Form 9	90
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Department of the Treasury

EXTENDED TO NOVEMBER 15, 2023 Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information OMB No. 1545-0047

Intern	al Revenue	Service Go to www.irs.gov/Form990 for instructions and the late	st mormation.	Inspection
AF	or the 2	022 calendar year, or tax year beginning and ending		
B C a	heck if pplicable:	C Name of organization USAGA	D Employer identifica	tion number
	Address change	UNITED STATES ADAPTIVE GOLF ALLIANCE		
	Name change	Doing business as	47-361372	1
	Initial	Number and street (or P.O. box if mail is not delivered to street address) Room/s	uite E Telephone number	
	Final return/	P.O BOX 850	630-455-6	018
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	353,905.
	Amended return	WESTMONT, IL 60559	H(a) Is this a group retu	
	Applica-	F Name and address of principal officer: JONATHAN SNYDER	for subordinates?	Yes X No
	pending	SAME AS C ABOVE	H(b) Are all subordinates inclu	uded? Yes No
<u> </u> T	ax-exem		527 If "No," attach a lis	st. See instructions
	Vebsite:	WWW.USAGA.ORG	H(c) Group exemption	
			Year of formation: 2012 M	State of legal domicile: ${\tt IL}$
Ра		ummary		
ė		efly describe the organization's mission or most significant activities:		
Activities & Governance		ISABILITIES THROUGH THEIR INCLUSION IN THE G		
ern		eck this box if the organization discontinued its operations or disposed of m		
20 S				<u> </u>
ه ۵		mber of independent voting members of the governing body (Part VI, line 1b)		4
ies		al number of individuals employed in calendar year 2022 (Part V, line 2a)		20
tivił		al number of volunteers (estimate if necessary)		0.
Ac		tal unrelated business revenue from Part VIII, column (C), line 12		0.
	DINE	t unrelated business taxable income from Form 990-T, Part I, line 11	Prior Year	Current Year
	8 Cc	ntributions and grants (Part VIII, line 1h)	445,698.	353,854.
Revenue		bgram service revenue (Part VIII, line 2g)	0.	0.
ivel		estment income (Part VIII, column (A), lines 3, 4, and 7d)	702.	0.
Å		ner revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-9,798.	-21,937.
		al revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	436,602.	331,917.
		ants and similar amounts paid (Part IX, column (A), lines 1-3)	101,941.	0.
		nefits paid to or for members (Part IX, column (A), line 4)	0.	0.
s	15 Sa	aries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	183,056.	139,381.
Expenses	16a Pro	ofessional fundraising fees (Part IX, column (A), line 11e)	0.	0.
bei	b To	tal fundraising expenses (Part IX, column (D), line 25) 32, 398.		
ũ	17 Ot	ner expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	332,062.	248,525.
		al expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	617,059.	387,906.
	19 Re	venue less expenses. Subtract line 18 from line 12	-180,457.	-55,989.
Or Ces			Beginning of Current Year	End of Year
Net Assets or - und Balances	20 To	al assets (Part X, line 16)	81,738.	62,949.
t As: d Bá	21 To	al liabilities (Part X, line 26)	189,572.	226,772.
		t assets or fund balances. Subtract line 21 from line 20	-107,834.	-163,823.
Pa	rt II	Signature Block		

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

Sign	Signature of offi	icer			Date
Here	JONATHAN	I SNYDER, EXECUTIV	E DIRECTOR		
	Type or print na	me and title			
	Print/Type prepa	arer's name	Preparer's signature	Date	Check PTIN
Paid	MEGAN AN	IGLE	MEGAN ANGLE		self-employed P00850733
Preparer	Firm's name	PORTE BROWN LLC			Firm's EIN 36-2663358
Use Only	Firm's address	845 OAKTON STREET			
		Phone no. 847 – 956 – 1040			
May the I	RS discuss this	return with the preparer shown abo	ove? See instructions		X Yes No
232001 12-1	3-22 LHA Fo	or Paperwork Reduction Act Notic	ce, see the separate instructions.		Form 990 (2022)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	USAGA 990 (2022) UNITED STATES ADAPTIVE GOLF ALLIANCE 47-3613721 Page 2 1 III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: SERVING INDIVIDUALS WITH DISABILITIES THROUGH THEIR INCLUSION IN THE GAME OF GOLF, INCLUDING BUT NOT LIMITED TO ACCESS, INSTRUCTION AND COMPETITION AT ALL LEVELS.
	Did the organization undertake any significant program services during the year which were not listed on the Yes X No prior Form 990 or 990-EZ? Yes X No If "Yes," describe these new services on Schedule O. Yes X No Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
	(Code:) (Expenses \$240,574. including grants of \$) (Revenue \$)
	PROMOTING THE UNITED STATES ADAPTIVE GOLF ALLIANCE MISSION AND PURPOSE
	THROUGH PUTTING ON AN INTERNATIONAL INVITATIONAL GOLF TOURNAMENT,
	PROMOTIONG ADAPTIVE GOLF TOOLS AT PGA SHOWS AND RUNNING CLINICS TO
	TEACH THE FUNDAMENTALS OF GOLF.
	(Code:) (Expenses \$ including grants of \$) (Revenue \$) (Revenue \$) DEMONSTRATING SPECIFIC GOLF TOOLS AT PGA SHOWS TO EDUCATE AND PROMOTE HOW TO GOLF WITH DISABILITIES.
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$) (Revenue \$) SHRINER'S CLINIC TEACHES THE FUNDAMENTALS OF GOLF AND PROMOTES THE GAME TO KIDS AND TEENAGERS WITH DISABILITIES.
<u> </u>	
4d	Other program services (Describe on Schedule O.)
40	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses 240,574.
4e	Form 990 (2022)
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		165	
'	If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
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		х
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		х
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		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	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			
	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,		37	
_	Part VI	<u>11a</u>	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			х
4	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	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	114		х
~	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d 11e		X
f	Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i> 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	
1 2 2	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u> </u>		
120	Schedule D. Parts XI and XII	12a	х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
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		Х
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		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			-
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	_		
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	000	X
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Form	990 (2022) UNITED STATES ADAPTIVE GOLF ALLIANCE 47-3613	721	Р	age 4
Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u> </u>
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		X X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	0.4		x
h	Schedule K. If "No," go to line 25a	24a		<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
U		24c		
Ь	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240 24d		<u> </u>
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	2-14		
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
-	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	Х	
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		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
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			x
24	contributions? If "Yes," complete Schedule M	<u>30</u> 31		X
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
00	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			<u> </u>
	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? 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?			1
	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 X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Dar	Note: All Form 990 filers are required to complete Schedule O	38	Х	L
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
-				
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
С		1c		
232004	(gambling) winnings to prize winners?		990	(2022)
202004	Δ			()

