

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2017, or fiscal year beginning OCT 1, 2017, and ending SEP 30, 2018

2017

Department of the Treasury
Internal Revenue Service

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

▶ Go to www.irs.gov/Form8879EO for the latest information.

Name of exempt organization

Employer identification number

DISABLED SPORTS USA

94-6174016

Name and title of officer

GLENN MERRY

EXECUTIVE DIRECTOR

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

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

1a	Form 990 check here	▶ <input checked="" type="checkbox"/>	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>4,914,168.</u>
2a	Form 990-EZ check here	▶ <input type="checkbox"/>	b	Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here	▶ <input type="checkbox"/>	b	Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here	▶ <input type="checkbox"/>	b	Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here	▶ <input type="checkbox"/>	b	Balance Due (Form 8868, line 3c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2017 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

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

as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ *Glenn Merry* Date ▶ 3-20-19

Part III Certification and Authentication

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

54020320191
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2017 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ *Kendall Coleman* Date ▶ 03/08/19

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

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2017)

723051 10-11-17

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2017 calendar year, or tax year beginning **OCT 1, 2017** and ending **SEP 30, 2018**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization DISABLED SPORTS USA Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 451 HUNGERFORD DRIVE 608 City or town, state or province, country, and ZIP or foreign postal code ROCKVILLE, MD 20850	D Employer identification number 94-6174016 E Telephone number (301) 217-0960
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		G Gross receipts \$ 4,936,838.
J Website: ▶ WWW.DSUSA.ORG		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		H(c) Group exemption number ▶ L Year of formation: 1967 M State of legal domicile: CA

Part I Summary

1	Briefly describe the organization's mission or most significant activities: THE MISSION OF DISABLED SPORTS USA IS TO PROVIDE NATIONAL LEADERSHIP AND OPPORTUNITIES FOR		
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	9
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	9
5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	16
6	Total number of volunteers (estimate if necessary)	6	645
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 4,160,838.	Current Year 4,623,267.
	9 Program service revenue (Part VIII, line 2g)	149,517.	158,815.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	55,591.	132,086.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,365,946.	4,914,168.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,142,896.	942,260.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,030,114.	1,292,977.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 538,237.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,996,350.	2,530,270.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,169,360.	4,765,507.	
19 Revenue less expenses. Subtract line 18 from line 12	196,586.	148,661.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 5,360,852.	End of Year 5,808,626.
	21 Total liabilities (Part X, line 26)	834,087.	1,131,264.
	22 Net assets or fund balances. Subtract line 21 from line 20	4,526,765.	4,677,362.

Part II Signature Block

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

Sign Here	Signature of officer GLENN MERRY, EXECUTIVE DIRECTOR Type or print name and title	Date _____			
Paid Preparer Use Only	Print/Type preparer's name KENDALL COLEMAN, CPA	Preparer's signature _____	Date 03/08/19	Check if self-employed <input type="checkbox"/>	PTIN P00098521
	Firm's name ▶ CST GROUP, CPAS, PC	Firm's EIN ▶ 54-1019610			
	Firm's address ▶ 10740 PARKRIDGE BLVD 5TH FLOOR RESTON, VA 20191	Phone no. 703-391-2000			

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

Part III Statement of Program Service Accomplishments

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

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

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

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

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

4a (Code:) (Expenses \$ 1,229,678. including grants of \$ 264,333.) (Revenue \$ 3,580.) CHAPTER SERVICES: DISABLED SPORTS USA PROVIDES SERVICES TO ITS COMMUNITY BASED CHAPTERS OPERATING LOCALLY IN OVER 120 LOCATIONS IN 40 STATES SERVING 60,000 ANNUALLY. THESE SERVICES ARE DESIGNED TO ENABLE THE LOCAL COMMUNITY NON PROFIT CHAPTER TO PROVIDE SAFE AND EFFECTIVE SPORTS REHABILITATION PROGRAMS TO PEOPLE WITH DISABILITIES IN THEIR COMMUNITIES. SERVICES INCLUDE: INSTRUCTOR AND COACH TRAINING IN ADAPTIVE SPORTS; GRANTS TO OPERATE PROGRAMS AND PURCHASE ADAPTIVE EQUIPMENT; SEMINARS IN PROGRAM ADMINISTRATION, VOLUNTEER RECRUITMENT AND TRAINING, MARKETING, FUNDRAISING, AND RISK MANAGEMENT; INSURANCE; PROMOTION OF LOCAL ACTIVITIES ON A NATIONAL LEVEL AND OTHER ONGOING TECHNICAL ASSISTANCE.

4b (Code:) (Expenses \$ 1,423,566. including grants of \$ 470,854.) (Revenue \$ 67,500.) WARFIGHTER SPORTS: OFFERS SPORTS REHABILITATION FOR SEVERELY WOUNDED WARRIORS IN MILITARY HOSPITALS AND COMMUNITIES ACROSS THE U.S. THROUGH A NATIONWIDE NETWORK OF OVER 120 COMMUNITY-BASED CHAPTERS. SINCE 1967, DISABLED SPORTS USA HAS PROUDLY SERVED WOUNDED WARRIORS, INCLUDING THOSE INJURED IN THE IRAQ AND AFGHANISTAN WARS, OFFERING OVER 50 WINTER AND SUMMER SPORTS AT MORE THAN 100 EVENTS EACH YEAR. WARFIGHTER SPORTS REBUILDS LIVES THROUGH SPORTS BY IMPROVING SELF-CONFIDENCE, PROMOTING INDEPENDENCE AND UNITING FAMILIES THROUGH SHARED HEALTHY ACTIVITIES.

