
|----------------|--------------------------|----------------|------|-----------------------|
|                |                          |                |      |                       |
|                |                          |                |      |                       |
|                |                          |                |      |                       |
|                |                          |                | <br> |                       |
|                |                          |                |      |                       |
|                |                          |                |      |                       |
|                |                          |                |      |                       |
|                |                          |                |      |                       |
|                |                          |                |      |                       |
|                |                          |                |      |                       |
|                |                          |                |      |                       |
|                |                          |                |      |                       |
|                |                          |                |      |                       |
|                |                          |                |      |                       |
|                |                          |                |      |                       |
|                |                          |                |      |                       |
|                |                          |                |      |                       |
|                |                          |                |      |                       |
|                |                          |                |      |                       |
|                |                          |                |      |                       |
|                |                          |                |      |                       |
|                |                          |                |      |                       |
|                |                          |                |      |                       |
|                |                          |                |      |                       |
|                |                          |                |      |                       |
|                |                          |                |      |                       |
|                |                          |                |      |                       |
|                |                          |                |      |                       |
|                |                          |                |      |                       |
|                |                          |                |      |                       |
|                |                          |                |      |                       |
|                |                          |                |      |                       |
|                |                          |                |      |                       |
| 332084 04-01-2 | 23                       |                |      | Schedule G (Form 990) |

| SCHEDULE I<br>(Form 990)   | Grants and Other Assistance to Organizations,<br>Governments, and Individuals in the United States<br>Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. |                  |                                    |                          |  |   |                                       |                   |                         | <b>23</b> |
|----------------------------|--|------------------|------------------------------------|--------------------------|--|---|---------------------------------------|-------------------|-------------------------|-----------|
| Department of the Treasury |  |                  | _                                  | Attach to Forn           | n 990.                                 |   |                                       |                   | Open to                 |           |
| Internal Revenue Service   |  |                  | Go to www.irs                      | .gov/Form990 for         | the latest inform                      | ation.  |                                       |                   | Inspe                   |           |
| Name of the organization   | Name of the organization Employer ide CHALLENGED ATHLETES, INC.  |                  |                                    |                          |  |   |                                       |                   |                         |           |
| Part I General In          | formation on Grants a  |                  |                                    |                          |  |   |                                       |                   |                         | 39596     |
| -                          | ation maintain records t   | _                | -                                  |                          |  | -   |                                       |                   | ∑ Yes                   |           |
|                            | ward the grants or assis<br>IV the organization's pro  |                  |                                    |                          |  |   |                                       |                   | Yes                     | No No     |
| Part II Grants and         | d Other Assistance to I<br>nat received more than \$   | Domestic Organiz | ations and Domestic                | <b>Governments.</b> (    | Complete if the org                    | anization answered "Y   | es" on Form 990, Par                  | t IV, line 21, fo | rany                    |           |
| <b>1 (a)</b> Name and ad   | dress of organization<br>vernment  | (b) EIN          | (c) IRC section<br>(if applicable) | (d) Amount of cash grant | (e) Amount of<br>noncash<br>assistance | <b>(f)</b> Method of<br>valuation (book,<br>FMV, appraisal,<br>other) | (g) Description of noncash assistance |                   | rpose of g<br>assistanc |           |
|                            |  |                  |                                    |                          |  |   |                                       |                   |                         |           |
|                            |  |                  |                                    |                          |  |   |                                       |                   |                         |           |
|                            |  |                  |                                    |                          |  |   |                                       |                   |                         |           |
|                            |  |                  |                                    |                          |  |   |                                       |                   |                         |           |
|                            |  |                  |                                    |                          |  |   |                                       |                   |                         |           |
|                            |  |                  |                                    |                          |  |   |                                       |                   |                         |           |

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

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

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

Schedule I (Form 990) 2023

Schedule I (Form 990) 2023

Page 2

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 | <b>(c)</b> Amount of cash grant | (d) Amount of non-<br>cash assistance | (e) Method of valuation<br>(book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---|--------------------------|---------------------------------|---------------------------------------|--|---------------------------------------|
|   |                          |                                 |                                       |  |                                       |
| EQUIPMENT, TRAINING AND COMPETITION GRANTS. | 3232                     | 5,992,294.                      | 1,012,024.                            | FAIR MARKET VALUE  | SPORTS RELATED EQUIPMENT.             |
|   |                          |                                 |                                       |  |                                       |
|   |                          |                                 |                                       |  |                                       |
|   |                          |                                 |                                       |  |                                       |
|   |                          |                                 |                                       |  |                                       |
|   |                          |                                 |                                       |  |                                       |
|   |                          |                                 |                                       |  |                                       |
|   |                          |                                 |                                       |  |                                       |
|   |                          |                                 |                                       |  |                                       |

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

PART I, LINE 2:

AFTER THE INDIVIDUAL HAS SUBMITTED ALL REQUIRED MATERIALS AND HAS BEEN

AWARDED A GRANT THEY MUST SUBMIT THE FOLLOWING: SIGNED LETTER OF AGREEMENT,

RECEIPT TO PROVE THE FUNDS WERE USED FOR THE PURPOSE IT WAS APPROVED FOR,

AND FOLLOW-UP WITH ORGANIZATION IN REGARDS TO THE RESULTS AND

ACCOMPLISHMENTS IN RELATION TO THE GRANT.

| SCHEDULE J |  | Compensation Information  | OMB 1              | lo. 1545-00          | 047        |  |
|------------|--|---|--------------------|----------------------|------------|--|
| (Form 990) |  | For certain Officers, Directors, Trustees, Key Employees, and Highest                               | 2                  | <b>N2</b> :          | 2          |  |
|            |  | Compensated Employees<br>Complete if the organization answered "Yes" on Form 990, Part IV, line 23. |                    |                      |            |  |
|            | rtment of the Treasury                       | Attach to Form 990.   |                    | n to Pub<br>spectior |            |  |
|            | al Revenue Service<br>ne of the organizatior | Go to www.irs.gov/Form990 for instructions and the latest information.                              | Employer identific |                      |            |  |
| Indii      | le of the organization                       | CHALLENGED ATHLETES, INC.   | 33-07395           |                      |            |  |
| Pa         | rt I Question                                | s Regarding Compensation  | 33 07333           |                      |            |  |
|            |  |   |                    | Yes                  | No         |  |
| 1a         | Check the appropri                           | ate box(es) if the organization provided any of the following to or for a person listed on Form 9   | 90.                | 100                  |            |  |
|            |  | line 1a. Complete Part III to provide any relevant information regarding these items.               |                    |                      |            |  |
|            | First-class or c                             |   | aluse              |                      |            |  |
|            | Travel for com                               |   |                    |                      |            |  |
|            |  | ation and gross-up payments Health or social club dues or initiation fees                           |                    |                      |            |  |
|            |  | pending account Personal services (such as maid, chauffeur  | , chef)            |                      |            |  |
|            |  |   |                    |                      |            |  |
| b          | If any of the boxes                          | on line 1a are checked, did the organization follow a written policy regarding payment or           |                    |                      |            |  |
|            | reimbursement or p                           | rovision of all of the expenses described above? If "No," complete Part III to explain              | 1                  | b                    |            |  |
| 2          |  | require substantiation prior to reimbursing or allowing expenses incurred by all directors,         |                    |                      |            |  |
|            |  | s, including the CEO/Executive Director, regarding the items checked on line 1a?                    | 2                  | 2                    |            |  |
|            |  |   |                    |                      |            |  |
| 3          | Indicate which, if ar                        | y, of the following the organization used to establish the compensation of the organization's       |                    |                      |            |  |
|            | CEO/Executive Dire                           | ctor. Check all that apply. Do not check any boxes for methods used by a related organization       | n to               |                      |            |  |
|            | establish compensa                           | tion of the CEO/Executive Director, but explain in Part III.  |                    |                      |            |  |
|            | X Compensation                               | committee X Written employment contract   |                    |                      |            |  |
|            | Independent c                                | ompensation consultant I Compensation survey or study   |                    |                      |            |  |
|            | Form 990 of o                                | her organizations X Approval by the board or compensation co  | mmittee            |                      |            |  |
|            |  |   |                    |                      |            |  |
| 4          | During the year, did                         | any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing             |                    |                      |            |  |
|            | organization or a re                         | ated organization:  |                    |                      |            |  |
| а          | Receive a severanc                           | e payment or change-of-control payment?   |                    | а                    | X          |  |
| b          | Participate in or rec                        | eive payment from a supplemental nonqualified retirement plan?                                      | 4                  | b                    | X          |  |
| С          | Participate in or rec                        | eive payment from an equity-based compensation arrangement?   | 4                  | с                    | X          |  |
|            | If "Yes" to any of lin                       | es 4a-c, list the persons and provide the applicable amounts for each item in Part III.             |                    |                      |            |  |
|            |  |   |                    |                      |            |  |
|            | Only section 501(c                           | )(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.                              |                    |                      |            |  |
| 5          | For persons listed of                        | n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation       | ı –                |                      |            |  |
|            | contingent on the re                         |   |                    |                      |            |  |
|            |  |   |                    | а                    | X          |  |
| b          |  | ation?  |                    | b                    | X          |  |
|            |  | r 5b, describe in Part III.   |                    |                      |            |  |
| 6          | -  | n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation       | 1                  |                      |            |  |
|            | contingent on the n                          | 0   |                    |                      |            |  |
|            |  |   |                    | а                    | X          |  |
| b          |  | ation?  | 6                  | b                    | X          |  |
|            |  | r 6b, describe in Part III.   |                    |                      |            |  |
| 7          |  | n Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments        |                    |                      |            |  |
|            |  | es 5 and 6? If "Yes," describe in Part III  |                    | v X                  |            |  |
| 8          |  | reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the      | )                  |                      | <u>-</u> - |  |
|            |  |   |                    | 3                    | X          |  |
| 9          |  | d the organization also follow the rebuttable presumption procedure described in                    |                    |                      |            |  |
|            | Regulations section                          |   |                    |                      | 1          |  |
| For        | Paperwork Reducti                            | on Act Notice, see the Instructions for Form 990.   | Schedule J (F      | orm 990              | ) 2023     |  |