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Form	990 (2022) UNITED STATES ADAPTIVE GOLF ALLIANCE 47-3613	721	P	_{age} 5
Par				<u> </u>
			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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
b	If "Yes," enter the name of the foreign country			
2	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	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 organization solicit			<u> </u>
Ua		6a		x
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			<u> </u>
b		6b		
7	Organizations that may receive deductible contributions under section 170(c).	00		
7 a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		х
		7b		<u> </u>
	It "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	-10		<u> </u>
С		7c		x
A		10		
		7.		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		<u> </u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			<u> </u>
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		<u> </u>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
•	sponsoring organization have excess business holdings at any time during the year?	8		<u> </u>
9	Sponsoring organizations maintaining donor advised funds.	0-		
a L	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a	1		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1		
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders 11a	-		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
10-	amounts due or received from them.)	40-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	<u>12a</u>		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	10-		<u> </u>
а	Is the organization licensed to issue qualified health plans in more than one state?	<u>13a</u>		
	Note: See the instructions for additional information the organization must report on Schedule O.			
a	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			
	Enter the amount of reserves on hand	44-		x
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	45		x
	excess parachute payment(s) during the year?	15		
10	If "Yes," see the instructions and file Form 4720, Schedule N.	10		x
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
47	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 activities	4-		
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
00000	If "Yes," complete Form 6069.	Earr	990	(2022)
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1a Enter the number of voting members of the governing body, at the end of the tax year 1a 7 1b 1b 7 1c 1b 7 1c 1b 7 1c 1b 7 2 1c 1c 7 2 1c 1c 7 2 1c 1c 7 3c 1c 1c 1c 7 3c 1c 1c 1c 7 3c 1c 1c 1c 1c 1c 1c 3c 1c		1	7 ^ 1	- <u>-</u>	USAGA	_
to line 86, 80, or 10b below, describe the circumstances, processes, or changes on Schedule 0. See instructions. Section A. Governing Body and Management 1a Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body. Image: Comparison of the comparison become wave during the year of a significant diversion of the comparison of the compari	Pa					
Check If Schedule Q contains a response or note to any line in this Part VI Section A. Governing Body and Management 1a Enter the number of voting members of the governing body at the end of the tax year 1a 1a 7 17 There are marked differences in voting rights among members of the governing body, or if the governing body delegated brad authority to an executive committee versimal committee, usplan an Schedule 0. 1b 7 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employees to a management durings ince the pior Form 990 was filed? 2 3 Did the organization have members, stockholders? 5 6 Did the organization have members, stockholders? 5 7 Did the organization have members, stockholders? 7a 7 Deference organization network and the meetings held or written actions undertaken during the year by the following: 7a 8 Did the organization network and bell of the governing body? 8a 8b 9 Did the organization network and bell of the governing body? 7a 9 A ear any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or represens other than the governing body? 7a 9 Did the organization network an	espons)" re:	"No" r	ra "I		ı aı
Section A. Governing Body and Management 1a Enter the number of voting members of the governing body, at the end of the tax year 1a 7 11b 7 12b 1b 7 12b 1b 7 12b 1b 7 2 1bd any officer, furstee, or key employee 1a 7 2 1bd any officer, furstee, or key employee 2 3 3 1bd the organization delegate control over management dufues customarily performed by or under the direct supervision of officers, furstees, or key employees to a management company or other person? 3 3 1bd the organization become aware during the year of a significant diversion of the organization server any significant changes to its governing documents since the prior FOm 990 was filed? 4 4 1bd the organization become aware during the year of a significant diversion of the organization resorming body? 6 7 1bd the organization consening body? 7a 8 1bd the organization consening body? 7b 9 1bd the organization consening body? 7b 9 1bd the organization consening body? 7b 9 1bd the organization consening body? 7b 9 </td <td> [</td> <td></td> <td></td> <td></td> <td></td> <td></td>	[
1a Enter the number of voting members of the governing body, at the end of the tax year 1a 7 1a Enter the number of voting rights among members of the governing body, or if the governing body, or if the governing body, delegated brad authority to an executive committee or similar committee, explain on Schedule 0. 1b 7 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employees to a management duties customarily performed by or under the direct supervision of officers, directors, trustee, or key employees to a management company or other person? 2 3 Did the organization nedegenet control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? 2 4 Did the organization neave members, stockholders, or other persons who had the power to elect or appoint one or more members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 6 7 Did the organization neave members, stockholders, or other persons who had the power to elect or appoint one or more members of the doverning body? 7 8 Did the organization neave members, stockholders, or other persons other than the governing body? 8 9 Is there ary officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's malling addres	<u></u> l	<u></u>	<u></u>	<u></u>		Sec
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11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 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? <i>If "No," go to line 13</i> b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe on Schedule O how this was done</i> 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 15 Did the organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization if "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16a If "Yes," tatte states with which a copy of this Form 990 is required to be filed		h	106			b
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Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed					i joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	
17 List the states with which a copy of this Form 990 is required to be filed		b	16b			
						Sec
	ivailabl	y) av	only)	(3)s c		18
for public inspection. Indicate how you made these available. Check all that apply.						
Own website Another's website X Upon request Other (<i>explain on Schedule O</i>)	ial	.	6			40
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financia	iai	ancia	rinano	and f		19
statements available to the public during the tax year.						20
20 State the name, address, and telephone number of the person who possesses the organization's books and records JONATHAN SNYDER - 630-455-6018						20
P.O BOX 850, WESTMONT, IL 60559						
232006 12-13-22 Form 9	990 //	urm 🤇	Form			232004
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		JSAGA											
Form 990 (2											ALLIANCE	47-3613	721 Page
Part VII	-	•		-			s, k	(ey	En	nplo	oyees, Highest Co	mpensated	
	Employees, and	-											
	Check if Schedule O	contains a respo	onse or not	e to	any	/ line	in t	his I	Part	VII			
	Officers, Directors,					_							
● List a Enter -0- in	ll of the organization's columns (D), (E), and (I	current officers F) if no compens	s, directors ation was	, tru paid	istee I.	es (w	heth	her i	ndiv	idua	e calendar year ending v ls or organizations), reg	ardless of amount of c	
 List the second s	ne organization's five (current highest c sation (box 5 of l	ompensate Form W-2,	ed er box	mplo	oyee	s (of	ther	thar	n an	r definition of "key empl officer, director, trustee nd/or box 1 of Form 10	e, or key employee)	
reportable o ● List a more than \$	compensation from the	e organization ar former directo compensation fr	nd any rela rs or trust om the org	ted o ees janiz	orga tha zatio	aniza t rec on ar	ition eive	is. ed, ir	n the	cap	ated employees who re pacity as a former direct ganizations.		
Chec	k this box if neither the	e organization n	or anv relat	ted o	orda	niza	tion	con	nper	Isate	ed any current officer, d	irector. or trustee.	
	(A)		(B)					C)			(D)	(E)	(F)
	Name and title		Average hours pe week		box	not c	Pos heck ss per	itior more rson i	than o is both pr/trus	n an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
			(list any hours fo related organizati below line)	or I ons	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) JONAT	THAN SNYDER		40.0	0									
	E DIRECTOR						X				90,699.	0.	0.
	ND Q SYLVESTER II	I	1.0	0							0 105		
CHAIRMAN			1 0	0	Х		X				8,125.	0.	0.
<pre>(3) ALAN DIRECTOR</pre>	GENTRY		1.0	0	x						0.	0.	0
	DRY BLAINE		1.0	0	Δ						0.	0.	0.
DIRECTOR				0	х						0.	0.	0
(5) ROBER	T EARLY		1.0	0									
DIRECTOR				-	х						0.	0.	0.
(6) DONAI	D LARSON		1.0	0									
DIRECTOR					х						0.	0.	0.
(7) STEWA	ART DANSBY		1.0	0									
DIRECTOR					Х						0.	0.	0.
(8) MARK	JOHNSON		1.0	0									
DIRECTOR					X	-		-	-		0.	0.	0.
									1				

Form **990** (2022)

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Form 9	UNITED ST									47-36	13/	21	Pa	ge 8
Tart	Section A. Onicers, Directors, Trust		bloy	ees,			ghes	t C		, ,				
	(A)	(B)			Pos	C) ition			(D)	(E)			(F)	
	Name and title	Average	(do				i than c	one	Reportable	Reportable			mated	
		hours per					s both r/trus		compensation	compensatior	ו י		ount o	f
		week					1/1/1/1/1/1/1		- from	from related			ther	
		(list any hours for	irecto						the	organizations		comp		on
		related	Individual trustee or director	ee			Highest compensated employee		organization	(W-2/1099-MIS			m the	
		organizations	ustee	trust		e	bens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)		•	nizatio relate	
		below	ual tr	In stit utio nal tru stee		ƙey employee	t con	~	,			organ		
		line)	divid	stitut	Officer	em em	ghes	Former				organ	Izatio	115
			-	=	6	1×	포동	Ā						
			1											
1b	Subtotal								98,824.		0.			0.
С	Total from continuation sheets to Part VII								0.		0.			0.
	Total (add lines 1b and 1c)								98,824.		0.			0.
	Total number of individuals (including but no								,	000 of reportable	-			-
	compensation from the organization		000	note	, a ac	000	,	010						0
	compensation norm the organization												/es	No
•	Did the even institut list over former officer.							la : a			Г			
	Did the organization list any former officer,			-	•	-		Ŭ			- 1			v
	line 1a? If "Yes," complete Schedule J for su										··· -	3	_	X
	For any individual listed on line 1a, is the su													
i	and related organizations greater than \$150),000? If "Yes,	" со	mpl	ete S	Sche	dule	e J f	for such individual			4	_	X
5	Did any person listed on line 1a receive or a	ccrue comper	isati	on fi	rom	any	unre	elate	ed organization or individ	lual for services				
	rendered to the organization? If "Yes." com	plete Schedule	e J f	or si	ich j	oers	on .					5		Х
Secti	on B. Independent Contractors													
1	Complete this table for your five highest cor	mpensated inc	lepe	nde	nt co	ontra	actor	rs th	hat received more than \$	100,000 of comp	ensati	on fron	ı	
	the organization. Report compensation for t	he calendar ye	ear e	endir	ng w	rith c	or wi	thin	n the organization's tax y	ear.				
	(A)								(B)			(C)		
	Name and business	address	N	ONE	Ξ				Description of s	ervices	Co	ompens	ation	
								_						
								_						
												_		
2	Total number of independent contractors (ir	ncluding but n	ot lir	nited	d to	thos	e lis	ted	above) who received mo	ore than				
	\$100,000 of compensation from the organiz	zation				()							
											F	=orm 9	90 (2	022)