CONTRIBUTIONS COVER ALL EXPENSES FOR PARTICIPATION OF THE WARRIOR AND A FAMILY MEMBER, INCLUDING INDIVIDUALIZED ADAPTIVE INSTRUCTION, ADAPTIVE SPORTS EQUIPMENT, TRANSPORTATION, LODGING AND MEALS. SINCE 2003, MORE

4c (Code:) (Expenses \$ 520,798. including grants of \$ 20,350.) (Revenue \$ 87,735.) SKI SPECTACULAR: EACH YEAR FOR OVER 25 YEARS, DISABLED SPORTS USA HAS CONDUCTED AN ANNUAL NATIONAL WINTER SPORTS SYMPOSIUM THAT OFFERS INSTRUCTIONAL PROGRAMS IN ADAPTIVE WINTER SPORTS. EACH YEAR, THE SKI SPECTACULAR ATTRACTS OVER 800 PARTICIPANTS FROM OVER 30 STATES AND SEVERAL FOREIGN COUNTRIES, FOR A WEEK OF ACTIVITIES. THIS INCLUDES TRAINING OF LOCAL SKI INSTRUCTORS AND COACHES IN THE LATEST ADAPTIVE SKI TECHNIQUES FOR AMPUTEES, SPINAL AND HEAD INJURED, BLIND, THOSE WITH NEUROMUSCULAR DISABILITIES LIKE CEREBRAL PALSY AND DEVELOPMENTALLY DISABLED. IT ALSO INCLUDES RACE TRAINING CLINICS FOR YOUTH, WOUNDED WARRIORS AND OTHERS; LEARN TO SKI AND SNOWBOARD CLASSES; NORDIC SKI TRAINING; FUN RACES AND CHAPTER DEVELOPMENT SEMINARS.

4d Other program services (Describe in Schedule O.) (Expenses \$ 724,954. including grants of \$ 186,723.) (Revenue \$)

4e Total program service expenses 3,898,996.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	X	
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Schedule O response

Main table with columns for question numbers (1a-14b), Yes/No checkboxes, and numerical inputs (e.g., 23, 0, 16).

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
1b	Enter the number of voting members included in line 1a, above, who are independent		
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 employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	X	
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **CA, CT, FL, MD, MA, MN, NJ, NY, PA, SC, UT, VA**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **BILL SNYDER - 301-217-0960**
451 HUNGERFORD DRIVE, SUITE 608, ROCKVILLE, MD 20850

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JOHN BLOSSOM PRESIDENT	4.00	X		X				0.	0.	0.
(2) WILLIAM B. REYNOLDS III VICE PRESIDENT	4.00	X		X				0.	0.	0.
(3) KERI SEROTA SECRETARY	4.00	X		X				0.	0.	0.
(4) ALEXANDER GARNER BOARD MEMBER	4.00	X						0.	0.	0.
(5) MARYA PROPIS BOARD MEMBER	4.00	X						0.	0.	0.
(6) NICOLE ROUNDY BOARD MEMBER	4.00	X						0.	0.	0.
(7) KATRINA SHAKLEE BOARD MEMBER	4.00	X						0.	0.	0.
(8) WILLIAM SNYDER CHIEF FINANCIAL OFFICER	40.00			X				106,625.	0.	0.
(9) GLENN MERRY EXECUTIVE DIRECTOR	40.00			X				0.	0.	0.
(10) KIRK BAUER FORMER EXECUTIVE DIRECTOR	40.00					X		160,200.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-total							266,825.	0.	0.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							266,825.	0.	0.	

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b	31,000.				
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	940,717.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	3,651,550.				
	g Noncash contributions included in lines 1a-1f: \$		269,773.				
	h Total. Add lines 1a-1f		4,623,267.				
	Program Service Revenue	2 a REGISTRATION FEES	Business Code				
		900099	91,315.	91,315.			
b HAWW DINNER		900099	67,500.	67,500.			
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f		158,815.					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		67,931.			67,931.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real					
		(ii) Personal					
		b Less: rental expenses					
		c Rental income or (loss)					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other		86,825.			
		b Less: cost or other basis and sales expenses		22,670.			
		c Gain or (loss)		64,155.			
	d Net gain or (loss)		64,155.			64,155.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
		b Less: direct expenses	b				
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a							
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions.			4,914,168.	158,815.	0.	132,086.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	942,260.	942,260.		
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, trustees, and key employees	259,520.	160,565.	50,691.	48,264.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	886,043.	692,277.	72,284.	121,482.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	18,114.	14,805.	1,606.	1,703.
9 Other employee benefits	42,264.	33,073.	6,818.	2,373.
10 Payroll taxes	87,036.	65,376.	9,144.	12,516.
11 Fees for services (non-employees):				
a Management				
b Legal	7,096.	7,096.		
c Accounting	23,493.		23,493.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	232,820.	133,497.	68,575.	30,748.
12 Advertising and promotion	103,985.	66,577.	1,033.	36,375.
13 Office expenses	329,584.	257,019.	26,696.	45,869.
14 Information technology	37,076.	20,865.	16,112.	99.
15 Royalties				
16 Occupancy	90,223.	85,223.	5,000.	
17 Travel	548,204.	497,212.	22,326.	28,666.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	248,188.	142,870.		105,318.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	9,581.	7,186.	2,395.	
23 Insurance	405,236.	385,235.	20,001.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a DONATED GOODS	269,773.	269,773.		
b ATHLETE EXPENSES	203,234.	102,009.		101,225.
c TAXES & LICENSES	12,394.	12,388.	6.	
d DUES & SUBSCRIPTIONS	9,233.	3,540.	2,094.	3,599.
e All other expenses	150.	150.		
25 Total functional expenses. Add lines 1 through 24e	4,765,507.	3,898,996.	328,274.	538,237.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	61,462.	1	466,609.
	2 Savings and temporary cash investments	3,614,060.	2	3,417,772.
	3 Pledges and grants receivable, net	455,291.	3	654,198.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	29,013.	9	43,136.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 539,369.		
	b Less: accumulated depreciation	10b 173,860.		
	11 Investments - publicly traded securities	375,090.	10c	365,509.
	12 Investments - other securities. See Part IV, line 11	706,834.	11	739,135.
	13 Investments - program-related. See Part IV, line 11		12	
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	119,102.	14	
16 Total assets. Add lines 1 through 15 (must equal line 34)	5,360,852.	15	122,267.	
		16	5,808,626.	
Liabilities	17 Accounts payable and accrued expenses	376,315.	17	712,483.
	18 Grants payable		18	
	19 Deferred revenue	279,779.	19	418,781.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	177,993.	25	0.
	26 Total liabilities. Add lines 17 through 25	834,087.	26	1,131,264.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	4,242,276.	27	4,379,517.
	28 Temporarily restricted net assets	284,489.	28	297,845.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	4,526,765.	33	4,677,362.	
34 Total liabilities and net assets/fund balances	5,360,852.	34	5,808,626.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,914,168.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,765,507.
3	Revenue less expenses. Subtract line 2 from line 1	3	148,661.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,526,765.
5	Net unrealized gains (losses) on investments	5	1,936.
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 in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	4,677,362.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____	3a	X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____	3b	