LHA 332111 11-06-23

### 33-0739596

## 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 and/or 1099-MIS compensation          | C and/or 1099-NEC                         | other deferred | (D) Nontaxable benefits | (E) Total of columns<br>(B)(i)-(D) | in column (B)                             |
|------------------------------|--------------------------|---|---|----------------|-------------------------|------------------------------------|---|
| (A) Name and Title           | (i) Base<br>compensation | (ii) Bonus &<br>incentive<br>compensation | (iii) Other<br>reportable<br>compensation | compensation   |                         |                                    | reported as deferred<br>on prior Form 990 |
| (1) KRISTINE ENTWISTLE (i    | 182,487.                 | 8,000.                                    | 0.  | 5,629.         | 1,445.                  | 197,561.                           | 0.  |
| CHIEF EXECUTIVE OFFICER      | ) 0.                     | 0.  | 0.  | 0.             | 0.                      | 0.                                 | 0.  |
| (2) KARA STERNER (i          | 151,403.                 | 5,000.                                    | 0.  | 3,590.         | 7,526.                  | 167,519.                           | 0.  |
| CHIEF MARKETING OFFICER (ii  | ) 0.                     | 0.  | 0.  | 0.             | 0.                      | 0.                                 | 0.  |
| (3) DOUG OLSON (i            | 143,213.                 | 2,000.                                    | 0.  | 4,645.         | 11,173.                 | 161,031.                           | 0.  |
| SR DIRECTOR OF NE REGION (ii | ) 0.                     | 0.  | 0.  | 0.             | 0.                      | 0.                                 | 0.  |
| (4) LORRAINE HALL (i         | 132,907.                 | 5,000.                                    | 0.  | 4,283.         | 12,617.                 |                                    | 0.  |
| CHIEF FINANCIAL OFFICER (ii  | ) 0.                     | 0.  | 0.  | 0.             | 0.                      | 0.                                 | 0.  |
| (i                           | )                        |   |   |                |                         |                                    |   |
| (ii                          | )                        |   |   |                |                         |                                    |   |
| (i                           | )                        |   |   |                |                         |                                    |   |
| (ii                          |                          |   |   |                |                         |                                    |   |
| (i                           |                          |   |   |                |                         |                                    |   |
| (ii                          |                          |   |   |                |                         |                                    |   |
| (i                           |                          |   |   |                |                         |                                    |   |
| (ii                          |                          |   |   |                |                         |                                    |   |
| (i                           |                          |   |   |                |                         |                                    |   |
| (ii                          |                          |   |   |                |                         |                                    |   |
| (i                           |                          |   |   |                |                         |                                    |   |
| (ii                          |                          |   |   |                |                         |                                    |   |
| (i                           |                          |   |   |                |                         |                                    |   |
| (ii                          |                          |   |   |                |                         |                                    |   |
| (i                           |                          |   |   |                |                         |                                    |   |
| (ii                          |                          |   |   |                |                         |                                    |   |
| (i<br>(ïi                    |                          |   |   |                |                         |                                    |   |
| (ii)                         |                          |   |   |                |                         |                                    |   |
| (ii                          |                          |   |   |                |                         |                                    |   |
| (ii                          |                          |   |   |                |                         |                                    |   |
| (ii                          |                          |   |   |                |                         |                                    |   |
| (i                           |                          |   |   |                |                         |                                    |   |
| (i                           |                          | 1   |   |                |                         |                                    |   |

Schedule J (Form 990) 2023

### Part III Supplemental Information

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

PART I, LINE 7:

ANNUAL PERFORMANCE REVIEWS ARE DONE EACH YEAR. THE BOARD CAN APPROVE A

BONUS POOL FOR THE YEAR AND THE MERIT SCORES FROM THE PERFORMANCE REVIEWS

ARE USED TO DETERMINE EACH EMPLOYEE'S BONUS AMOUNT. BONUSES ARE NOT

GUARANTEED AND DO NOT OCCUR EVERY YEAR.

Schedule J (Form 990) 2023

| SCHEDULE   | ΞM |
|------------|----|
| (Form 990) |    |

Department of the Treasury Internal Revenue Service

# **Noncash Contributions**

OMB No. 1545-0047

**Open to Public** 

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

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

|    | inspect        |      |
|----|----------------|------|
| ۱r | identification | numb |

.