232008 12-13-22

Forn	1 990) (2			STATES	ADAPTIVE	GOLF ALLI	IANCE	47-3613	721 Page 9
	rt V									
			Check if Schedule O co	ontain	s a response	or note to any line	in this Part VIII			
								(B)		(D) Revenue excluded
							Total revenue	Related or exempt function revenue	Unrelated business revenue	from tax under
								lanetion revenue		sections 512 - 514
S S	1	а	Federated campaigns		1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues			13,388.				
ΩĘ			Fundraising events			105,200.				
LÅ,			Related organizations							
ig ig			Government grants (contrib							
Sirs										
eric		I	All other contributions, gifts, gi			235,266.				
ē Ē			similar amounts not included a			233,200.				
ont of		-	Noncash contributions included in lin				252 054			
<u>o</u> d		h	Total. Add lines 1a-1f				353,854.			
						Business Code				
e	2	а								
e Xi		b								
s Si		с								
ev an		d								
Program Service Revenue		е								
۲ ۲		f	All other program service re	evenu	е					
		g	Total. Add lines 2a-2f							
	3		Investment income (includin	ng div	idends, intere	est, and				
			other similar amounts)							
	4		Income from investment of							
	5		Royalties							
			· [(i) Real	(ii) Personal				
	6	6 a Gross rents 6a								
			ess: rental expenses 6b							
				6c						
			Net rental income or (loss).							
			Gross amount from sales of		(i) Securities	(ii) Other				
	•	ŭ		7a						
		h	Less: cost or other basis							
Ð				7b						
enue										
eve		с 4	Gain or (loss)							
ž			Net gain or (loss) Gross income from fundraising							
Other Rev	ø		including \$ 105,							
0					_					
			contributions reported on li			0.				
			Part IV, line 18							
						21,988.	21 000			21 000
			Net income or (loss) from fu		-		-21,988.			-21,988.
	9	а	Gross income from gaming							
			Part IV, line 19							
			Less: direct expenses			L				
			Net income or (loss) from g							
	10	а	Gross sales of inventory, les							
			and allowances							
			Less: cost of goods sold							
		с	Net income or (loss) from sa	ales o	f inventory					
s						Business Code		= -		
e sou		а	OTHER INCOME			900999	51.	51.		
ane		b				ļ				
scellane Revenue		с								
Miscellaneous Revenue		d	All other revenue							
2		е	Total. Add lines 11a-11d	<u></u>	<u></u>		51.			
	12		Total revenue. See instruction				331,917.	51.	0.	-21,988.
23200	9 12-									Form 990 (2022)

	on 501(c)(3) and 501(c)(4) organizations must compl	ele all columns. All olne	i organizations must con	ipiele column (A).	
	Check if Schedule O contains a response			,	X
	not include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,		50 510		10 00
	trustees, and key employees	90,699.	53,512.	24,489.	12,698
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)		01 085	10 010	E 10
7	Other salaries and wages	37,075.	21,875.	10,010.	5,19
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	11 605	6.040	2 1 2 4	1
0	Payroll taxes	11,607.	6,848.	3,134.	1,62
1	Fees for services (nonemployees):				
	Management				
	Legal	2,620.		2,620.	
	Accounting	36,620.		36,620.	
	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	45 000	45 000		
	column (A), amount, list line 11g expenses on Sch 0.)	45,096.	45,096.		
2	Advertising and promotion	9,278.	5,474.		3,804
3	Office expenses	12,021.	7,225.	3,082.	1,71
4	Information technology				
5	Royalties	42.020	05 510	11 (85	C 05
6	Occupancy	43,238.	25,510.	11,675.	6,053
7	Travel	10,691.	5,664.	5,027.	
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
0	Interest	6,067.		6,067.	
1	Payments to affiliates	1.4 0.00	14 000		
2	Depreciation, depletion, and amortization	14,200.	14,200.		
3	Insurance	9,697.		9,697.	
4	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	OUTSIDE SERVICES	43,741.	43,741.		
b	COMPUTER	9,307.	5,491.	2,513.	1,30
с	POSTAGE	1,798.	1,798.	-	•
d	OTHER EXPENSES	1,608.	1,608.		
	All other expenses	2,543.	2,532.		1
5	Total functional expenses. Add lines 1 through 24e	387,906.	240,574.	114,934.	32,39
6	Joint costs. Complete this line only if the organization	·			• -
	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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USAGA

232010 12-13-22

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Form 990 (2022)

USAGA

ar	t 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
	1	Cash - non-interest-bearing	30,531.	1	32,333
	2	Savings and temporary cash investments	342.	2	353
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 68,108	,		
	b	Less: accumulated depreciation 10b 48,751	. 32,127.	10c	19,35
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets	10,337.	14	8,90
	15	Other assets. See Part IV, line 11	8,401.	15	2,00
	16	Total assets. Add lines 1 through 15 (must equal line 33)		16	62,94
	17	Accounts payable and accrued expenses		17	16,08
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to 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	123,359.	22	175,66
	23	Secured mortgages and notes payable to unrelated third parties		23	35,02
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	189,572.	26	226,77
		Organizations that follow FASB ASC 958, check here			
		and complete lines 27, 28, 32, and 33.			
	27	Net assets without donor restrictions	-109,919.	27	-163,82
	28	Net assets with donor restrictions	2,085.	28	
		Organizations that do not follow FASB ASC 958, check here			
		and complete lines 29 through 33.			
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	-107,834.	32	-163,82
	33	Total liabilities and net assets/fund balances	81,738.	33	62,94

232011 12-13-22

	USAGA				
	1 990 (2022) UNITED STATES ADAPTIVE GOLF ALLIANCE	47-3613	721	Pag	_{ge} 12
Ра	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	·····	<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	331		
2	Total expenses (must equal Part IX, column (A), line 25)	2	387		
3	Revenue less expenses. Subtract line 2 from line 1	3			89.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	-107	/,8	34.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	-163	3,8	23.
Pa	rt 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 X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
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	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
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		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2022)

232012 12-13-22

SCHEDULE A (Form 990) Department of the Treasury Internal Revenue Service		Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.						OMB No. 1545-0047 2022 Open to Public Inspection	
Name of	the organization				is and the	alest m	ormation.	Employer	identification number
				ADAPTIVE GOLI	F ALLI	IANCE			7-3613721
Part I	Reason f			(All organizations must c			ee instruction		
The organ				For lines 1 through 12, cl					
1 🛄		-		n of churches described	-)(A)(i).		
2	A school desc	ribed in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	า 990).)				
3	A hospital or	a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	i).		
4	A medical res	earch organiz	ation operated in co	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
	city, and state	:							
5	An organizatio	on operated fo	or the benefit of a co	llege or university owned	l or operat	ed by a go	vernmental u	nit describe	ed in
	section 170(b)(1)(A)(iv).(Complete Part II.)						
6		-	-	nental unit described in					
7	•		-	ntial part of its support fr	rom a gove	ernmental	unit or from th	ne general p	oublic described in
•	-		omplete Part II.)						
8 🛄 9 🗍				(1)(A)(vi). (Complete Partice, 170 (b)(1)(A)(,	ad in aanii	notion with a	land grant	
9	-	-	•	in section 170(b)(1)(A)(i ulture (see instructions).		-		-	-
	university:	n a non-ianu-i	grant college of agric			name, city	, and state of	the college	
10 X		on that norma	Ilv receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns. membersh	ip fees, and	d aross receipts from
				t to certain exceptions; a					
				(less section 511 tax) fro	. ,				•
	See section &	509(a)(2). (Co	mplete Part III.)			-			
11	An organizatio	on organized a	and operated exclusi	vely to test for public sat	fety. See	section 50)9(a)(4).		
12	An organizatio	on organized a	and operated exclusi	vely for the benefit of, to	perform t	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) o	r section	509(a)(2).	See section &	509(a)(3). (Check the box on
_	_lines 12a thro	ugh 12d that	describes the type o	f supporting organizatior	n and com	plete lines	12e, 12f, and	12g.	
a			-	upervised, or controlled	• • • •	-			
		0	., .	gularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	upporting
			complete Part IV, Se						
b 🗋	•••		•	or controlled in connect		• •	0		•
		0	it complete Part IV,	anization vested in the sa	ame perso	ns that co	itroi or manag	ye the supp	Joned
с	¬ ~	()	• •	g organization operated	in connect	tion with a	and functional	lv integrate	ed with
• _	•••	-	• •). You must complete I				ly integrate	
d		•		porting organization oper			-	ted organiz	zation(s)
		-	•	ation generally must sat				•	
	requiremen	t (see instruct	ions). You must cor	nplete Part IV, Sections	A and D,	and Part	V.		
e 🗌	Check this	oox if the orga	anization received a v	written determination from	m the IRS	that it is a	Туре I, Туре	II, Type III	
	functionally	integrated, or	r Type III non-functio	nally integrated supporting	ng organiz	ation.			
	er the number o		•						
	vide the followi (i) Name of suppo		n about the supporte (ii) EIN	d organization(s). (iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount of	fmonetany	(vi) Amount of other
	organization		(1) 211	(described on lines 1-10	in your governi Yes	ng document? No	support (see ir	-	support (see instructions)
	-			above (see instructions))	165				
—									
Total									

		d the box on line 5	Described in , 7, or 8 of Part I o	Sections 170(r if the organizatio	b)(1)(A)(iv) and	170(b)(1)(A)(vi	-
Se	ction A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and	(4) 2010		(0) 2020	(4) 2021		
•	membership fees received. (Do not include any "unusual grants.")						
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	Total. Add lines 1 through 3						
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)						
	Public support. Subtract line 5 from line 4. ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7		(a) 2018	(b) 2019	(C) 2020	(u) 2021	(e) 2022	(I) IOtal
8	Gross income from interest,						
0	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
•	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third, t	fourth, or fifth tax	year as a section 5	501(c)(3)	
_	organization, check this box and stop						
	ction C. Computation of Publi					1 1	
. –	Public support percentage for 2022 (I		•			14	%
15	Public support percentage from 2021					15	<u>%</u>
102	33 1/3% support test - 2022. If the optimization gualifier						
ŀ	stop here. The organization qualifies 33 1/3% support test - 2021. If the o						
L	and stop here. The organization qual						
17-	10% -facts-and-circumstances test						
	and if the organization meets the fact						
	meets the facts-and-circumstances te			-	-		
Ł	10% -facts-and-circumstances test	-		• • • •	•		
	more, and if the organization meets th	-					
	organization meets the facts-and-circi						
18	Private foundation. If the organization		•		•••••		
							(Farm 000) 0000