Form 990 (2017)

SCHEDULE A
(Form 990 or 990-EZ)

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

2017

Open to Public Inspection

Name of the organization DISABLED SPORTS USA	Employer identification number 94-6174016
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3377785.	3927158.	3877454.	4160838.	4687422.	20030657.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	3377785.	3927158.	3877454.	4160838.	4687422.	20030657.
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)						1065306.
6 Public support. Subtract line 5 from line 4.						18965351.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4	3377785.	3927158.	3877454.	4160838.	4687422.	20030657.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	24,815.	49,099.	70,063.	55,591.	53,261.	252,829.
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						20283486.
12 Gross receipts from related activities, etc. (see instructions)					12	708,938.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	93.50 %
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	90.61 %
16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Multiple horizontal lines for supplemental information.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2017

Name of the organization

DISABLED SPORTS USA

Employer identification number

94-6174016

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), 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, 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, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization DISABLED SPORTS USA	Employer identification number 94-6174016
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ANTHEM LIFE (WELL POINT) 120 MONUMENT CIRCLE INDIANAPOLIS, IN 46204	\$ 110,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	ARIEL CORPORATION 35 BLACKJACK ROAD MOUNT VERNON, OH 43050	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	BOB WOODRUFF FAMILY FOUNDATION PO BOX 955 BRISTOW, VA 20136	\$ 115,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	BOEING COMPANY 929 LONG BRIDGE DRIVE ARLINGTON, VA 22202	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	OSHKOSH CORP 2307 OREGON STREET PO BOX 256 OSHKOSH, WI 54903	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	TEAM SEMPER FI BOX 555193 CAMP PENDLETON, CA 92055	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization DISABLED SPORTS USA	Employer identification number 94-6174016
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	TEE IT UP FOR THE TROOPS, INC 515 W TRAVELERS TRAIL BURNSVILLE, MN 55337	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	THE HARTFORD 690 ASLYM AVE HARTFORD, CT 06155	\$ 170,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	WASH DEPOT HOLDINGS INC 14 SUMMER STREET SUITE 302 MALDEN, MA 02148	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	WRIGHT, KAREN A 1240 GAMBIER RD MOUNT VERNON, OH 43050	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	PING, INC. 2201 W DESERT COVE AVE PHOENIX, AZ 85029	\$ 246,800.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization DISABLED SPORTS USA	Employer identification number 94-6174016
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
11	80 SETS OF GOLF CLUBS _____ _____ _____	\$ 246,800.	09/21/18
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization DISABLED SPORTS USA	Employer identification number 94-6174016
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2017

Open to Public Inspection

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

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

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

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

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

Yes No

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

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

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

Yes No

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

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

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

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

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

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

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

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

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

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

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

Schedule D (Form 990) 2017

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		334,925.		334,925.
b Buildings		30,600.	24,822.	5,778.
c Leasehold improvements				
d Equipment				
e Other		173,844.	149,038.	24,806.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				365,509.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	4,916,104.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	1,936.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	1,936.	
3	Subtract line 2e from line 1	3	4,914,168.	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	0.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	4,914,168.	

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

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

1	Total expenses and losses per audited financial statements		1	4,765,507.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	0.	
3	Subtract line 2e from line 1	3	4,765,507.	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	0.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	4,765,507.	

Part XIII Supplemental Information.

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

PART X, LINE 2:

THE ORGANIZATION IS EXEMPT FROM FEDERAL AND STATE INCOME TAX AS A NONPROFIT ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. NET INCOME FROM UNRELATED BUSINESS SOURCES IS SUBJECT TO FEDERAL INCOME TAXES; HOWEVER, THE ORGANIZATION HAD NO UNRELATED BUSINESS INCOME FOR THE YEAR ENDED SEPTEMBER 30, 2018.