| Name | Name of the organization Employer identification number        |                                      |  |   |        |   |            |      |    |
|------|--|--------------------------------------|--|---|--------|---|------------|------|----|
|      | CHALLENGED A   | THLETE;                              | S, INC.  |   |        | 33-0                                    | 739        | 596  |    |
| Par  | t I Types of Property  |                                      |  |   |        |   |            |      |    |
|      |  | <b>(a)</b><br>Check if<br>applicable | <b>(b)</b><br>Number of<br>contributions or<br>items contributed | <b>(c)</b><br>Noncash contribution<br>amounts reported on<br>Form 990, Part VIII, line 1g | ı      | (d)<br>Method of de<br>noncash contribu | termin     |      | s  |
| 1    | Art - Works of art   |                                      |  |   |        |   |            |      |    |
| 2    | Art - Historical treasures                                     |                                      |  |   |        |   |            |      |    |
| 3    | Art - Fractional interests                                     |                                      |  |   |        |   |            |      |    |
| 4    | Books and publications   |                                      |  |   |        |   |            |      |    |
| 5    | Clothing and household goods                                   |                                      |  |   |        |   |            |      |    |
| 6    | Cars and other vehicles  | X                                    | 3  | 53,748.   | FAI    | R MARKET                                | VA         | LUE  |    |
| 7    | Boats and planes   |                                      |  |   |        |   |            |      |    |
| 8    | Intellectual property  |                                      |  |   |        |   |            |      |    |
| 9    | Securities - Publicly traded                                   |                                      |  |   |        |   |            |      |    |
| 10   | Securities - Closely held stock                                |                                      |  |   |        |   |            |      |    |
| 11   | Securities - Partnership, LLC, or                              |                                      |  |   |        |   |            |      |    |
|      | trust interests  |                                      |  |   |        |   |            |      |    |
| 12   | Securities - Miscellaneous                                     |                                      |  |   |        |   |            |      |    |
| 13   | Qualified conservation contribution -                          |                                      |  |   |        |   |            |      |    |
|      | Historic structures  |                                      |  |   |        |   |            |      |    |
| 14   | Qualified conservation contribution - Other                    |                                      |  |   |        |   |            |      |    |
| 15   | Real estate - Residential                                      |                                      |  |   |        |   |            |      |    |
| 16   | Real estate - Commercial                                       |                                      |  |   |        |   |            |      |    |
| 17   | Real estate - Other  |                                      |  |   |        |   |            |      |    |
| 18   | Collectibles   |                                      |  |   |        |   |            |      |    |
| 19   | Food inventory   |                                      |  |   |        |   |            |      |    |
| 20   | Drugs and medical supplies                                     |                                      |  |   |        |   |            |      |    |
| 21   | Taxidermy  |                                      |  |   |        |   |            |      |    |
| 22   | Historical artifacts   |                                      |  |   |        |   |            |      |    |
| 23   | Scientific specimens   |                                      |  |   |        |   |            |      |    |
| 24   | Archeological artifacts  |                                      |  |   |        |   |            |      |    |
| 25   | Other ( <u>SPORTS EQUIPME</u> )                                | X                                    | 25   | 1,797,217.  | FAI    | R MARKET                                | VA:        | LUE  |    |
| 26   | Other ( )  |                                      |  |   |        |   |            |      |    |
| 27   | Other ( )  |                                      |  |   |        |   |            |      |    |
| 28   | Other ( )  |                                      |  |   |        |   |            |      |    |
| 29   | Number of Forms 8283 received by the organiz                   |                                      |  |   |        |   |            |      |    |
|      | for which the organization completed Form 828                  | 83, Part V, D                        | onee Acknowledg  | ement 29  |        |   |            |      |    |
| ~~   | <b>5</b> · · · · · · · · · · · · · · · · · · ·                 |                                      |  |   |        |   |            | Yes  | No |
| 30a  | During the year, did the organization receive by               |                                      | • • • • •  | -   |        | that it                                 |            |      |    |
|      | must hold for at least 3 years from the date of                |                                      |  |   |        |   | 00-        |      | v  |
|      | exempt purposes for the entire holding period?                 | (                                    |  |   |        |   | <u>30a</u> |      | X  |
|      | If "Yes," describe the arrangement in Part II.                 | olicy that ra                        | quires the review  | of any nonstandard contribut  | ioneo  |   | 24         | х    |    |
| 31   | Does the organization have a gift acceptance p                 |                                      |  |   | 10115? |   | 31         | - 17 |    |
| 32a  | Does the organization hire or use third parties contributions? |                                      | -  |   |        |   | 200        | х    |    |
|      | contributions?   |                                      |  |   |        |   | 32a        | -77  |    |

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** If "Yes," describe in Part II.

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

Schedule M (Form 990) 2023

LHA 332141 09-11-23 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, LINE 32B:

## THE ORGANIZATION ACCEPTS VEHICLE DONATIONS THROUGH CHARITABLE ADULT

## RIDES & SERVICES (CARS).

Schedule M (Form 990) 2023

332142 09-11-23

SCHEDULE O (Form 990) Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



33-0739596

CHALLENGED ATHLETES, INC.

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

THE CHALLENGED ATHLETES FOUNDATION BELIEVES THAT INVOLVEMENT IN SPORTS

AT ANY LEVEL INCREASES SELF-ESTEEM, ENCOURAGES INDEPENDENCE AND

ENHANCES QUALITY OF LIFE.

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

CATCH A RISING STAR (CRS): A FITNESS AND MENTORING PROGRAM THAT HELPS

PHYSICALLY CHALLENGED PEOPLE WHO HAVE SUFFERED A TRAUMATIC INJURY OR

BEEN BORN WITH A CONGENITAL DEFECT TO TAKE THE FIRST STEP TOWARDS A

FULL, ACTIVE LIFESTYLE. IT IS A PROGRAM DESIGNED TO GIVE NEWLY INJURED

OR NEW-TO-SPORTS PEOPLE THE CONFIDENCE AND SUPPORT THEY NEED TO BECOME

ACTIVE AGAIN. CAF HOSTS A SERIES OF MULTI-SPORT CLINICS AND WORKSHOPS

ACROSS THE COUNTRY TO INTRODUCE ATHLETES OF ALL AGES AND ABILITIES TO

SPORTS LIKE RUNNING, SWIMMING, CYCLING, ROCK CLIMBING, WHEELCHAIR

BASKETBALL, ARCHERY, STRENGTH CONDITIONING AND NUTRITION. THE FUN,

INTERACTIVE, NON-THREATENING ENVIRONMENT ALLOWS ASPIRING CHALLENGED

ATHLETES A CHANCE TO SET AND REACH SPORTS GOALS AND INTERACT WITH ROLE

MODEL ATHLETES THAT HAVE SIMILAR PHYSICAL CHALLENGES.

PROJECT N.E.X.T. (NEW EXPECTATIONS TODAY). THIS MENTORING PROGRAM

CONNECTS A PHYSICALLY CHALLENGED MENTEE WITH A SIMILARLY CHALLENGED

MENTOR WHO PROVIDE ONE-ON-ONE SUPPORT AS A ROLE MODEL AND ALLY AS THE

MENTEE BEGINS TO ENGAGE IN PHYSICAL ACTIVITIES AND PARTICIPATE IN

SPORTS. THE GOAL OF THE PROGRAM IS TO EDUCATE THE MENTEE ABOUT THE

OPPORTUNITIES THAT ARE AVAILABLE AND TO CREATE A SUPPORTIVE AND

PRODUCTIVE ENVIRONMENT TO HELP FOSTER THEIR RECOVERY.

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

Schedule O (Form 990) 2023

46

| Schedule O (Form 990) 2023 Page                            |   |  |  |  |  |
|--|---|--|--|--|--|
| Name of the organization CHALLENGED ATHLETES, INC.         | Employer identification number 33-0739596 |  |  |  |  |
| ONCE THE MENTEE IS READY FOR ACTIVITY, THE PROGRAM WILL PR | OVIDE THEM                                |  |  |  |  |
| WITH THE SUPPORT AND EQUIPMENT THEY NEED TO ENGAGE IN AN A | CTIVE                                     |  |  |  |  |
| LIFESTYLE.   |   |  |  |  |  |
| LIFESTYLE.   |   |  |  |  |  |

OPERATION REBOUND (OR) - PROVIDES UNPARALLELED SPORTS OPPORTUNITIES AND SUPPORT TO OUR TROOPS AND VETERANS OF ANY BRANCH OF SERVICE AND FIRST RESPONDERS WHO HAVE SUFFERED PERMANENT PHYSICAL INJURIES IN THE LINE OF DUTY. SPECIFICALLY, OPERATION REBOUND SERVES INJURED MILITARY AND FIRST RESPONDERS THROUGH MILITARY MEDICAL CENTER PHYSICAL TRAINING PROGRAM THAT PROVIDES A STRUCTURED PHYSICAL TRAINING PROGRAM FOR ACTIVE-DUTY SERVICE MEMBERS WHO ARE CONTINUING TREATMENTS AND RECOVERING FROM PERMANENT PHYSICAL INJURIES AT MILITARY MEDICAL CENTERS. OR HOSTS SPORTS CLINICS DESIGNED TO INTRODUCE BEGINNER ATHLETES TO VARIOUS SPORTS SUCH AS BICYCLING, HANDCYCLING, RUNNING, SWIMMING, BASKETBALL AND OTHER SPORTS. OR ALSO SUPPORTS ITS COMMUNITY THROUGH AN ONLINE FORUM WHERE PARTICIPANTS CAN STAY CONNECTED AND GROW WITH FELLOW WOUNDED SERVICE MEMBERS AND THEIR FAMILIES.