Schedule A (Form 990) 2022

232022 12-09-22

	-	SAGA							
Schedule A (Form 990) 2022 UNITED STATES ADAPTIVE GOLF ALLIANCE 47-3613721 Page : Part III Support Schedule for Organizations Described in Section 509(a)(2)									
	(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to								
0	qualify under the tests listed b	elow, please comp	lete Part II.)						
	ction A. Public Support	() 00/0	(1) 00 / 0	() 0000	()) 000 (() 0000	(2) = 1 1		
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total		
1	Gifts, grants, contributions, and membership fees received. (Do not								
	include any "unusual grants.")	194,856	344.383.	391,822.	445,698.	238,656.	1615415.		
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the						115,200.		
3	organization's tax-exempt purpose Gross receipts from activities that					115,200.	115,200.		
J	are not an unrelated trade or bus- iness under section 513								
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	194,856.	<u>344,3</u> 83.	391,822.	445,698.	353,856.	1730615.		
7a	Amounts included on lines 1, 2, and								
	3 received from disqualified persons						0.		
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the exceed the greater of \$5,000 or 1% of the						0.		
	amount on line 13 for the year						0.		
	Public support. (Subtract line 7c from line 6.)						1730615.		
-	tion D. Total Cummont								
Sec	ction B. Total Support								
Cale	ndar year (or fiscal year beginning in) Amounts from line 6	(a) 2018 194,856.	(b) 2019 344,383.	(c) 2020 391,822.	(d) 2021 445,698.	(e) 2022 353,856.	(f) Total 1730615.		
Cale 9	ndar year (or fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties,		(b) 2019 344,383. 6.	(c) 2020 391,822. 27.		(e) 2022 353,856.	(f) Total 1730615. 735.		
Cale 9 10a	ndar year (or fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses		344,383.	391,822.	445,698.	(e) 2022 353,856.	1730615.		
Cale 9 10a	ndar year (or fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975		<u>344,383.</u> 6.	<u>391,822.</u> 27.	445,698. 702.	(e) 2022 353,856.	<u>1730615</u> . 735.		
Cale 9 10a b	ndar year (or fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses		344,383.	391,822.	445,698.	(e) 2022 353,856.	1730615.		
Cale 9 10a b 11	ndar year (or fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 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 Other income. Do not include gain or loss from the sale of capital		<u>344,383.</u> 6.	<u>391,822.</u> 27.	445,698. 702.	(e) 2022 353,856.	<u>1730615</u> . 735.		
Cale 9 10 <i>a</i> 6 11 12	ndar year (or fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 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 Other income. Do not include gain	194,856.	<u>344,383</u> . 6. 6.	<u>391,822.</u> 27.	445,698. 702. 702.	353,856.	<u>1730615</u> . 735.		
Cale 9 10 <i>a</i> 10 <i>a</i> 11 12 13	ndar year (or fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 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 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	194,856.	344,383. 6. 6. 344,389.	391,822. 27. 27. 391,849.	445,698. 702. 702. 446,400.	353,856.	<u>1730615.</u> 735. 735. 1731350.		
Cale 9 10 <i>a</i> 10 <i>a</i> 10 <i>a</i> 11 12 13 14	ndar year (or fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 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 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for th check this box and stop here	194,856.	344,383. 6. 6. 344,389. st, second, third, f	391,822. 27. 27. 391,849. fourth, or fifth tax y	445,698. 702. 702. 446,400. ear as a section 5	353,856. 353,856. 01(c)(3) organizatio	<u>1730615.</u> 735. 735. 1731350.		
Cale 9 10a 10a 10a 11 12 13 14 See	ndar year (or fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 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 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) First 5 years. If the Form 990 is for th check this box and stop here	194,856. 194,856. 194,856. ne organization's fir c Support Per	344,383. 6. 6. 344,389. st, second, third, f	391,822. 27. 27. 391,849. ourth, or fifth tax y	445,698. 702. 702. 446,400. ear as a section 5	353,856. 353,856. 01(c)(3) organizatio	1730615. 735. 735. 1731350.		
Cale 9 10a 10a 10a 11 12 13 14 14 See 15	ndar year (or fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 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 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for th check this box and stop here ction C. Computation of Public Public support percentage for 2022 (I	194,856. 194,856. 194,856. ne organization's fir c Support Per ine 8, column (f), di	344,383. 6. 6. 344,389. st, second, third, f centage ivided by line 13, c	391,822. 27. 27. 391,849. Fourth, or fifth tax y	445,698. 702. 702. 446,400. rear as a section 50	353,856. 353,856. 01(c)(3) organizatio	1730615. 735. 735. 1731350. 0n, 99.96 %		
Cale 9 10a 10a 10a 10a 11a 12 13 14 12 13 14 15 16	ndar year (or fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 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 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for th check this box and stop here ction C. Computation of Public Public support percentage for 2022 (I	194,856. 194,856. ne organization's fir c Support Per ine 8, column (f), di Schedule A, Part	344,383. 6. 6. 344,389. st, second, third, f centage ivided by line 13, c Ill, line 15	391,822. 27. 27. 391,849. ourth, or fifth tax y	445,698. 702. 702. 446,400. rear as a section 50	353,856. 353,856. 01(c)(3) organizatio	1730615. 735. 735. 1731350. 00. 00		
Cale 9 10a 10a 10a 10a 11 12 13 14 15 16 Sec	ndar year (or fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 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 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for th check this box and stop here ction C. Computation of Public Public support percentage for 2022 (I Public support percentage from 2021 ction D. Computation of Invess	194,856. 194,856. 194,856. ne organization's fir c Support Per ine 8, column (f), di Schedule A, Part I stment Income	344,383. 6. 6. 344,389. st, second, third, f centage ivided by line 13, c ill, line 15 Percentage	391,822. 27. 27. 391,849. ourth, or fifth tax y	445,698. 702. 702. 446,400. ear as a section 5	353,856. 353,856. 01(c)(3) organizatio	1730615. 735. 735. 1731350. m, 99.96 % 99.95 %		
Cale 9 10 10 10 10 10 10 10 10 11 11 12 13 14 12 13 14 15 16 Sec 17 17	ndar year (or fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 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 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here ction C. Computation of Public Public support percentage for 2022 (I Public support percentage from 2021 ction D. Computation of Invess Investment income percentage for 2021	194,856. 194,856. 194,856. e organization's fir c Support Pere- ine 8, column (f), di Schedule A, Part I Schedule A, Part I Schedule 10, colum	344,383. 6. 6. 344,389. 6. 344,389. st, second, third, f centage ivided by line 13, c III, line 15 Percentage nn (f), divided by lin	391,822. 27. 27. 391,849. Fourth, or fifth tax y courth, or fifth tax y column (f))	445,698. 702. 702. 446,400. rear as a section 5	353,856. 353,856. 01(c)(3) organizatio	1730615. 735. 735. 1731350. m, 99.96 % 99.95 % .04 %		
Cale 9 10 10 10 10 10 10 10 10 10 11 12 13 14 12 13 14 15 16 5 26 17 18	ndar year (or fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 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 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here ction C. Computation of Public Public support percentage for 2022 (I Public support percentage for 2021 ction D. Computation of Invess Investment income percentage from 2021 Investment income percentage from 2021	194,856. 194,856. 194,856. e organization's fir c Support Pere- ine 8, column (f), di Schedule A, Part I Schedule A, Part I Schedule A, Colum 2021 Schedule A, I	344,383. 6. 344,389. st, second, third, f centage ivided by line 13, c III, line 15 or Percentage nn (f), divided by lin Part III, line 17	391,822. 27. 27. 391,849. Fourth, or fifth tax y solumn (f))	445,698. 702. 702. 446,400. ear as a section 5	353,856. 353,856. 01(c)(3) organizatio	1730615. 735. 735. 735. 1731350. m, 99.96 % 99.95 % .04 % .05 %		
Cale 9 10 10 10 10 10 10 10 10 10 11 12 13 14 12 13 14 15 16 5 26 17 18	ndar year (or fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 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 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here ction C. Computation of Public Public support percentage for 2022 (I Public support percentage from 2021 ction D. Computation of Invess Investment income percentage for 2021	194,856. 194,856. 194,856. ne organization's fir c Support Per- ine 8, column (f), di Schedule A, Part I stment Income 022 (line 10c, colum 2021 Schedule A, I organization did n	344,383. 6. 344,389. st, second, third, f centage ivided by line 13, c ill, line 15 Percentage nn (f), divided by lin Part III, line 17 ot check the box c	391,822. 27. 27. 391,849. Fourth, or fifth tax y courth, or fifth tax y courth, or fifth tax y	445,698. 702. 702. 446,400. rear as a section 50 minutes of the sectio	353,856. 353,856. 01(c)(3) organizatio 15 16 17 18 3 1/3%, and line 17	1730615. 735. 735. 1731350. on, 99.96 % 99.95 % .04 % .05 % 7 is not		
Cale 9 10a 10a 10a 10a 11 12 13 14 12 13 14 15 16 Sec 17 18 19a	ndar year (or fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 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 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) First 5 years. If the Form 990 is for the check this box and stop here Ction C. Computation of Public Public support percentage from 2021 Ction D. Computation of Invess Investment income percentage from 33 1/3% support tests - 2022. If the	194,856. 194,856. 194,856. ne organization's fir c Support Per ine 8, column (f), di Schedule A, Part I stment Income 2021 (line 10c, colum 2021 Schedule A, I organization did n nd stop here . The	6. 6. 6. <u>344,389.</u> 5t, second, third, f <u>centage</u> vided by line 13, c <u>lll, line 15</u> Percentage nn (f), divided by lin Part III, line 17 ot check the box c organization qualit	391,822. 27. 27. 391,849. ourth, or fifth tax y courth, or fifth tax y courth, or fifth tax y courth, or fifth tax y courth, or fifth tax y	445,698. 702. 702. 446,400. ear as a section 5 ear as a section 5 15 is more than 3 upported organization	353,856. 353,856. 01(c)(3) organization 15 16 17 18 3 1/3%, and line 17 tion	1730615. 735. 735. 1731350. on, 99.96 % 99.95 % .04 % .05 % 7 is not X		
Cale 9 10 10 10 10 10 10 10 10 10 11 12 13 14 12 13 14 15 16 Sec 17 18 19 2 19 2 10 2	ndar year (or fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 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 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here Stion C. Computation of Public Public support percentage for 2022 (IPublic support percentage for 2022 (IPublic support tests - 2022. If the more than 33 1/3%, check this box ar o 33 1/3% support tests - 2021. If the line 18 is not more than 33 1/3%, check this box art 1.3%, check this box and 31/3%, check this box art o 33 1/3% support tests - 2021. If the line 18 is not more than 33 1/3%, check this box art o 33 1/3% support tests - 2021. If the line 18 is not more than 33 1/3%, check this box art o 33 1/3% support tests - 2021. If the ore than 33 1/3%, check this box art o 33 1/3% support tests - 2021. If the ore than 33 1/3%, check this box art o 33 1/3% support tests - 2021. If the ore than 33 1/3%, check this box art o 33 1/3% support tests - 2021. If the ore than 33 1/3%, check this box art o 33 1/3% support tests - 2021. If the ore than 33 1/3%, check this box art o 33 1/3% support tests - 2021. If the ore than 33 1/3%, check this box art o 33 1/3% support tests - 2021. If the ore than 33 1/3%, check this box art o 33 1/3% support tests - 2021. If the ore than 33 1/3%, check this box art o 33 1/3% support tests - 2021. If the ore than 33 1/3%, check this box art o 33 1/3% support tests - 2021. If the ore than 33 1/3% support tests - 2021. If the ore than 33 1/3% support tests - 2021. If the ore than 33 1/3% suppor	194,856. 194,856. 194,856. 194,856. e organization's fir c Support Pere- ine 8, column (f), di Schedule A, Part I schedule A, Part I schedule A, Part I c Support Pere- ine 8, column (f), di Schedule A, Part I c Support Pere- ine 8, column (f), di Schedule A, Part I schedule A, I sche	344,383. 6. 344,389. 5. 344,389. st, second, third, f centage ivided by line 13, c III, line 15 Percentage nn (f), divided by line 17 ot check the box color organization qualified ot check the box on op here. The organization	391,822. 27. 27. 391,849. Fourth, or fifth tax y column (f)) ne 13, column (f)) non line 14, and line fies as a publicly su line 14 or line 19a nization qualifies a	445,698. 702. 702. 702. 446,400. ear as a section 5 ear as a section 5	353,856. 353,856. 353,856. 01(c)(3) organization 15 16 17 18 3 1/3%, and line 17 tion re than 33 1/3%, a rted organization	1730615. 735. 735. 735. 1731350. on, 		
Cale 9 10 10 10 10 10 10 10 10 10 11 12 13 14 15 16 Sec 17 18 19 20	ndar year (or fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 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 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) First 5 years. If the Form 990 is for the check this box and stop here Ction C. Computation of Publi Public support percentage for 2022 (I Public support percentage for 2022 (I Public support percentage for 2022 (I Public support tests - 2022. If the more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the	194,856. 194,856. 194,856. 194,856. e organization's fir c Support Pere- ine 8, column (f), di Schedule A, Part I schedule A, Part I schedule A, Part I c Support Pere- ine 8, column (f), di Schedule A, Part I c Support Pere- ine 8, column (f), di Schedule A, Part I schedule A, I sche	344,383. 6. 344,389. 5. 344,389. st, second, third, f centage ivided by line 13, c III, line 15 Percentage nn (f), divided by line 17 ot check the box color organization qualified ot check the box on op here. The organization	391,822. 27. 27. 391,849. Fourth, or fifth tax y column (f)) ne 13, column (f)) non line 14, and line fies as a publicly su line 14 or line 19a nization qualifies a	445,698. 702. 702. 702. 446,400. ear as a section 5 ear as a section 5	353,856. 353,856. 353,856. 01(c)(3) organization 15 16 17 18 3 1/3%, and line 17 tion re than 33 1/3%, a rted organization tructions	1730615. 735. 735. 735. 1731350. on, 		