MANAGEMENT HAS EVALUATED THE TAX POSITIONS THAT COULD HAVE A SIGNIFICANT EFFECT ON THE FINANCIAL STATEMENTS AND DETERMINED THE ORGANIZATION HAD NO UNCERTAIN TAX POSITIONS AT SEPTEMBER 30, 2018, WHICH REQUIRE DISCLOSURE OR RECOGNITION. WITH LIMITED EXCEPTIONS, THE TAX RECORDS OF THE ORGANIZATION REMAIN OPEN FOR THREE YEARS FOR FEDERAL INCOME TAX EXAMINATION.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ACHIEVE TAHOE P.O. BOX 9780 TRUCKEE, CA 96162	68-0024920	501(C)(3)	31,250.	0.			ADAPTIVE WINTER AND SUMMER SPORTS PROGRAMMING EXPENSES
ADAPTIVE EXPEDITIONS 1026 FORT SUMTER DR CHARLESTON, SC 29412	45-3850552	501(C)(3)	26,242.	0.			ADAPTIVE SUMMER SPORTS PROGRAMMING EXPENSES
ADAPTIVE SPORTS AND RECREATION ASSOCIATION - PO BOX 153792 - SAN DIEGO, CA 92195	04-3842913	501(C)(3)	12,500.	0.			ADAPTIVE WINTER AND SUMMER SPORTS PROGRAMMING EXPENSES
ADAPTIVE SPORTS ASSOCIATION PO BOX 1884 DURANGO, CO 81302	94-2938093	501(C)(3)	14,126.	0.			ADAPTIVE WINTER AND SUMMER SPORTS PROGRAMMING EXPENSES
ADAPTIVE SPORTS CONNECTION 6000 HARRIOTT DR. POWELL, OH 43065	31-1561944	501(C)(3)	31,500.	0.			ADAPTIVE SUMMER SPORTS PROGRAMMING EXPENSES
ADAPTIVE SPORTS USA (WASUSA) 1135 HARDING PLACE CHARLOTTE, NC 28204	11-2352035	501(C)(3)	5,000.	0.			ADAPTIVE WINTER SPORTS PROGRAMMING EXPENSES

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

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

Schedule I (Form 990) (2017)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AQUABILITY, INC. 3218 W OVERLAND RD BOISE, ID 83705	27-4359749	501(C)(3)	32,329.	0.			ADAPTIVE SUMMER SPORTS PROGRAMMING EXPENSES
ARIZONA DISABLED SPORTS (MESA) PO BOX 4727 MESA, AZ 85211	86-0643471	501(C)(3)	19,401.	0.			ADAPTIVE SUMMER SPORTS PROGRAMMING EXPENSES
BAY AREA OUTREACH AND RECREATION PROGRAM - 3075 ADELIN ST, STE 155 - BERKELEY, CA 94703	94-2324340	501(C)(3)	34,750.	0.			ADAPTIVE WINTER AND SUMMER SPORTS PROGRAMMING EXPENSES
BLAZESPORTS AMERICA 535 N. MCDONOUGH ST. DECATUR, GA 30030	58-2087265	501(C)(3)	11,921.	0.			ADAPTIVE SUMMER SPORTS PROGRAMMING EXPENSES
BRECKENRIDGE OUTDOOR EDUCATION CENTER - PO BOX 697 - BRECKENRIDGE, CO 80424	84-0725560	501(C)(3)	16,750.	0.			ADAPTIVE WINTER AND SUMMER SPORTS PROGRAMMING EXPENSES
BRIDGE II SPORTS 5037 BRENDA COURT DURHAM, NC 27712	20-8577055	501(C)(3)	19,000.	0.			ADAPTIVE WINTER AND SUMMER SPORTS PROGRAMMING EXPENSES
CHALLENGE ASPEN PO BOX 6639 SNOWMASS VILLAGE, CO 81615	84-1315910	501(C)(3)	10,850.	0.			ADAPTIVE WINTER AND SUMMER SPORTS PROGRAMMING EXPENSES
COMMON GROUND OUTDOOR ADVENTURE 335 NORTH 100 EAST LOGAN, UT 84321	84-1385181	501(C)(3)	23,180.	0.			ADAPTIVE WINTER AND SUMMER SPORTS PROGRAMMING EXPENSES
COURAGE KENNY REHABILITATION INSTITUTE - 3915 GOLDEN VALLEY ROAD - GOLDEN VALLEY, MN 55422	41-0706118	501(C)(3)	9,841.	0.			ADAPTIVE WINTER AND SUMMER SPORTS PROGRAMMING EXPENSES

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHESAPEAKE REGION ACCESSIBLE BOATING - PO BOX 6564 - ANNAPOLIS, MD 21401	35-2188410	501(C)(3)	15,675.	0.			ADAPTIVE WINTER AND SUMMER SPORTS PROGRAMMING EXPENSES
DARE2TRI PARATRIATHLON CLUB 847 N. DAMEN APT. 2R CHICAGO, IL 60622	45-3933200	501(C)(3)	20,414.	0.			ADAPTIVE WINTER AND SUMMER SPORTS PROGRAMMING EXPENSES
DISABLED ATHELETE SPORTS ASSOCIATION - 1236 JUNGERMAN ROAD - ST. PETERS, MO 63376	43-1775519	501(C)(3)	12,500.	0.			ADAPTIVE WINTER AND SUMMER SPORTS PROGRAMMING EXPENSES
DISABLED SPORTS EASTERN SIERRA PO BOX 7275 MAMMOTH LAKES, CA 93546	31-1732524	501(C)(3)	5,250.	0.			ADAPTIVE WINTER AND SUMMER SPORTS PROGRAMMING EXPENSES
EAGLE MOUNT GREAT FALLS PO BOX 2866 GREAT FALLS, MT 59403	81-0498964	501(C)(3)	5,000.	0.			ADAPTIVE WINTER AND SUMMER SPORTS PROGRAMMING EXPENSES
GREAT LAKES ADAPTIVE SPORTS ASSOCIATION - 400 E. ILLINOIS ROAD - LAKE FOREST, IL 60045	36-4285965	501(C)(3)	11,464.	0.			ADAPTIVE WINTER AND SUMMER SPORTS PROGRAMMING EXPENSES
HIGHER GROUND SUN VALLEY, INC. PO BOX 6791 KETCHUM, ID 83340	82-0512146	501(C)(3)	17,450.	0.			ADAPTIVE WINTER AND SUMMER SPORTS PROGRAMMING EXPENSES
IGNITE ADAPTIVE SPORTS PO BOX 19016 BOULDER, CO 80308	84-0798064	501(C)(3)	15,339.	0.			ADAPTIVE WINTER SPORTS PROGRAMMING EXPENSES
MAINE ADAPTIVE SPORTS AND RECREATION - 8 SUNDANCE LN. - NEWRY, ME 04261	01-0388818	501(C)(3)	19,750.	0.			ADAPTIVE WINTER AND SUMMER SPORTS PROGRAMMING EXPENSES