CAF-NORTHEAST OFFERS CLINICS, PROGRAMS, GRANTS, AND COMMUNITY EVENTS TO INDIVIDUALS WITH PHYSICAL DISABILITIES, WHILE ALSO SUPPORTING FAMILIES, ENCOURAGING VOLUNTEERS, AND APPRECIATING OUR SUPPORTERS. THESE OPPORTUNITIES NOT ONLY PROVIDE ACCESS TO SPORTS BUT ALSO FOSTER A SENSE OF COMMUNITY, ALLOWING INDIVIDUALS TO MEET OTHERS. A VARIETY OF SPORTS CLINIC OPPORTUNITIES ARE HOSTED THROUGHOUT THE YEAR IN THE NORTHEAST REGION TO GIVE INDIVIDUALS WITH A PERMANENT PHYSICAL DISABILITY THE OPPORTUNITY TO LEARN A NEW SPORT OR IMPROVE THEIR SKILLS.

| CAF-NORCAL OFFERS CLINICS, | PROGRAMS, GRANTS, | AND COMMUNIT | Y EVENTS TO   |                |
|----------------------------|-------------------|--------------|---------------|----------------|
| 332212 11-14-23            |                   |              | Schedule O (I | Form 990) 2023 |
|                            | 47                |              |               |                |
| 1451205 163675 16500.000   | 2023.05000        | CHALLENGED A | THLETES, IN   | C. 16500.01    |

11

| Schedule O (Form 990) 2023                                   | Page <b>2</b>                             |
|--|---|
| Name of the organization<br>CHALLENGED ATHLETES, INC.        | Employer identification number 33-0739596 |
| INDIVIDUALS WITH PHYSICAL DISABILITIES, WHILE ALSO SUPPORT   | ING FAMILIES,                             |
| ENCOURAGING VOLUNTEERS, AND APPRECIATING OUR SUPPORTERS. T   | HESE                                      |
| OPPORTUNITIES NOT ONLY PROVIDE ACCESS TO SPORTS BUT ALSO FOR | OSTER A SENSE                             |
| OF COMMUNITY, ALLOWING INDIVIDUALS TO MEET OTHERS. A VARIE   | TY OF SPORTS                              |
| CLINIC OPPORTUNITIES ARE HOSTED THROUGHOUT THE YEAR IN THE   | GREATER BAY                               |
| AREA TO GIVE INDIVIDUALS WITH A PERMANENT PHYSICAL DISABIL   | ITY THE                                   |
| OPPORTUNITY TO LEARN A NEW SPORT OR IMPROVE THEIR SKILLS.    |   |
|  |   |
| AT CAF, WE PROVIDE INCLUSIVE OPPORTUNITIES FOR INDIVIDUALS   | WITH                                      |
| PHYSICAL DISABILITIES OF ALL AGES AND ABILITY LEVELS TO PAR  | RTICIPATE IN                              |
| ADAPTIVE SPORTS AROUND THE COUNTRY. WHETHER YOU'RE A SEASO   | NED ATHLETE                               |
| OR NEW TO ADAPTIVE SPORTS, OUR CAMPS AND CLINICS OFFER A SU  | UPPORTIVE                                 |
| ENVIRONMENT FOR EVERYONE TO THRIVE. BEST OF ALL, PARTICIPA   | FION IN CAF                               |
| ADAPTIVE SPORTS CAMPS AND CLINICS IS COMPLETELY FREE OF CH   | ARGE.                                     |
| EXPENSES \$ 1,925,794. INCLUDING GRANTS OF \$ 1,146,166.     | REVENUE \$ 0.                             |
|  |   |
| FORM 990, PART VI, SECTION A, LINE 2:                        |   |

JEFFREY ESSAKOW & DEAN ROEPER HAVE A BUSINESS RELATIONSHIP. JEFFREY ESSAKOW & JEFF JACOBS HAVE A BUSINESS RELATIONSHIP. JEFFREY ESSAKOW & ALAN SHANKEN HAVE A BUSINESS RELATIONSHIP. JEFFREY ESSAKOW & DAVID JOCHIM HAVE A BUSINESS RELATIONSHIP. JEFFREY ESSAKOW AND NICOLE LUDWIG HAVE A FAMILY RELATIONSHIP.

FORM 990, PART VI, SECTION B, LINE 11B: A DRAFT OF THE 990 WILL BE SENT TO THE AUDIT COMMITTEE TO REVIEW. A MEETING WILL THEN BE SCHEDULED WITH THE AUDITORS AND AUDIT COMMITTEE TO DISCUSS ANY QUESTIONS OR CONCERNS. THE AUDIT COMMITTEE CHAIRPERSON WILL THEN PRESENT THE AUDIT COMMITTEE APPROVED 990 TO THE BOARD OF DIRECTORS Schedule O (Form 990) 2023 332212 11-14-23 48 2023.05000 CHALLENGED ATHLETES, INC. 16500.01

| Name of the organization                                   | Employer identification number |
|--|--------------------------------|
| CHALLENGED ATHLETES, INC.                                  | 33-0739596                     |
|  |                                |
|  |                                |
| RECOMMENDING APPROVAL. EACH MEMBER OF THE BOARD OF DIRECT  | ORS WILL RECEIVE               |
|  |                                |
| A COPY OF THE 990 AND ONCE QUESTIONS ARE ADDRESSED A VOTE  | WILL BE TAKEN TO               |
| A COLL OF THE 330 AND ONCE QUEDITOND ARE ADDREDDED A VOIE  | WIDD DE TAKEN TO               |
|  |                                |
| APPROVE THE 990. ONCE APPROVED, IT WILL BE NOTED IN THE E  | BOARD OF                       |
| ·  |                                |
|  | ~                              |
| DIRECTOR'S MINUTES. THE 990 WILL THEN BE FILED WITH THE IR | lS.                            |

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

THE BOARD OF DIRECTORS ARE REQUIRED TO DISCLOSE AND SIGN A CONFLICT OF

INTEREST AGREEMENT ANNUALLY.

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

CHIEF EXECUTIVE OFFICER COMPENSATION IS REVIEWED USING A COMPENSATION AND BENEFITS SURVEY PUBLISHED BY NON PROFIT MANAGEMENT SOLUTIONS. THE COMPENSATION COMMITTEE SHALL REVIEW AND APPROVE THE COMPENSATION, INCLUDING BENEFITS, IF ANY, OF THE CHIEF EXECUTIVE OFFICER AND CHIEF FINANCIAL OFFICER, TO ASSURE THAT EACH IS JUST AND REASONABLE AS TO EACH OF SUCH OFFICERS, SUCH REVIEW OF AN OFFICER'S COMPENSATION, IF ANY, SHALL OCCUR INITIALLY UPON THE HIRING OF SUCH OFFICERS, WHENEVER THE TERM OF EMPLOYMENT, IF ANY OF THE OFFICER IS RENEWED OR EXTENDED, AND WHENEVER SUCH OFFICER'S COMPENSATION IS MODIFIED.

FORM 990, PART VI, SECTION C, LINE 18:

THE FORM 990 IS POSTED ON THE CAF WEBSITE, AND IS ALSO AVAILABLE UPON REQUEST AND IS LOCATED AT THE CAF HEADQUARTERS. FORM 1023 IS ALSO AVAILABLE FOR REVIEW UPON REQUEST AT THE CAF HEADQUARTERS.

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

THE ORGANIZATION'S FINANCIALS AND GOVERNING DOCUMENTS ARE AVAILABLE DURING

NORMAL BUSINESS HOURS AT THE ORGANIZATION'S CORPORATE HEADQUARTERS AND UPON
332212 11-14-23
49

| Schedule O (Form 990) 2023<br>Name of the organization | Page<br>Employer identification number |
|--|--|
| CHALLENGED ATHLETES, INC.                              | 33-0739596                             |
| VRITTEN REQUEST.                                       |  |
|  |  |
|  |  |
| FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:      |  |
| CHANGE IN VALUE OF BENEFICIAL INTEREST IN ASSETS       | 2,563,202.                             |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

11451205 163675 16500.000

2023.05000 CHALLENGED ATHLETES, INC. 16500.01

| SCHEDULE   | F |
|------------|---|
| (Form 990) |   |

Department of the Treasury Internal Revenue Service

## **Related Organizations and Unrelated Partnerships**

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

OMB No. 1545-0047

23 Open to Public Inspection

Employer identification number 33-0739596

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

Name of the organization

## CHALLENGED ATHLETES, INC.

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

| <b>(a)</b><br>Name, address, and EIN (if applicable)<br>of disregarded entity | <b>(b)</b><br>Primary activity | <b>(c)</b><br>Legal domicile (state or<br>foreign country) | <b>(d)</b><br>Total income | (e)<br>End-of-year assets | <b>(f)</b><br>Direct controlling<br>entity |
|---|--------------------------------|--|----------------------------|---------------------------|--|
|   |                                |  |                            |                           |  |
|   |                                |  |                            |                           |  |
|   |                                |  |                            |                           |  |
|   |                                |  |                            |                           |  |

### Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt Part II organizations during the tax year.

| (a)<br>Name, address, and EIN<br>of related organization | <b>(b)</b><br>Primary activity | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Exempt Code<br>section | <b>(e)</b><br>Public charity<br>status (if section | <b>(f)</b><br>Direct controlling<br>entity |     | <b>9)</b><br>512(b)(13)<br>rolled<br>ity? |
|--|--------------------------------|---|-------------------------------|--|--|-----|---|
|  |                                |   |                               | 501(c)(3))   |  | Yes | No  |
| CAF PROPERTY, INC - 38-3795334                           |                                |   |                               |  |  |     |   |
| 9591 WAPLES STREET                                       | SUPPORT CHALLENGED             |   |                               | LINE 12C,  |  |     |   |
| SAN DIEGO, CA 92121                                      | ATHLETES, INC.                 | CALIFORNIA  | 501(C)(3)                     | III-FI   |  |     | Х   |
|  | -                              |   |                               |  |  |     |   |
|  |                                |   |                               |  |  |     |   |
|  |                                |   |                               |  |  |     |   |

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

Schedule R (Form 990) 2023

## Schedule R (Form 990) 2023 CHALLENGED ATHLETES, INC.

33-0739596 Page 2

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

|  |                  | · <b>,</b> ·                              |                              |  |                       |                                   |  |    |                 |                           |                            |
|--|------------------|---|------------------------------|--|-----------------------|-----------------------------------|--|----|-----------------|---------------------------|----------------------------|
| (a)  | (b)              | (c)                                       | (d)                          | (e)  | (f)                   | (g)                               | (1                                     | h) | (i)             | (j)                       | (k)                        |
| Name, address, and EIN of related organization | Primary activity | Legal<br>domicile<br>(state or<br>foreign | Direct controlling<br>entity | Predominant income<br>(related, unrelated,<br>excluded from tax under<br>sections 512-514) | Share of total income | Share of<br>end-of-year<br>assets | Share of Disproportionate allocations? |    |                 | Genera<br>manag<br>partne | or Percentage<br>ownership |
|  |                  | country)                                  |                              | sections 512-514)  |                       | 400010                            | Yes                                    | No | K-1 (Form 1065) | Yes                       | 10                         |
|  |                  |   |                              |  |                       |                                   |  |    |                 |                           |                            |
|  | 1                |   |                              |  |                       |                                   |  |    |                 |                           |                            |
|  | 1                |   |                              |  |                       |                                   |  |    |                 |                           |                            |
|  |                  |   |                              |  |                       |                                   |  |    |                 |                           |                            |
|  |                  |   |                              |  |                       |                                   |  |    |                 |                           |                            |
|  |                  |   |                              |  |                       |                                   |  |    |                 |                           |                            |
|  |                  |   |                              |  |                       |                                   |  |    |                 |                           |                            |
|  | -                |   |                              |  |                       |                                   |  |    |                 |                           |                            |
|  |                  |   |                              |  |                       |                                   |  |    |                 |                           | <u> </u>                   |
|  | -                |   |                              |  |                       |                                   |  |    |                 |                           |                            |
|  |                  |   |                              |  |                       |                                   |  |    |                 |                           |                            |
|  |                  |   |                              |  |                       |                                   |  |    |                 |                           |                            |
|  |                  |   |                              |  |                       |                                   |  |    |                 |                           |                            |
|  |                  |   |                              |  |                       |                                   |  |    |                 |                           |                            |
|  |                  |   |                              |  |                       |                                   |  |    |                 |                           |                            |
|  | 1                |   |                              |  |                       |                                   |  |    |                 |                           |                            |
|  | 1                |   |                              |  |                       |                                   |  |    |                 |                           |                            |
|  |                  |   |                              |  |                       |                                   | 1                                      |    |                 |                           |                            |

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

| <b>(a)</b><br>Name, address, and EIN<br>of related organization | <b>(b)</b><br>Primary activity | (c)<br>Legal domicile<br>(state or<br>foreign | al domicile Direct controlling Type of entity Share of total Share of total entity (C corp, S corp, income end-of-<br>foreign or trust) |            | Share of total Share of |        | 512(b<br>contr | <b>i)</b><br>b)(13)<br>rolled<br>iity? |    |
|---|--------------------------------|---|---|------------|-------------------------|--------|----------------|--|----|
|   |                                | country)                                      |   | 01 11 03 0 |                         | 233013 |                | Yes                                    | No |
|   |                                |   |   |            |                         |        |                |  |    |
|   |                                |   |   |            |                         |        |                |  |    |
|   |                                |   |   |            |                         |        |                |  |    |
|   |                                |   |   |            |                         |        |                |  |    |
|   |                                |   |   |            |                         |        |                |  |    |
|   |                                |   |   |            |                         |        |                |  |    |
|   |                                |   |   |            |                         |        |                |  |    |
|   |                                |   |   |            |                         |        |                |  |    |
|   |                                |   |   |            |                         |        |                |  |    |
|   |                                |   |   |            |                         |        |                |  |    |
|   |                                |   |   |            |                         |        |                |  |    |
|   |                                |   |   |            |                         |        |                |  |    |
|   |                                |   |   |            |                         |        |                |  |    |
|   |                                |   |   |            |                         |        |                |  |    |

## Schedule R (Form 990) 2023 CHALLENGED ATHLETES, INC.

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

| Not | e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.   |    | Yes | No     |  |  |  |
|-----|--|----|-----|--------|--|--|--|
| 1   | During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?                          |    |     |        |  |  |  |
| а   | Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity  | 1a |     | X<br>X |  |  |  |
|     | b Gift, grant, or capital contribution to related organization(s)  |    |     |        |  |  |  |
|     | Gift, grant, or capital contribution from related organization(s)  | 1c |     | X      |  |  |  |
| d   | Loans or loan guarantees to or for related organization(s)   | 1d |     | X      |  |  |  |
|     | Loans or loan guarantees by related organization(s)  | 1e |     | X      |  |  |  |
|     |  |    |     |        |  |  |  |
| f   | Dividends from related organization(s)   | 1f |     | X      |  |  |  |
| g   | Sale of assets to related organization(s)  | 1g |     | X      |  |  |  |
| h   | Purchase of assets from related organization(s)  | 1h |     | X      |  |  |  |
| i   | Exchange of assets with related organization(s)  | 1i |     | X      |  |  |  |
| j   | Lease of facilities, equipment, or other assets to related organization(s)   | 1j |     | X      |  |  |  |
|     |  |    |     |        |  |  |  |
| k   | Lease of facilities, equipment, or other assets from related organization(s)   | 1k | X   |        |  |  |  |
| I   | Performance of services or membership or fundraising solicitations for related organization(s)   | 11 |     | X      |  |  |  |
| m   | Performance of services or membership or fundraising solicitations by related organization(s)  | 1m |     | X      |  |  |  |
| n   | Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)  | 1n | X   |        |  |  |  |
| o   | Sharing of paid employees with related organization(s)   | 10 | X   |        |  |  |  |
|     |  |    |     |        |  |  |  |
| р   | Reimbursement paid to related organization(s) for expenses   | 1p |     | X      |  |  |  |
|     | Reimbursement paid by related organization(s) for expenses   | 1q | X   |        |  |  |  |
|     |  |    |     |        |  |  |  |
| r   | Other transfer of cash or property to related organization(s)  | 1r |     | X<br>X |  |  |  |
| S   | s Other transfer of cash or property from related organization(s)  |    |     |        |  |  |  |
| 2   | If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. |    |     |        |  |  |  |
|     |  |    |     |        |  |  |  |

| (a)<br>Name of related organization | <b>(b)</b><br>Transaction<br>type (a-s) | <b>(c)</b><br>Amount involved | (d)<br>Method of determining amount involved |
|-------------------------------------|---|-------------------------------|--|
| (1)                                 |   |                               |  |
| <u>(2)</u>                          |   |                               |  |
| (3)                                 |   |                               |  |
| <u>(4)</u>                          |   |                               |  |
| <u>(5)</u>                          |   |                               |  |
| <u>(6)</u>                          |   |                               |  |