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3b

3c

4a

4b

4c

5a

5b

5c

6

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8

9a

9b

9c

10a

Yes No

Part IV Supporting Organizations

Schedule A (Form 990) 2022

(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.)

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Sche	dule A (Form 990) 20	UNITED	STATES	ADAPTIVE	GOLF	ALLIANCE	47-36	1372	1 Pa	ige 5
Par	't IV Supportir	ng Organizations (con	tinued)							
			·						Yes	No
11	11 Has the organization accepted a gift or contribution from any of the following persons?									
а	a 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	b A family member of a person described on line 11a above?							11b		
с	A 35% controlled e	ntity of a person described o	n line 11a or ⁻	11b above? If "Ye	s" to line 1	1a, 11b, or 11c, provide				
	detail in Part VI.							11c		
Sec	tion B. Type I S	upporting Organizatio	ons							
									Yes	No
1	0 0	oody, members of the goverr ganizations have the power t	0 ,	U		1 27 1				

	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
2	Did the organization operate for the benefit of any supported organization other than the supported
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization

Section C. Type II Supporting Organizations	

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

Section D.	All Type	e III Supporting	Organizations

			res	INO
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 ye	ear (see instructions).
-	Oneon the box next to the method that the organization used to satisfy the integral r art rest during the ye	<i>Jul (0000 monore)</i>

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

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.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.* 232025 12-09-22 Yes No

1

2

No

V. N

Schedule A (Form 990) 2022

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Sche	dule A (Form 990) 2022 UNITED STATES ADAPTIVE G			47-3613721 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying t	rust or	n Nov. 20, 1970 (<i>explain</i>	in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must c	omplet	e Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
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	ion 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 o	rganization (see

instructions).

Schedule A (Form 990) 2022

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Sche	dule A (Form 990) 2022 UNITED STATES	ADAPTIVE GOLF	ALLIANCE	4	7-3613721 Page 7
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continu	ıed)	
Sect	ion 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 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount		-	10	
Sect	ection E - Distribution Allocations (see instructions) (i) (ii) Underdistribution Pre-2022			IS	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
c	From 2019				
d	From 2020				
e	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any Subtract lines 3g and 4a from line 2. For result greater				

5	Remaining underdistributions for years prior to 2022, if		
	any. Subtract lines 3g and 4a from line 2. For result greater		
	than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2022. Subtract lines 3h		
	and 4b from line 1. For result greater than zero, explain in		
	Part VI. See instructions.		
7	Excess distributions carryover to 2023. Add lines 3j		
	and 4c.		
8	Breakdown of line 7:		
а	Excess from 2018		
b	Excess from 2019		
с	Excess from 2020		
d	Excess from 2021		
е	Excess from 2022		

Schedule A (Form 990) 2022

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Schedule A Part VI	(Form 990) 2022 Supplemental Inform	mation. Prov	ide the explar	nations required	d by Part II, line	ALLIANCE e 10; Part II, line 1	47-3613721 17a or 17b; Part III, line 12;	
	Part IV, Section A, lines 1,	, 2, 3b, 3c, 4b, 4 lines 2 and 3; P	4c, 5a, 6, 9a, 9 art IV, Sectior	9b, 9c, 11a, 11i 1 E, lines 1c, 2a	o, and 11c; Pa , 2b, 3a, and 3	rt IV, Section B, I 3b; Part V, line 1;	nes 1 and 2; Part IV, Section Part V, Section B, line 1e; Par	C, t V,
232028 12-09-2	2			20			Schedule A (Form 9	90) 2022

Schedule B

(Form 990)

Department of the Treasury

Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

umber

Name of the organizat	ion	Employer identification nu
	USAGA	
	UNITED STATES ADAPTIVE GOLF ALLIANCE	47-3613721
Organization type (ch	eck one):	
Filers of:	Section:	
Form 990 or 990-EZ	\fbox 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	

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

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

General Rule

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

Special Rules

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 ______\$

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).