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL ABILITY CENTER PO BOX 682799 PARK CITY, UT 84068	94-3025807	501(C)(3)	14,374.	0.			ADAPTIVE WINTER AND SUMMER SPORTS PROGRAMMING EXPENSES
NEW ENGLAND DISABLED SPORTS PO BOX 26 LINCOLN, NH 03251	02-0460732	501(C)(3)	15,000.	0.			ADAPTIVE WINTER SPORTS PROGRAMMING EXPENSES
NATIONAL SPORTS CENTER FOR THE DISABLED - PO BOX 1290 - WINTER PARK, CO 80482	84-0738419	501(C)(3)	33,005.	0.			ADAPTIVE WINTER AND SUMMER SPORTS PROGRAMMING EXPENSES
NEW ENGLAND HANDICAPPED SPORTS ASSOCIATION - PO BOX 2135 - NEWBURY, NH 03255	23-7398657	501(C)(3)	18,145.	0.			ADAPTIVE WINTER AND SUMMER SPORTS PROGRAMMING EXPENSES
NORTHEAST PASSAGE UNH-F UNH HEWITT HALL 4 LIBRARY WAY DURHAM, NH 03824	02-0448237	501(C)(3)	6,296.	0.			ADAPTIVE SUMMER SPORTS PROGRAMMING EXPENSES
OPERATION COMFORT PO BOX 4010 LARGO VISTA, TX 78645	86-1123065	501(C)(3)	9,997.	0.			ADAPTIVE SUMMER SPORTS PROGRAMMING EXPENSES
OREGON ADAPTIVE SPORTS 63025 O.B. RILEY RD., SUITE 12 BEND, OR 97701	26-0076749	501(C)(3)	20,740.	0.			ADAPTIVE WINTER AND SUMMER SPORTS PROGRAMMING EXPENSES
SPARC, SPORTS ARTS AND RECREATION OF CHATANOOGA - 6638 DECLARATION DRIVE - HIXSON, TN 37343	62-1515151	501(C)(3)	15,090.	0.			ADAPTIVE WINTER AND SUMMER SPORTS PROGRAMMING EXPENSES
SPORTS ASSOCIATION, GAYLORD HOSPITAL - PO BOX 400 - WALLINGFORD, CT 06492	06-0646649	501(C)(3)	17,110.	0.			ADAPTIVE SUMMER SPORTS PROGRAMMING EXPENSES

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STEAMBOAT ADAPTIVE RECREATION SPORTS - PO BOX 770208 - STEAMBOAT SPRINGS, CO 80477	20-5823688	501(C)(3)	29,080.	0.			ADAPTIVE WINTER AND SUMMER SPORTS PROGRAMMING EXPENSES
STRIDE ADAPTIVE SPORTS 476 NORTH GREENBUSH ROAD #9 RENSSELAER, NY 12144	14-1732830	501(C)(3)	27,750.	0.			ADAPTIVE WINTER AND SUMMER SPORTS PROGRAMMING EXPENSES
SUDS DIVING, INC. PO BOX 2504 BEAUFORT, NC 28516	26-1315733	501(C)(3)	15,200.	0.			ADAPTIVE SUMMER SPORTS PROGRAMMING EXPENSES
TEAM RIVER RUNNER 5007 STONE ROAD ROCKVILLE, MD 20853	20-3838651	501(C)(3)	69,194.	0.			ADAPTIVE WINTER AND SUMMER SPORTS PROGRAMMING EXPENSES
TETON ADAPTIVE SPORTS PO BOX 2894 JACKSON, WY 83001	06-1741611	501(C)(3)	8,537.	0.			ADAPTIVE WINTER SPORTS PROGRAMMING EXPENSES
TURNSTONE, INC. 3320 N CLINTON ST FORT WAYNE, IN 46805	35-0913541	501(C)(3)	17,000.	0.			ADAPTIVE WINTER AND SUMMER SPORTS PROGRAMMING EXPENSES
UCO WELLNESS CENTER 100 N. UNIVERSITY DRIVE, BOX 99 EDMOND, OK 73034	73-6017987	501(C)(3)	14,330.	0.			ADAPTIVE SUMMER SPORTS PROGRAMMING EXPENSES
US ADAPTIVE RECREATION CENTER PO BOX 2897 BIG BEAR LAKE, CA 92315	95-3872771	501(C)(3)	24,750.	0.			ADAPTIVE WINTER AND SUMMER SPORTS PROGRAMMING EXPENSES
VERMONT ADAPTIVE SKI AND SPORTS PO BOX 139 KILLINGTON, VT 05751	74-2472938	501(C)(3)	8,972.	0.			ADAPTIVE WINTER AND SUMMER SPORTS PROGRAMMING EXPENSES

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WHEELCHAIR SPORTS, INC. 3033 W 2ND STREET WICHITA, KS 67203	48-0892678	501(C)(3)	15,000.	0.			ANTHEM GRANT
WINTERGREEN ADAPTIVE SPORTS PO BOX 4334 CHARLOTTESVILLE, VA 22905	54-1818204	501(C)(3)	11,975.	0.			ADAPTIVE WINTER SPORTS PROGRAMMING EXPENSES

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

PART I, LINE 2:

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

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

DISABLED SPORTS USA

Employer identification number

94-6174016

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2017

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) KIRK BAUER FORMER EXECUTIVE DIRECTOR	(i)	134,200.	26,000.	0.	0.	0.	160,200.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2017

Open To Public
Inspection

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

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

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

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

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

- 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No

Total ▶ \$ _____

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
KIRK BAUER	KIRK BAUER IS THE E	18,964.	THE EXECUTI		X

Part V Supplemental Information

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

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

(A) NAME OF PERSON: KIRK BAUER

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

KIRK BAUER IS THE EXECUTIVE DIRECTOR OF DISABLED SPORTS USA.