## Schedule R (Form 990) 2023 CHALLENGED ATHLETES, INC.

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

| (a)<br>Name, address, and EIN<br>of entity | <b>(b)</b><br>Primary activity | <b>(c)</b><br>Legal domicile<br>(state or foreign<br>country) | (d)<br>Predominant income<br>(related, unrelated,<br>excluded from tax under<br>sections 512-514) | (e)<br>Are all<br>partners set<br>501(c)(3)<br>orgs.?<br>Yes No |   | (h)<br>Dispro<br>tiona<br>allocatio<br><b>Yes</b> | Code V-UBI<br>amount in box 20<br>of Schedule K-1 | (j)<br>General o<br>managing<br>partner?<br>Yes NO | (k)<br>r Percentage<br>ownership |
|--|--------------------------------|---|---|---|---|---|---|--|----------------------------------|
|  |                                |   |   |   |   | 163   |   |  |                                  |
|  |                                |   |   |   |   |   |   |  |                                  |
|  |                                |   |   |   |   |   |   |  |                                  |
|  |                                |   |   |   |   |   |   |  |                                  |
|  |                                |   |   |   |   |   |   |  |                                  |
|  |                                |   |   |   |   |   |   |  |                                  |
|  |                                |   |   |   | 1 |   |   |  |                                  |
|  |                                |   |   |   |   |   |   |  |                                  |

Schedule R (Form 990) 2023

## Schedule R (Form 990) 2023 CHALLENGED ATHLETES, INC. 33-0739596 Page 5

| Part VII Supplemental Informatio |
|----------------------------------|
|----------------------------------|

Provide additional information for responses to questions on Schedule R. See instructions.

Schedule R (Form 990) 2023

332165 09-28-23

| Form <b>8868</b> |  |
|------------------|--|
|------------------|--|

(Rev. January 2024)

## Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

Department of the Treasury Internal Revenue Service

## File a separate application for each return. Go to www.irs.gov/Form8868 for the latest information.

**Electronic filing (e-file).** You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

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

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

| CHALLENGED ATHLETES, INC.       33-073959         The bulk in description of the state, and room or suite no. If a P.O. box, see instructions.       9591 WAPLES STREET         City, town or post office, state, and ZP code. For a foreign address, see instructions.       SAN DIEGO, CA 92121         Enter the Return Code for the return that this application is for (file a separate application for each return)       Application Is For         Form 990 or Form 990-EZ       01       Form 4720 (other than individual)         Form 990 or Form 990-EZ       01       Form 5227         Form 990-F       04       Form 5227         Form 990-F       04       Form 5669         Form 990-F (sec. 401(a) or 408(a) trust)       05       Form 5330 (individual)         Form 990-T (trust other than above)       06       Form 5330 (individual)         Form 990-T (corporation)       07       Form 5330 (other than individual)         Form 990-T (corporation)       07       Form 5330 (other than individual)         Form 5330.       It has application is for an extension of time to file Form 5330, you must enter the following information.       Plan Number         Plan Number  | pe or   | Name of exempt organization, employer, or other filer  | r, see instru   | uctions.  | Taxpayer   | ridentification  | number (TIN)   |
|---|---|--|---|---|--|--|--|
| le by the state of large vote state of a large vote state of large vote state state vote state of large vote state of large vote state vote vote state vote state vote state vote state vote vote state vote vote state vote vote vote state vote vote vote vote vote vote vote vo   | nt  |  |   |   |  |  | , , , , , , , , , , , , , , , , , , ,  |
| Number, street, and room or suite no. If a P.O. box, see instructions.         9591       WAPLES STREET         City, town or post office, state, and ZIP code. For a foreign address, see instructions.         SAN DIEGO, CA 92121         City, town or post office, state, and ZIP code. For a foreign address, see instructions.         SAN DIEGO, CA 92121         City, town or post office, state, and ZIP code. For a foreign address, see instructions.         SAN DIEGO, CA 92121         City, town or post office, state, and ZIP code. For a foreign address, see instructions.         SAN DIEGO, CA 92121         City, town or post office, state, and ZIP code. For a foreign address, see instructions.         San DIEGO, CA 92121         City, town or post office, state, and ZIP code. For a foreign address, see instructions.         Sorm 990, Tex. 001       03         Form 4720 (individual)       03         Form 990, tex. 01(a) or 408(a) trust)       06         Form 990, tex. 01(a) or 408(a) trust)       06         Form 990, tex. 01(a) or 408(a) trust)       07         Form 5330 (other than individual)       07         Form 5330.  | by the  |  |   |   |  | 33-073   | 9596   |
| Setuctions.       City, town or post office, state, and ZIP code. For a foreign address, see instructions.         SAN DIEGO, CA 92121         Enter the Return Code for the return that this application is for (file a separate application for each return)         Application Is For         Code         Form 990 or Form 990-EZ         O1         Form 4720 (individual)         03         Form 990-FE         04         Form 990-T (sec, 401(a) or 408(a) trust)         05         Form 5330 (individual)         Form 990-T (corporation)         07         Form 5330 (individual)         Form 990-T (corporation)         07         Form 5330.         Plan Name         Plan Number         Plan Number         Plan Number         Plan Number         Plan Number         9591 WAPLES STREET - SAN DIEGO, CA 92121         Telephone No.       858-210-3510         Fax No.         If the organization does not have an office or place of business in the United States, check this box         If the organization does not have an office or place of business in the United States, check this box         If the organization does not have an office or place of business in the United States, check this b   | date for<br>g your  |  | ee instruct   | ions.   |  |  |  |
| Application Is For         Return<br>Code         Application Is For           Corn 990 or Form 990-EZ         01         Form 4720 (other than individual)           Form 4720 (individual)         03         Form 5227           Form 990-PF         04         Form 6069           Form 990-T (sec. 401(a) or 408(a) trust)         05         Form 5330 (individual)           Form 990-T (corporation)         07         Form 5330 (other than individual)           Form 990-T (corporation)         07         Form 5330 (other than individual)           Form 5330.         08         Sold other than individual)           Form 5330.         08         Sold other than individual)           Orm 1041-A         08         Sold other than individual)           P After you enter your Return Code, complete either Part II or Part III. part III, including signature, is applicable only for an extension of time to file Form 5330. you must enter the following information.           Plan Number  | ructions.   | SAN DIEGO, CA 92121  |   |   |  |  |  |
| Code           Form 990 or Form 990-EZ         01         Form 4720 (dividual)           Form 4720 (individual)         03         Form 5227           Form 990-FF         04         Form 6069           Form 990-T (sec. 401(a) or 408(a) trust)         05         Form 5330 (individual)           Form 990-T (corporation)         07         Form 5330 (other than individual)           Form 1041-A         08         08           After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.         16           If this application is for an extension of time to file Form 5330, you must enter the following information.         Plan Name           Plan Number         Plan Number         Plan Number           Plan Number         9591 WAPLES STREET - SAN DIEGO, CA 92121           Telephone No.         858-210-3510         Fax No.           If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN)   | ter the Re  | eturn Code for the return that this application is for (file   | e a separat   | e application for each return)  |  |  |  |
| Form 4720 (individual)       03       Form 5227         Form 990-PF       04       Form 6069         Form 990-T (sec. 401(a) or 408(a) trust)       05       Form 8870         Form 990-T (crust other than above)       06       Form 5330 (individual)         Form 990-T (corporation)       07       Form 5330 (individual)         Form 990-T (corporation)       07       Form 5330 (other than individual)         Form 5330.       Patter sour Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of ime to file Form 5330.         If this application is for an extension of time to file Form 5330, you must enter the following information.         Plan Name  | plication   | ls For   |   | Application Is For  |  |  | Returr<br>Code   |
| Form 990-PF       04       Form 6069         Form 990-T (sec. 401(a) or 408(a) trust)       05       Form 8870         Form 990-T (trust other than above)       06       Form 5330 (individual)         Form 990-T (corporation)       07       Form 5330 (individual)         Form 990-T (corporation)       07       Form 5330 (individual)         Form 5330.       Patter you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of ime to file Form 5330.         If this application is for an extension of time to file Form 5330, you must enter the following information.         Plan Name         Plan Name         Plan Number         If the organization of Time To File for Exempt Organizations (see instructions)         The books are in the care of LORRIE HALL <td>rm 990 or</td> <td>r Form 990-EZ</td> <td>01</td> <td>Form 4720 (other than individual)</td> <td></td> <td></td> <td>09</td>   | rm 990 or   | r Form 990-EZ  | 01  | Form 4720 (other than individual)   |  |  | 09   |
| iorr 990-T (sec. 401(a) or 408(a) trust)       05       Form 8870         iorr 990-T (trust other than above)       06       Form 5330 (individual)         iorr 990-T (corporation)       07       Form 5330 (other than individual)         iorr 990-T (corporation)       07       Form 5330 (other than individual)         iorr 1041.A       08         P After you enter your Return Code, complete either Part III or Part III. Part III, including signature, is applicable only for an extension of ime to file Form 5330, you must enter the following information.         Plan Name   | rm 4720 (i  | (individua <b>l</b> )  | 03  |   |  |  | 10   |
| Form 990-T (trust other than above)       06       Form 5330 (individual)         Form 990-T (corporation)       07       Form 5330 (other than individual)         Form 1041-A       08         P After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of ime to file Form 5330.         If this application is for an extension of time to file Form 5330, you must enter the following information.         Plan Name         Plan Number         Plan Year Ending (MM/DD/YYYY)         art II - Automatic Extension of Time To File for Exempt Organizations (see instructions)         The books are in the care of LORRIE HALL         9591 WAPLES STREET - SAN DIEGO, CA 92121         Telephone No. <u>858-210-3510</u> Fax No.         If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN)  | rm 990-PF   | F  | 04  | Form 6069   |  |  | 11   |
| Form 990-T (corporation)       07       Form 5330 (other than individual)         Form 1041-A       08         After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of ime to file Form 5330.         If this application is for an extension of time to file Form 5330, you must enter the following information.         Plan Name         Plan Number         Plan Year Ending (MM/DD/YYYY)         art II - Automatic Extension of Time To File for Exempt Organizations (see instructions)         The books are in the care of LORRIE HALL         9591 WAPLES STREET - SAN DIEGO, CA 92121         Telephone No.       858-210-3510         Fax No.         If the organization does not have an office or place of business in the United States, check this box         If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN)         .   | rm 990-T (  | (sec. 401(a) or 408(a) trust)  | 05  | Form 8870   |  |  | 12   |
| Form 1041-A       08         • After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.         • If this application is for an extension of time to file Form 5330, you must enter the following information.         Plan Name         Plan Number         Plan Number         Plan Year Ending (MW/DD/YYYY)         art II - Automatic Extension of Time To File for Exempt Organizations (see instructions)         The books are in the care of LORRIE HALL         9591 WAPLES STREET         9591 WAPLES STREET         Feak No.         If the organization does not have an office or place of business in the United States, check this box         If the is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN)         If this is for a droup Return, enter the organization's four-digit Group Exemption Number (GEN)         If the organization named above. The extension of time until FEBRUARY 18         1       Irequest an automatic 6-month extension of time until FEBRUARY 18         1       Irequest an automatic 6-month extension is for the organization's return for:         calendar year 20       or         2       It tax year beginning       APR 1         , 20       23       , and ending       MAR 31         2       If the tax year entered |   |  |   |   |  |  | 13   |
| After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of ime to file Form 5330.         If this application is for an extension of time to file Form 5330, you must enter the following information.         Plan Name         Plan Number         Plan Number         Plan Number         Plan Year Ending (MM/DD/YYYY)         art II - Automatic Extension of Time To File for Exempt Organizations (see instructions)         The books are in the care of         LORRIE       HALL         9591       WAPLES         STREET       SAN DIEGO, CA 92121         Telephone No.       858-210-3510         Fax No.  |   |  |   | Form 5330 (other than individual)   |  |  | 14   |