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

Schedule B (Form 990) (2022)

UNITE	D STATES ADAPTIVE GOLF ALLIANCE	47	7-3613721
Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	JOHN CHILDS		Person X
	165 SAGO PALM ROAD	\$10,000.	Payroll Noncash (Complete Part II for
	VERO BEACH, FL 32963		noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	BARBARA VAN DUSEN		Person X
	111 ELM STREET, APT. 402	\$5,000.	Payroll Noncash (Complete Part II for
	BIRMINGHAM, MI 48009		noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	STEWART DANSBY		Person X Payroll
	2515 CREST RD.	\$25,000.	Noncash (Complete Part II for
	BIRMINGHAM, AL 35223		noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	WADSWORTH GOLF CHARITIES		Person X Payroll
	13941 N VAN DYKE ROAD	\$10,000.	Noncash (Complete Part II for
	PLAINFIELD, IL 60544		noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	CHARLES BRICKMAN		Person X
	7425 E PRINCESS BLVD, UNIT 1022	\$8,000.	Payroll Noncash (Complete Part II for
	SCOTTSDALE, AZ 85255		noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	PGA PLAYERS TOUR		Person X
	100 PGA BOULAVARD	\$10,000.	Payroll Noncash (Complete Part II for
000450 11 1	PONTE VERDE BEACH, FL 32082		noncash contributions.)
223452 11-15	D-22		Schedule B (Form 990) (2022

22

Schedule B (Form 990) (2022) Name of organization

USAGA

Employer identification number

^{223452 11-15-22}

JSAGA JNITE	D STATES ADAPTIVE GOLF ALLIANCE		47-3613721
Part I	Contributors (see instructions). Use duplicate copies of Part I if addited	tional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) ns Type of contribution
7	GOLDMAN SACHS GIVES		Person X Payroll
	2 EAST 67TH ST. APT 6	\$\$	
	NEW YORK, NY 12212	—	noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) s Type of contribution
8	US LBM FOUNDATION		Person X
	1990 LARSEN ROAD	\$\$	
	GREEN BAY, WI 54303		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Is Type of contribution
		\$	Person Payroll Payroll (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) ns Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Type of contribution
		\$	Person Payroll Payroll (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) ns Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

 $00550807 \ 251678 \ 10-2073010$

223452 11-15-22

23 2022.04010 USAGA UNITED STATES ADAPT 10-20731

Employer identification number

Schedule B (Form 990) (2022) Name of organization

U U

	rganization		Employer identification number
USAGA UNITE	D STATES ADAPTIVE GOLF ALLIANCE		47-3613721
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed	
(a)		(c)	
No. from	(b)	FMV (or estimate) (d)
Part I	Description of noncash property given	(See instructions.) Date received
		\$	
(a)			
No.	(b)	(c)	, (d)
from	Description of noncash property given	FMV (or estimate (See instructions.	Determentional
Part I			,
	·		
		\$	
		÷	
(a)		(c)	
No.	(b)	FMV (or estimate) (d)
from Part I	Description of noncash property given	(See instructions.	
		\$	
(a)			
No.	(b)	(c)	, (d)
from	Description of noncash property given	FMV (or estimate (See instructions.	Data received
Part I			
		\$	
(a)		(c)	
No. from	(b)	FMV (or estimate) (d) Date received
Part I	Description of noncash property given	(See instructions.) Date received
	·	\$	
(a)			
No.	(b)	(c)	, (d)
from	Description of noncash property given	FMV (or estimate (See instructions.	Data received
Part I			,
		\$	

24

223453 11-15-22

Schedule B (Form 990) (2022)

Page 3

$00550807 \ 251678 \ 10-2073010$

Schedule B (Form 990) (2022)

	B (Form 990) (2022)			Page 4				
	organization			Employer identification number				
USAGA	D STATES ADAPTIVE GOLF 2	ALLTANCE		47-3613721				
Part III	Exclusively religious, charitable, etc., contributi	ons to organizations described in sec	tion 501(c)(7), (8), or (10)					
	from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious,	hthrough (e) and the following line entry charitable, etc., contributions of \$1,000 or le	/. For organizations S for the year. (Enter this info	o. once.) \$				
(a) No.	Use duplicate copies of Part III if additional	space is needed.						
from Part I	(b) Purpose of gift	(c) Use of gift	(d) De	scription of how gift is held				
		(e) Transfer of gift	I					
	Transferee's name, address, and ZIP + 4		Relationship of t	ransferor to transferee				
		[
(a) No.								
from Part I	(b) Purpose of gift	(c) Use of gift	(d) De	scription of how gift is held				
	(e) Transfer of gift							
	Transformala maria address a		Deletionekin of t					
	Transferee's name, address, a		Relationship of t	ransferor to transferee				
(a) No.			() -					
from Part I	(b) Purpose of gift	(c) Use of gift	(d) De	escription of how gift is held				
	(e) Transfer of gift							
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee					
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) De	scription of how gift is held				
Part I								
	(e) Transfer of gift							
	Transferee's name, address, a	nd ZIP + 4	Relationship of t	ransferor to transferee				
		[
				0-1 I B / B				
223454 11-15	0-22	25		Schedule B (Form 990) (2022)				

00550807 251678 10-2073010

	HEDULE D n 990)	S 26.	OMB No. 1545-0047		
Depart	ment of the Treasury		Open to Public		
	Revenue Service	ation.	Inspection		
Nam	e of the organizatio	Emplo	oyer identification number 47-3613721		
Par	t I Organiza	UNITED STATES ADAP: itions Maintaining Donor Advise		or Accounts	
		n answered "Yes" on Form 990, Part IV, lin			
	-		(a) Donor advised funds	(b) Funds	s and other accounts
1	Total number at en	nd of year			
2		f contributions to (during year)			
3		grants from (during year)			
4		end of year			
5	Did the organizatio	n inform all donors and donor advisors in v	writing that the assets held in donor advis	ed funds	
	are the organizatio	n's property, subject to the organization's	exclusive legal control?		Yes No
6	Did the organizatio	n inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	used only	
	for charitable purp	oses and not for the benefit of the donor o	r donor advisor, or for any other purpose	conferring	
Dec	impermissible priva	ate benefit?			Yes No
Par		ation Easements. Complete if the org		Part IV, line 7.	
1		ervation easements held by the organizatio			
		of land for public use (for example, recrea			nportant land area
		f natural habitat	Preservation o	f a certified histo	Dric structure
~		of open space	ind concernation contribution in the form	of a concernatio	n accoment on the last
2	day of the tax year	through 2d if the organization held a qualif	red conservation contribution in the form		leid at the End of the Tax Year
~		onservation easements			
b					
c c	v	vation easements on a certified historic stru	ucture included in (a)		
d		vation easements included in (c) acquired a			
-		sted in the National Register		2d	
3		vation easements modified, transferred, rele			uring the tax
	year			0	5
4	Number of states v	where property subject to conservation eas	ement is located		
5	Does the organizat	ion have a written policy regarding the per	iodic monitoring, inspection, handling of		
	violations, and enfo	prcement of the conservation easements it	holds?		Yes No
6	Staff and volunteer	r hours devoted to monitoring, inspecting,	handling of violations, and enforcing con-	servation easem	ents during the year
7	Amount of expense	es incurred in monitoring, inspecting, hand	ling of violations, and enforcing conserva	tion easements	during the year
-					
8		vation easement reported on line 2(d) abov			
~		(4)(B)(ii)?			Yes No
9	,	he how the organization reports conservation			and the
		I include, if applicable, the text of the footn ounting for conservation easements.		ents that descri	
Par	t III Organiza	tions Maintaining Collections of	Art, Historical Treasures, or O	ther Similar	Assets.
		the organization answered "Yes" on Form			
1a		elected, as permitted under FASB ASC 95		and balance she	et works
	of art, historical tre	asures, or other similar assets held for pub	lic exhibition, education, or research in fu	urtherance of pu	blic
	service, provide in	Part XIII the text of the footnote to its finar	icial statements that describes these iten	ıs.	
b	If the organization	elected, as permitted under FASB ASC 95	8, to report in its revenue statement and	balance sheet w	orks of
	art, historical treas	ures, or other similar assets held for public	exhibition, education, or research in furth	nerance of publi	c service,
	provide the following	ng amounts relating to these items:			
	(i) Revenue includ	ded on Form 990, Part VIII, line 1			
	.,				
2	-	received or held works of art, historical trea		Il gain, provide	
	-	ints required to be reported under FASB A	-		
		on Form 990, Part VIII, line 1			
-		Form 990, Part X			
	-	eduction Act Notice, see the Instructions		5	chedule D (Form 990) 2022
232051	09-01-22		26		
			-		