(C) AMOUNT OF TRANSACTION \$ 18,964.

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

;LISTTOTAL 18964

(E) SHARING OF ORGANIZATION REVENUES? = NO

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2017

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (GOLF CLUB SET)	X	80	246,800.	FMV
26 Other ▶ (SPORTS MEMORA)	X	0	11,823.	
27 Other ▶ (VACATION)	X	1	8,000.	
28 Other ▶ (FOOD & WINE)	X	28	3,150.	

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2017

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public
Inspection

Name of the organization

DISABLED SPORTS USA

Employer identification number
94-6174016

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

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

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

THAN 12,000 OF THE MOST SEVERELY WOUNDED AND THEIR FAMILIES HAVE BEEN
SERVED, INCLUDING THOSE WITH AMPUTATIONS, TRAUMATIC BRAIN INJURY,
SPINAL CORD INJURY, VISUAL IMPAIRMENTS, AND SIGNIFICANT NERVE AND
MUSCLE DAMAGE.

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

ADAPTIVE SPORTS & RECREATION: DISABLED SPORTS USA ALSO SUPPORTS A
NATIONWIDE SERIES OF "LEARN TO", RACE TRAINING AND INSTRUCTOR TRAINING
CLINICS HELD BY LOCAL DSUSA CHAPTER IN STATES THROUGHOUT THE USA.
SPORTS INCLUDE: ALPINE AND NORDIC SKIING, SNOWBOARDING, SNOW SHOEING;
GOLF, WATER SKIING, KAYAKING, SAILING, OUTRIGGER CANOEING, RAFTING,
SCUBA, EQUESTRIAN, CYCLING, ROCK CLIMBING, AND OTHER ACTIVITIES.
DISABILITIES SERVED INCLUDE THOSE WITH AMPUTATIONS, SPINAL AND HEAD
INJURY, NEUROMUSCULAR DISABILITIES SUCH AS MULTIPLE SCLEROSIS, CEREBRAL
PALSY AND MUSCULAR DYSTROPHY AND DEVELOPMENTAL DISABILITIES.

EXPENSES \$ 724,954. INCLUDING GRANTS OF \$ 186,723. REVENUE \$ 0.

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

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

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

Schedule O (Form 990 or 990-EZ) (2017)

732211 09-07-17

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

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

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

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

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

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

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

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

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

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

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

FORM 990, PART XII, LINE 2C:

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

2017 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
78	LAND	12/30/09	L				334,925.				334,925.			0.	
	COMPUTER EQUIPMENT														
48	ADOBE ACROBAT SOFTWARE	02/12/07	SL	3.00		HY16	1,485.				1,485.	1,485.		0.	1,485.
49	SOFTWARE	07/22/07	SL	3.00		HY16	612.				612.	612.		0.	612.
53	ADOBE INDESIGN CS3	03/02/08	SL	3.00		HY16	695.			348.	347.	347.		0.	347.
54	LICENSES FOR SIMULATENOUS DATABASE	04/16/08	SL	3.00		HY16	1,936.			968.	968.	968.		0.	968.
62	MICROSOFT OFFICE PROFESSIONAL	09/17/08	SL	3.00		HY16	500.			250.	250.	250.		0.	250.
63	ADOBE PHOTOSHOP	09/22/08	SL	3.00		HY16	694.			347.	347.	348.		0.	348.
72	2 SERVERS FOR EMAIL SERVER: INTEL SERVER: INTEL XEON CPU	06/18/10	200DB	5.00		HY17	8,600.			4,300.	4,300.	4,300.		0.	4,300.
73	WINDOWS 7 UPGRADE LICENSE (15 COPIES)	06/18/10	SL	3.00		HY16	2,385.			1,193.	1,192.	1,192.		0.	1,192.
75	USED IBM RACK MOUNT SERVER W/ DUAL XEON CPU, 8GB OF RAM	08/10/10	200DB	5.00		HY17	500.			250.	250.	250.		0.	250.
76	NEW RACK MOUNT DE11 17" LCD KVM MONITOR FOR SERVER RACK	08/10/10	200DB	5.00		HY17	1,099.			550.	549.	549.		0.	549.
84	WEBSITE REDSIGN	09/15/11	SL	3.00		HY16	3,500.				3,500.	3,500.		0.	3,500.
88	CISCO 500 SERIES NETWORK SWITCH, WIRELESS ACCESS POIN	08/01/14	200DB	5.00		MQ17	2,369.				2,369.	1,882.		260.	2,142.
90	2 LENOVO CARBON S1, 17 W/TOUCH SCREEN	09/03/15	200DB	5.00		MQ17	2,840.				2,840.	1,869.		388.	2,257.
93	2 SERVERS, BUFFALO BACKUP SERVER & POWER BACKUPS	09/03/16	SL	5.00		16	7,500.				7,500.	1,625.		1,500.	3,125.
94	2 SERVERS: 2 X INTEL DUAL XEON CPU	10/03/16	SL	5.00		16	12,820.				12,820.	2,564.		2,564.	5,128.
95	CABLING PATCH PANEL CONFIG, LINE MOVING	01/10/17	SL	5.00		16	8,200.				8,200.	1,230.		1,640.	2,870.