| me to file Form 5330.   If this application is for an extension of time to file Form 5330, you must enter the following information.   Plan Name   Plan Number   Plan Number   Plan Number   Plan Number   Plan Year Ending (MM/DD/YYYY)   art II - Automatic Extension of Time To File for Exempt Organizations (see instructions) The books are in the care of LORRIE HALL 9591 WAPLES STREET - SAN DIEGO, CA 92121 Telephone No. 858-210-3510 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) If it is for part of the group, check this box In the organization named above. The extension of time until FEBRUARY 18, 20 25, to file the exempt organization reture the organization is for the organization's return for: calendar year 20 or X tax year beginning APR 1, 20 23, and ending MAR 31, 20 If the tax year entered in line 1 is for less than 12 months, check reason:   |   |  |   |   |  |  |  |
| calendar year 20 or         X       tax year beginning APR 1, 20 23, and ending MAR 31, 20         2       If the tax year entered in line 1 is for less than 12 months, check reason:       Initial return       Final return  | f this app <b>l</b><br>Plan N<br>Plan N<br><u>Plan Y</u><br>t II - Auto<br>The book   | Name   | izations (s   | ee instructions)  |  |  |  |
| X       tax year beginning       APR 1       , 20 23       , and ending       MAR 31       , 20         2       If the tax year entered in line 1 is for less than 12 months, check reason:       Initial return       Final return   | f this appl<br>Plan N<br>Plan N<br>Plan Y<br>t II - Auto<br>The book<br>Telephon<br>If the orga<br>If this is for<br>x  | Name   | izations (s<br>ET – S<br>is in the Uni<br>Group Exe<br>and atta<br>EBRUAH   | EXAN DIEGO, CA 92121<br>Fax No<br>ted States, check this box<br>mption Number (GEN),<br>ch a list with the names and TINs of<br>RY 18 , 20 25 , to file   | If this is fo  | r the whole gr<br>ers the extens   | oup, check thi<br>ion is for.  |
|   | f this appl<br>Plan N<br>Plan N<br>Plan Y<br>t II - Auto<br>The book<br>Telephon<br>If the orga<br>If this is fo<br>x [<br>I reque<br>the org   | Name   | izations (s<br>ET – S<br>is in the Uni<br>Group Exe<br>and atta<br>EBRUAH   | EXAN DIEGO, CA 92121<br>Fax No<br>ted States, check this box<br>mption Number (GEN),<br>ch a list with the names and TINs of<br>RY 18 , 20 25 , to file   | If this is fo  | r the whole gr<br>ers the extens   | oup, check thi<br>ion is for.  |
|   | f this appl<br>Plan N<br>Plan N<br>Plan Y<br>t II - Auto<br>The book<br>Telephon<br>If the orga<br>If this is for<br>x  | Name   | izations (s<br>ET – S<br>s in the Uni<br>Group Exel<br>and atta<br>EBRUAP<br>anization's  | Example 2 SAN DIEGO, CA 92121<br>Fax No   | If this is fo<br>all membe<br>the exem   | r the whole gr<br>ers the extens<br>pt organizatic   | oup, check this<br>ion is for.<br>on return for                                    |
| <b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less  | f this appl<br>Plan N<br>Plan N<br>Plan Y<br>t II - Auto<br>The book<br>Telephon<br>If the orga<br>If this is for<br>x<br>I reque<br>the orga<br>the orga<br>the orga<br>the orga<br>the orga<br>the orga   | Name   | izations (s<br>ST – S<br>in the Uni<br>Group Exel<br>and atta<br>EBRUAR<br>anization's  | See instructions)         SAN DIEGO, CA 92121         Fax No.         ted States, check this box         mption Number (GEN)         ch a list with the names and TINs of         RY 18       , 20         return for:         23       , and ending  | If this is fo<br>all member<br>e the exem<br>MAR 3                               | r the whole gr<br>ers the extens<br>npt organizatic<br>1   | oup, check thi<br>ion is for.<br>on return for                                     |
| any nonrefundable credits. See instructions. 3a \$  | f this appl<br>Plan N<br>Plan N<br>Plan Y<br>t II - Auto<br>The book<br>Telephon<br>If the orga<br>If this is fo<br>x<br>I reque<br>the orga<br>If the to<br>X<br>If the t<br>Ca  | Name         Year Ending (MM/DD/YYYY)         omatic Extension of Time To File for Exempt Organ         ks are in the care of       LORRIE HALL         9591       WAPLES STREE         ne No.       858 – 210 – 3510         nanization does not have an office or place of business         for a Group Return, enter the organization's four-digit (  | izations (s<br>ET – S<br>in the Uni<br>Group Exel<br>and atta<br>EBRUAH<br>anization's<br>, 20 <u>2</u><br>heck reasc   | See instructions)         SAN DIEGO, CA 92121         Fax No.         ted States, check this box         mption Number (GEN)         ch a list with the names and TINs of         RY 18       , 20         return for:         23       , and ending         on:       Initial return   | If this is fo<br>all member<br>e the exem<br>MAR 3                               | r the whole gr<br>ers the extens<br>npt organizatic<br>1   | oup, check this<br>ion is for<br>on return for<br>, 20 <u>2 4</u>                  |
| b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and   | f this appl<br>Plan N<br>Plan N<br>Plan Y<br>t II - Auto<br>The book<br>Telephon<br>If the orga<br>If this is for<br>x<br>I reque<br>the orga<br>If the the orga<br>If the orga | Name         Year Ending (MM/DD/YYYY)         pomatic Extension of Time To File for Exempt Organ         As are in the care of LORRIE HALL         9591 WAPLES STREE         he No.       858 - 210 - 3510         ganization does not have an office or place of business         for a Group Return, enter the organization's four-digit (Comparisation does not have an office or place of business         for a Group Return, enter the organization's four-digit (Comparisation named above, check this box  | izations (s<br>ET – S<br>in the Uni<br>Group Exer<br>and atta<br>EBRUAF<br>anization's<br>, 20 <u>2</u><br>heck reasc   | See instructions)         SAN DIEGO, CA 92121         Fax No.         Ted States, check this box         mption Number (GEN)         ch a list with the names and TINs of RY 18         cy 18         y 20         23         nand ending         pn:         Initial return         tentative tax, less  | If this is fo<br>all membe<br>the exem<br>MAR 3<br>Final retur                   | r the whole gro<br>ers the extens<br>npt organization<br>1   | oup, check this<br>ion is for.<br>on return for                                    |
|   | f this appl<br>Plan N<br>Plan N<br>Plan Y<br>t II - Auto<br>The book<br>Telephon<br>If the orga<br>If this is for<br>X<br>I reque<br>the org<br>X f<br>If the t<br>C<br>a If this a<br>any nc<br>o If this a  | Name         Year Ending (MM/DD/YYYY)         omatic Extension of Time To File for Exempt Organ         ks are in the care of       LORRIE HALL         9591       WAPLES         year Ending (MM/DD/YYYY)       9591         omatic Extension of Time To File for Exempt Organ         ks are in the care of       LORRIE HALL         9591       WAPLES         year Ending (MM/DD/YYYY)       9591         panication the care of       LORRIE HALL         9591       WAPLES         year Ending (March and the care of the group, check this box       Image: Care of the group, check this box         year an automatic 6-month extension of time until       File         ganization named above. The extension is for the organ       calendar year 20  | izations (s<br>izations (s<br>s in the Uni<br>Group Exer<br>and atta<br>EBRUAF<br>anization's<br>, 20 $\frac{2}{2}$<br>heck reasc<br>heck reasc<br>heck reasc   | SAN DIEGO, CA 92121         Fax No.         Tead States, check this box         mption Number (GEN)         ch a list with the names and TINs of         CY 18       , 20         23       , and ending         on:       Initial return         tentative tax, less  | If this is fo<br>all member<br>the exem<br>MAR 3<br>Final retur<br>3a            | r the whole groups the extens the extens the extens of the | oup, check this<br>ion is for.<br>on return for<br>_ , 20 <u>24</u><br>0           |
| c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by  | f this appl<br>Plan N<br>Plan N<br>Plan Y<br>t II - Auto<br>The book<br>Telephon<br>If the orga<br>If this is for<br>X<br>I reque<br>the org<br>X<br>I reque<br>the org<br>A f this is<br>any nc<br>D If this is<br>estima  | Name   | izations (s<br>izations (s<br>s in the Uni<br>Group Exer<br>and atta<br>EBRUAF<br>anization's<br>, 20 <u>2</u><br>heck reasc<br>b, enter the<br>b, enter any<br>ayment all  | SAN DIEGO, CA 92121         Fax No.         ted States, check this box         mption Number (GEN)         ch a list with the names and TINs of         RY 18       , 20         return for:         23       , and ending         on:       Initial return         tentative tax, less         refundable credits and owed as a credit.                                      | If this is fo<br>all membe<br>the exem<br>MAR 3<br>Final retur                   | r the whole groups the extens the extens the extens of the | oup, check thi:<br>ion is for.<br>on return for<br>_ , 20 <u>2 4</u>               |
|   | f this appl<br>Plan N<br>Plan N<br>Plan Y<br>t II - Auto<br>The book<br>Telephon<br>If the orga<br>If this is fr<br>x<br>I reque<br>the orga<br>If this is fr<br>x<br>I reque<br>the orga<br>If the t<br>C<br>a If this is<br>any no<br>o If this is<br>estima<br>c Baland  | Name   | izations (s<br>izations (s<br>s in the Uni<br>Group Exel<br>and atta<br>EBRUAH<br>anization's<br>, 20 <u>2</u><br>heck reasc<br>heck reasc<br>o, enter the<br>o, enter any<br>hayment all<br>ayment with                            | SAN DIEGO, CA 92121         Fax No.         ted States, check this box         mption Number (GEN)         ch a list with the names and TINs of         RY 18       , 20         return for:         23       , and ending         on:       Initial return         tentative tax, less         refundable credits and owed as a credit.         n this form, if required, by | If this is fo<br>i all member<br>is the exem<br>MAR 3<br>Final retur<br>3a<br>3b | r the whole grovers the extens of the extens | oup, check thi<br>ion is for.<br>on return for<br>_ , 20 <u>2 4</u><br>0           |
| For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form 8868 (Re   | f this appl<br>Plan N<br>Plan N<br>Plan Y<br>t II - Auto<br>The book<br>Telephon<br>If the orga<br>If this is fr<br>x<br>I reque<br>the orga<br>If this is fr<br>x   | Name         Year Ending (MM/DD/YYYY)         pmatic Extension of Time To File for Exempt Organ         (s are in the care of LORRIE HALL         9591         year Ending (MM/DD/YYYY)         pmatic Extension of Time To File for Exempt Organ         (s are in the care of LORRIE HALL         9591         year Ending (MM/DD/YYYY)         pmatic Extension of Time To File for Exempt Organ         (s are in the care of LORRIE HALL         9591         year Ending (MA/DD/YYYY)         panization of Time To File for Exempt Organ         (s are in the care of LORRIE HALL         9591         year Ending (MA/DD/YYYY)         (application does not have an office or place of business         (or a Group Return, enter the organization's four-digit (C         (application named above. The extension of time until File         (application named above. The extension is for the organ         (calendar year 20 | izations (s<br>izations (s<br>s in the Uni<br>Group Exel<br>and atta<br>EBRUAH<br>anization's<br>, 20<br>heck reasc<br>heck reasc<br>heck reasc<br>heck reasc<br>heck reasc<br>heck reasc<br>heck reasc<br>heck reasc<br>heck reasc | SAN DIEGO, CA 92121         Fax No.         ted States, check this box         mption Number (GEN)         ch a list with the names and TINs of         RY 18       , 20         return for:         23       , and ending         on:       Initial return         tentative tax, less         refundable credits and owed as a credit.         n this form, if required, by | If this is fo<br>all member<br>the exem<br>MAR 3<br>Final retur<br>3a            | r the whole grovers the extens of the extens | oup, check this<br>ion is for.<br>on return for<br>_ , 20 <u>24</u><br>0<br>0<br>0 |

2023.05000 CHALLENGED ATHLETES, INC. 16500.01