	USAGA									
		STATES ADA						-36137		
Par	t III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	asures, or	Other S	Similar A	ssets _{(co}	ntinue	ed)
3	Using the organization's acquisition, accessi	on, and other record	s, check	any of the f	ollowing that	make sigr	nificant use	of its		
	collection items (check all that apply):									
а	Public exhibition	c			hange progra					
b	Scholarly research	e		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how th	ey further th	e organizatio	n's exemp	ot purpose ir	n Part XIII.		
5	During the year, did the organization solicit of	r receive donations of	of art, his	storical treas	sures, or othe	r similar a	ssets			
	to be sold to raise funds rather than to be ma							Ye		No No
Par	t IV Escrow and Custodial Arran		ete if the	organizatio	n answered "	Yes" on F	orm 990, Pa	rt IV, line 9	, or	
	reported an amount on Form 990, Pa									
1 a	Is the organization an agent, trustee, custodi									
	on Form 990, Part X?							I Ye	S	No No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	able:					<u> </u>	
								Amo	ount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
	Did the organization include an amount on F					-	?	🔛 Ye	5	
Par	If "Yes," explain the arrangement in Part XIII.								<u></u>	
T ai	t V Endowment Funds. Complete	-					1) Three years	hack (a)	Four V	are back
		(a) Current year	(0) P	rior year	(c) Two year	S DACK (C	i) Thee years	Dack (e)	our ye	Jai S Dauk
1a	Beginning of year balance									
b	Contributions									
с	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
_	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	,		i, column (a)) held as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С		%								
	The percentages on lines 2a, 2b, and 2c sho									
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that	t are held ar	id administer	ed for the				
	organization by:									es No
	(i) Unrelated organizations								a(i)	
	(ii) Related organizations								(ii)	
b	If "Yes" on line 3a(ii), are the related organiza							3	b	
4 Dar	Describe in Part XIII the intended uses of the transformed to the tran		wment fi	unds.						
T ai	Complete if the organization answere) Part IV	line 11a S	ee Form 990	Part X lir	ne 10			
								(4) [
	Description of property	(a) Cost or o basis (investr		. ,	or other (other)	• •	cumulated eciation	(a) E	3ook v	lue
1a	Land									
b	Buildings									
с	Leasehold improvements									
d	Equipment			6	8,108.		48,751	•	19	,357.
e	Other									
Tota	I. Add lines 1a through 1e. <i>(Column (d) must e</i>	gual Form 990. Part	X. colur	nn (B). line 1	Dc.)				19	,357.
					-					

Schedule D (Form 990) 2022

	USAGA			
		ES ADAPTIVE G	OLF ALLIANCE	47-3613721 Page 3
Part VII	Investments - Other Securities.			
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, lir	ie 12.
(a) Descrip	otion of security or category (including name of security)	(b) Book value	(c) Method of valuation:	Cost or end-of-year market value
(1) Financi	al derivatives			
(2) Closely	held equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related.		-	
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, lin	ie 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation:	Cost or end-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, lir	ie 15.
	(a)	Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	ımn (b) must equal Form 990, Part X, col. (B) line	e 15.)		
Part X	Other Liabilities.			
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Pa	rt X, line 25.
1.	(a) Description of liability			(b) Book value
	deral income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colu	imn (h) must equal Form 990 Part Y col (D) lin	≏ 25)		
	<u>ımn (b) must equal Form 990, Part X, col. (B) line</u> / for uncertain tax positions. In Part XIII, provide	,		

Schedule D (Form 990) 2022

232053 09-01-22

	USAGA			
Sche	dule D (Form 990) 2022 UNITED STATES ADAPTIVE			513721 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Sta	atements With Revenue pe	er Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, I	ine 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	331,917.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants	2c		
d				
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	331,917.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)			
с	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12	2.)	5	331,917.
Pa	t XII Reconciliation of Expenses per Audited Financial St	atements With Expenses	per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, I	ine 12a.		
1	Total expenses and losses per audited financial statements		1	387,906.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
с	Other losses			
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	387,906.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)			
с	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	18.)	5	387,906.
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 X, LINE 2:

THE ORGANIZATION HAS ADOPTED THE PROVISION OF ASC TOPIC 740, INCOME TAXES,

RELATING TO THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. THE

ORGANIZATION FILES INFORMATION RETURNS IN THE U.S. FEDERAL JURISDICTION,

AND THE STATE OF ILLINOIS. MANAGEMENT IS NOT AWARE OF ANY UNCERTAIN TAX

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POSITIONS.

232054 09-01-22

00550807 251678 10-2073010

SCHEDULE L		Tra	insaction	s V	Vith	Interested	Persons		O	MB No	545-00	47
(Form 990)	Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a,							2022				
28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. Attach to Form 990 or Form 990-EZ.					0	Open To Public						
Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.								Inspection				
				er ident		on nu	mber					
Part I Excess E							NCE ction 501(c)(29) orga		6137	21		
							o, or Form 990-EZ, Pa					
1			Relationship betw	veen o	disqual	ified			100.	(d)	Corre	ected?
(a) Name of disquali	fied person		person and or	ganiza	ation	(1	c) Description of tran	isaction		Y	es	No
										_	\rightarrow	
										_	_	
										+	-	
2 Enter the amount o section 4958	-		-	-					¢			
3 Enter the amount o									\$ \$			
		-	·	2					·			
			erested Pers									
	-					Part V, line 38a or F	Form 990, Part IV, lin	e 26; or if	the orga	nizatio	n	
(a) Name of	(b) Relation		, Part X, line 5, 6 (c) Purpose	(d) La	an to or	(e) Original	(f) Balance due	(g) In	(h) Ap	proved	(i) V	Vritten
interested person	with organ		of loan		n the zation?	principal amount	(1)	default?	, by bo comn	ard or hittee?		ement?
					From			Yes N		No	Yes	
EDMUND Q SYL	VESCHAIR	MAN	OPERATIO	X		0.	175,664.		X			X
												+
												<u> </u>
												+
												\square
Total		Dam				\$	175,664.					
			efiting Intere vered "Yes" on F									
(a) Name of interes	-		(b) Relationship I			(c) Amount of	(d) Type	of	(e) Purp	ose o	f
()		`	interested pers	on an		assistance assist			· ·	assista		-
			the organiza	ition								
		_										
		_										
LHA For Paperwork Re	eduction Act No	otice, s	see the Instruct	ions f	for For	m 990 or 990-EZ.		Sc	hedule l	(Forr	n 990) 2022

SEE PART V FOR CONTINUATIONS

232131 11-01-22

	USAGA							
Schedule L	(Form 990) 2022 UNITED Business Transactions Involv			GOL	F ALLIANCE	47-3613	721	Page 2
Tartiv	Complete if the organization answered	-		28a 28	b or 28c			
(8) Name of interested person		hip between inte		(c) Amount of	(d) Description of	(e) Sha	aring of
	person and the organization transaction transaction							ation's ues?
							Yes	No
Part V	Supplemental Information.							
	Provide additional information for respo	onses to questi	ons on Schedule	L (see in	structions).			
SCHEDU	LE L, PART II, LOANS	TO AND	FROM INT	ERES	TED PERSONS	:		
(A) NA	ME OF PERSON: EDMUND	Q SYLVE	ISTER					
(B) RE	LATIONSHIP WITH ORGA		т. спутри	אוז דיו	אדים דיתונים			
					<u>HERTIOD</u>			
<u>(C)</u> PU	RPOSE OF LOAN: OPERA	TIONAL N	IEEDS					

Schedule L (Form 990) 2022

232132 11-01-22

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.



47-3613721

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

BUT NOT LIMITED TO ACCESS, INSTRUCTION AND COMPETITION AT ALL LEVELS.

UNITED STATES ADAPTIVE GOLF ALLIANCE

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

THE EXECUTIVE DIRECTOR REVIEWS FORM 990 PRIOR TO ITS FILING.

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

EACH DIRECTOR, PRINCIPAL OFFICER AND MEMBER OF A COMMITTEE WITH GOVERNING

BOARD DELEGATED POWERS SHALL ANNUALLY SIGN A STATEMENT WHICH AFFIRMS SUCH

PERSON: HAS RECEIVED A COPY OF THE CONFLICTS OF INTEREST POLICY, HAS READ

AND UNDERSTANDS THE POLICY, AND HAS AGREED TO COMPLY WITH THE POLICY.

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

THE BOARD OF DIRECTORS REVIEWS THE ADMNISTRATIVE DIRECTOR'S COMPENSATION

EACH NOVEMBER.

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

FINANCIAL STATEMENTS, FORM 990, AND OTHER CORPORATE DOCUMENTS ARE MADE

AVAILABLE UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

CONSULTING:

PROGRAM SERVICE EXPENSES

MANAGEMENT AND GENERAL EXPENSES

FUNDRAISING EXPENSES

TOTAL EXPENSES

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232211 10-28-22

0.

14,288.

0.

14,288.

Schedule O (Form 990) 2022

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ame of the organization USAGA UNITED STATES ADAPTIVE GOLF ALLIANCE	Employer identification numbe 47-3613721
ROGRAM SERVICE EXPENSES	30,808.
ANAGEMENT AND GENERAL EXPENSES	0.
UNDRAISING EXPENSES	0.
OTAL EXPENSES	30,808.
OTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	45,096.