728111 04-01-17

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2017 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
96	BUFFALO BACKUP SERVER 16 TB NAS RACK MOUNT SERVER	10/03/16	SL	5.00		16	1,812.				1,812.	362.		362.	724.
97	2 POWER BACKUPS/APC POWER BACKUP WITH NETWORK CARD	10/03/16	SL	5.00		16	3,470.				3,470.	694.		694.	1,388.
98	BARRACUDE SPAM FILTER AND 1 YEAR SERVICE	01/10/17	SL	5.00		16	1,138.				1,138.	171.		228.	399.
	* 990 PAGE 10 TOTAL - COMPUTER EQUIPMENT						62,155.			8,206.	53,949.	24,198.		7,636.	31,834.
	OFFICE EQUIPMENT														
18	FURNITURE	02/01/05	SL	5.00		16	1,010.				1,010.	1,010.		0.	1,010.
34	OFFICE FURNITURE	06/14/07	200DB	7.00		HY17	505.				505.	505.		0.	505.
35	FILE CABINET, DESK, ETC.	07/02/07	200DB	7.00		HY17	827.				827.	827.		0.	827.
47	DRAWERS, DRESSER, LAMP	05/07/07	200DB	7.00		HY17	560.				560.	560.		0.	560.
50	EOS DIGITAL REBEL XTI CAMERA	10/27/07	200DB	5.00		HY17	913.				913.	912.		0.	912.
52	HP LASERJET 550 DTN PRINTER	01/12/08	200DB	5.00		HY17	4,340.			2,170.	2,170.	2,170.		0.	2,170.
64	CANON REBEL XSI CAMERA	09/30/08	200DB	5.00		HY17	750.			375.	375.	375.		0.	375.
80	CISCO UC520 PHONE SYSTEM/VOIP SYSTEM + UNIFIED	06/18/10	200DB	5.00		HY17	6,000.			3,000.	3,000.	3,000.		0.	3,000.
81	CISCO IP PHONES 7940	06/18/10	200DB	5.00		HY17	1,590.			795.	795.	795.		0.	795.
82	CISCO 7971G-GE IP PHONES (2 ADDITIONAL)	08/10/10	200DB	5.00		HY17	478.			239.	239.	239.		0.	239.
83	CISCO 7971G-GE IP PHONES (ADJUSTMENT FOR 10 PREVIOUS	08/10/10	200DB	5.00		HY17	600.			300.	300.	300.		0.	300.
89	2 VOIP PHONES & POWER SUPPLY	08/01/14	200DB	7.00		MQ17	1,012.				1,012.	656.		102.	758.
91	FRIGIDAIRE 180 CU FT TOP FREEZER REFRIGERATOR	09/30/15	200DB	7.00		MQ17	509.				509.	258.		72.	330.

728111 04-01-17

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2017 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
99	3 MODULAR WORK STATIONS (1 OF 2)	01/17/17	SL	7.00		16	1,160.				1,160.	110.		166.	276.
100	3 MODULAR WORK STATIONS (2 OF 2)	02/03/17	SL	7.00		16	1,160.				1,160.	110.		166.	276.
	* 990 PAGE 10 TOTAL - OFFICE EQUIPMENT						21,414.			6,879.	14,535.	11,827.		506.	12,333.
	SPORTS EQUIPMENT														
29	GOLF CART ATLAS	07/20/06	SL	7.00		16	3,590.				3,590.	3,590.		0.	3,590.
92	10X10 MIGHTY TENT USA	09/29/15	200DB	5.00	MQ	17	2,382.				2,382.	1,567.		326.	1,893.
	* 990 PAGE 10 TOTAL - SPORTS EQUIPMENT						5,972.				5,972.	5,157.		326.	5,483.
	BUILDING														
9	TIMESHARE	12/30/94	SL	27.50	MM	16	20,600.				20,600.	17,129.		749.	17,878.
10	TIME SHARE	09/18/99	SL	27.50	MM	16	10,000.				10,000.	6,580.		364.	6,944.
	* 990 PAGE 10 TOTAL - BUILDING						30,600.				30,600.	23,709.		1,113.	24,822.
	TRANSPORTATION EQUIPMENT														
22	2004 FORD E350 VAN	03/09/05	SL	5.00		16	22,565.				22,565.	22,565.		0.	22,565.
69	UTILITY TRAILER	07/02/09	200DB	5.00	MQ	17	3,465.			1,733.	1,732.	1,732.		0.	1,732.
87	2012 STARCRAFT ALLSTAR	02/06/12	200DB	5.00	HY	17	52,473.			26,236.	26,237.	26,237.		0.	26,237.
	* 990 PAGE 10 TOTAL - TRANSPORTATION EQUIPMENT						78,503.			27,969.	50,534.	50,534.		0.	50,534.
	LEASEHOLD IMPROVEMENTS														
85	NETWORK CABLING	01/31/11	SL	15.00	HY	17	5,800.			5,800.				0.	

728111 04-01-17

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2017 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	* 990 PAGE 10 TOTAL - LEASEHOLD IMPROVEMENTS						5,800.			5,800.	0.	0.		0.	0.
	* GRAND TOTAL 990 PAGE 10 DEPR						539,369.			48,854.	490,515.	115,425.		9,581.	125,006.

Depreciation and Amortization
 (Including Information on Listed Property) 990

▶ Attach to your tax return.
 ▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

Name(s) shown on return DISABLED SPORTS USA	Business or activity to which this form relates FORM 990 PAGE 10	Identifying number 94-6174016
---	--	---

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions)	1	510,000.
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation	3	2,030,000.
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6 (a) Description of property (b) Cost (business use only) (c) Elected cost		
7 Listed property. Enter the amount from line 29	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2016 Form 4562	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13 Carryover of disallowed deduction to 2018. Add lines 9 and 10, less line 12	13	

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

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

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

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

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2017	17	1,148.
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B - Assets Placed in Service During 2017 Tax Year Using the General Depreciation System

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

Section C - Assets Placed in Service During 2017 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	9,581.
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

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

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use 25

26 Property used more than 50% in a qualified business use: Table with 9 columns for percentage and other details.

27 Property used 50% or less in a qualified business use: Table with 9 columns for percentage and other details.

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29

Section B - Information on Use of Vehicles

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

Table for Section B with 6 main rows (30-36) and 12 sub-columns for vehicle categories (a-f) and personal use availability (Yes/No).