232212 10-28-22

TAX RETURN FILING INSTRUCTIONS

ILLINOIS FORM AG990-IL

FOR THE YEAR ENDING

DECEMBER 31, 2022

PREPARED FOR:

USAGA UNITED STATES ADAPTIVE GOLF ALLIANCE P.O BOX 850 WESTMONT, IL 60559

PREPARED BY:

PORTE BROWN LLC 845 OAKTON STREET ELK GROVE VILLAGE, IL 60007

AMOUNT OF TAX:

BALANCE DUE OF \$15

MAKE CHECK PAYABLE TO:

ILLINOIS CHARITY BUREAU FUND

MAIL TAX RETURN TO:

OFFICE OF THE ATTORNEY GENERAL CHARITABLE TRUST BUREAU 100 WEST RANDOLPH ST., 11TH FLOOR CHICAGO, IL 60601-3175

RETURN MUST BE MAILED ON OR BEFORE:

AUGUST 29, 2023

SPECIAL INSTRUCTIONS:

THE REPORT SHOULD BE SIGNED AND DATED BY AN AUTHORIZED INDIVIDUAL(S). NOTE: **TWO DISTINCT OFFICIALS** OF THE ORGANIZATION MUST SIGN.

For Offi	ce Use Only	ILLINOIS CHARITABL					Form AG990-IL Revised 1/19
PMT	#		I KWAME RAOUL S				
		Charitable Tru	st Bureau,100 Wes or, Chicago, Illinois	st Randolph	CO	# APP	LIED FOR
							tems attached:
AMT		Report fo	or the Fiscal Period		X	Copy of IR	
		D state		Make Checks	X		nancial Statements
		Beginnin	<u>01/01/2022</u>	Payable to the Illinois		Copy of Fo	
INIT		S Ending		Charity	X		nual Report Filing Fee
	40.0010001	& Ending	<u></u>	Bureau Fund			ate Report Filing Fee
	$\frac{47 - 3613721}{2}$		MO DAY YR			MO	
Are co	ntributions to the organization t	tax deductible? X Ye	es 🔄 No	Date Organization was	create		2/10/2014
	LEGAL USAGA	ATES ADAPTIVE GOI		Year-end amounts			
		ALES ADAPIIVE GOI	OF ADDIANCE	A) ASSETS		A) \$	62,949.
	MAIL DRESS P.O BOX 85	50		B) LIABILITI		B) \$	226,772.
	, STATE WESTMONT,			C) NET ASSE		C) \$	-163,823.
	P CODE 60559	T D			10	0) φ	105,025
I .		REVENUE ITEMS DURIN	G THE YEAR:	PERCENT	AGE		AMOUNT
		RIBUTIONS & PROGRAM SERVICE		90.60		D) \$	340,466.
	E) GOVERNMENT GRANTS &		(3.56		E) \$	13,388.
	F) OTHER REVENUES			5.83	8 %	F) \$	-21,937.
	,						
		E AND CONTRIBUTIONS RECEIVED		1	00 %	G) \$	331,917.
П.	SUMMARY OF ALL E	EXPENDITURES DURING	G THE YEAR:				
	H) OPERATING CHARITABLE	PROGRAM EXPENSE		62.01	9 %	H) \$	240,574.
	I) EDUCATION PROGRAM S	ERVICE EXPENSE			%	I) \$	
					•		
	J) TOTAL CHARITABLE PRO	GRAM SERVICE EXPENSE (ADD H &	& I)	62.01	9%	J) \$	240,574.
				<u></u>			
	J1) JUINT GUSTS ALLUGATEL	D TO PROGRAM SERVICES (INCLUI	DED IN J):	<u>\$</u>			
	K) GRANTS TO OTHER CHAR	RITARI E ORGANIZATIONS			%	К) \$	
					70	- κ, φ	
	L) TOTAL CHARITABLE PRO	GRAM SERVICE EXPENDITURE (AD)DJ&K)	62.01	9 %	L) \$	240,574.
	,	· ·	,				
	M) MANAGEMENT AND GENE	ERAL EXPENSE		29.62	9 %	M) \$	114,934.
	N) FUNDRAISING EXPENSE			8.35	2 %	N) \$	32,398.
	0) TOTAL EXPENDITURES TH	HIS PERIOD (ADD L, M, & N)		1	00 %	0)\$	387,906.
111.		AID FUNDRAISER AND					
		rt of Individual Fundraising Campaig	gn- Form IFC. One for each PF	R.)			
	PROFESSIONAL FUNDRAISER	<u>is:</u> By Paid Professional Fundrai:	SERS	1	00 %	P) \$	0.
			OENO	I	00 /0	., ¢	
	Q) TOTAL FUNDRAISERS FEE	ES AND EXPENSES			%	Q) \$	
	R) NET RECEIVED BY THE CH	HARITY (P MINUS Q=R)			%	R) \$	
	PROFESSIONAL FUNDRAISIN	G CONSULTANTS:					
	S) TOTAL AMOUNT PAID TO	PROFESSIONAL FUNDRAISING CO				S) \$	0.
IV.) THE (3) HIGHEST PAID					
		THAN SNYDER, DIRE				T) \$	90,699.
		EY PIERCE, FORMER				U) \$	20,625.
		EL SCHEIDT, FORM				V) \$	11,808.
V .	CHARITABLE PROG	RAM DESCRIPTION: CHA	ARITABLE PROGRAM (3 HIGHEST I DE CATEGORIES	BY \$ EXPENDED)		List on ba	ck side of instructions
01-22		ICES FOR THE SPEC	CTAL NEEDS CO	MMIINTWV		W)#	CODE 300
1 04-	X) DESCRIPTION: SERVI	COD FOR THE SPEC	CIVE REEDS COL			X) #	500
298091 04-01-22	Y) DESCRIPTION:					Y) #	

IF	THE ANSWER TO ANY OF THE FOLLOWING IS YES, ATTACH A DETAILED EXPLANATION:		YES	NO
1.	WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT?	1.		X
2.	HAS THE ORGANIZATION OR A CURRENT DIRECTOR, TRUSTEE, OFFICER OR EMPLOYEE THEREOF, EVER BEEN CONVICTED BY ANY COURT OF ANY MISDEMEANOR INVOLVING THE MISUSE OR MISAPPROPRIATION OF FUNDS OR ANY FELONY?	2.		X
3.	DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES OWNS AN INTEREST; OR WAS IT A PARTY TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE ANYTHING OF VALUE NOT REPORTED AS COMPENSATION?	. 3.		X
4.	HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES?	4.		X
5.	IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION?	5.		X
6.	DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC)	. 6.		X
7a.	DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES?	. 7.		X
7b.	IF "YES", ENTER (i) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$; (ii) THE AMOUNT ALLOCATED TO PROGRAM SERVICES \$; (iii) THE AMOUNT ALLOCATED TO MANAGEMENT AND GENERAL \$; AND (iv) THE AMOUNT ALLOCATED TO FUNDRAISING \$			
8.	DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES?	8.		Х
9.	HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY?	9.		X
10.	WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION, MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS?	. 10.		X
11.	LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS:			
	HINSDALE BANK & TRUST COMPANY, 9801 W. HIGGINS RD., ROSEMONT,	IL	50018	3
12.	NAME AND TELEPHONE NUMBER OF CONTACT PERSON: JONATHAN SNYDER - 630-455-6018			

ALL ATTACHMENTS MUST ACCOMPANY THIS REPORT - SEE INSTRUCTIONS

UNDER PENALTY OF PERJURY, I (WE) THE UNDERSIGNED DECLARE AND CERTIFY THAT I (WE) HAVE EXAMINED THIS ANNUAL REPORT AND THE ATTACHED DOCUMENTS, INCLUDING ALL THE SCHEDULES AND STATEMENTS, AND THE FACTS THEREIN STATED ARE TRUE AND COMPLETE AND FILED WITH THE ILLINOIS ATTORNEY GENERAL FOR THE PURPOSE OF HAVING THE PEOPLE OF THE STATE OF ILLINOIS RELY THEREUPON. I HEREBY FURTHER AUTHORIZE AND AGREE TO SUBMIT MYSELF AND THE REGISTRANT HEREBY TO THE JURISDICTION OF THE STATE OF ILLINOIS.

BE SURE TO INCLUDE ALL FEES DUE:	JONATHAN SNYDER		
 REPORTS ARE DUE WITHIN SIX MONTHS OF YOUR FISCAL YEAR END. FOR FEES DUE SEE INSTRUCTIONS. 	PRESIDENT OF TRUSTEE (PRINT NAME)	SIGNATURE	DATE
3.) REPORTS THAT ARE LATE OR INCOMPLETE ARE SUBJECT TO A \$100.00 PENALTY.	TREASURER OF TRUSTEE (PRINT NAME)	SIGNATURE	DATE
	MEGAN ANGLE		
298101 04-01-22	PREPARER (PRINT NAME)	SIGNATURE	DATE