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

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

Table for Section C with 5 rows (37-41) and 2 columns (Yes/No).

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

Table for Section C with 6 columns: (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year

42 Amortization of costs that begins during your 2017 tax year: Table with 6 columns.

43 Amortization of costs that began before your 2017 tax year 43

44 Total. Add amounts in column (f). See the instructions for where to report 44

2017 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - DISABLED SPORTS USA

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
78	LAND	123009	L			334,925.			334,925.			0.
48	COMPUTER EQUIPMENT ADOBE ACROBAT SOFTWARE	021207	SL	3.00	16	1,485.			1,485.	1,485.		0.
49	SOFTWARE	072207	SL	3.00	16	612.			612.	612.		0.
53	ADOBE INDESIGN CS3 LICENSES FOR	030208	SL	3.00	16	695.		348.	347.	347.		0.
54	SIMULATENOUS DATABA MICROSOFT OFFICE	041608	SL	3.00	16	1,936.		968.	968.	968.		0.
62	PROFESSIONAL	091708	SL	3.00	16	500.		250.	250.	250.		0.
63	ADOBE PHOTOSHOP	092208	SL	3.00	16	694.		347.	347.	348.		0.
72	2 SERVERS FOR EMAIL SERVER: INTEL SERV	061810	200DB	5.00	17	8,600.		4,300.	4,300.	4,300.		0.
73	WINDOWS 7 UPGRADE LICENSE (15 COPIES)	061810	SL	3.00	16	2,385.		1,193.	1,192.	1,192.		0.
75	USED IBM RACK MOUNT SERVER W/ DUAL XEO	081010	200DB	5.00	17	500.		250.	250.	250.		0.
76	NEW RACK MOUNT DE11 17" LCD KVM MONITO	081010	200DB	5.00	17	1,099.		550.	549.	549.		0.
84	WEBSITE REDSIGN	091511	SL	3.00	16	3,500.			3,500.	3,500.		0.
88	CISCO 500 SERIES NETWORK SWITCH, WIR	080114	200DB	5.00	17	2,369.			2,369.	1,882.		260.
90	2 LENOVO CARBON S1, 17 W/TOUCH SCREEN	090315	200DB	5.00	17	2,840.			2,840.	1,869.		388.
93	2 SERVERS, BUFFALO BACKUP SERVER & POW	090316	SL	5.00	16	7,500.			7,500.	1,625.		1,500.
94	2 SERVERS: 2 X INTEL DUAL XEON CPU	100316	SL	5.00	16	12,820.			12,820.	2,564.		2,564.
95	CABLING PATCH PANEL CONFIG, LINE MOVIN	011017	SL	5.00	16	8,200.			8,200.	1,230.		1,640.

2017 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - DISABLED SPORTS USA

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
96	BUFFALO BACKUP SERVER 16 TB NAS RA	100316	SL	5.00	16	1,812.			1,812.	362.		362.
97	2 POWER BACKUPS/APC POWER BACKUP WITH BARRACUDE SPAM	100316	SL	5.00	16	3,470.			3,470.	694.		694.
98	FILTER AND 1 YEAR S	011017	SL	5.00	16	1,138.			1,138.	171.		228.
	* 990 PAGE 10 TOTAL - COMPUTER EQUIPME					62,155.		8,206.	53,949.	24,198.		7,636.
	OFFICE EQUIPMENT											
18	FURNITURE	020105	SL	5.00	16	1,010.			1,010.	1,010.		0.
34	OFFICE FURNITURE	061407	200DB	7.00	17	505.			505.	505.		0.
35	FILE CABINET, DESK, ETC.	070207	200DB	7.00	17	827.			827.	827.		0.
47	DRAWERS, DRESSER, LAMP	050707	200DB	7.00	17	560.			560.	560.		0.
50	EOS DIGITAL REBEL XTI CAMERA	102707	200DB	5.00	17	913.			913.	912.		0.
52	HP LASERJET 550 DTN PRINTER	011208	200DB	5.00	17	4,340.		2,170.	2,170.	2,170.		0.
64	CANON REBEL XSI CAMERA	093008	200DB	5.00	17	750.		375.	375.	375.		0.
80	CISCO UC520 PHONE SYSTEM/VOIP SYSTEM	061810	200DB	5.00	17	6,000.		3,000.	3,000.	3,000.		0.
81	CISCO IP PHONES 7940	061810	200DB	5.00	17	1,590.		795.	795.	795.		0.
82	CISCO 7971G-GE IP PHONES (2 ADDITIONA	081010	200DB	5.00	17	478.		239.	239.	239.		0.
83	CISCO 7971G-GE IP PHONES (ADJUSTMENT	081010	200DB	5.00	17	600.		300.	300.	300.		0.
89	2 VOIP PHONES & POWER SUPPLY	080114	200DB	7.00	17	1,012.			1,012.	656.		102.
91	FRIGIDAIRE 180 CU FT TOP FREEZER REFR	093015	200DB	7.00	17	509.			509.	258.		72.

2017 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - DISABLED SPORTS USA

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
99	3 MODULAR WORK STATIONS (1 OF 2)	011717	SL	7.00	16	1,160.			1,160.	110.		166.
100	3 MODULAR WORK STATIONS (2 OF 2)	020317	SL	7.00	16	1,160.			1,160.	110.		166.
	* 990 PAGE 10 TOTAL - OFFICE EQUIPMENT					21,414.		6,879.	14,535.	11,827.		506.
	SPORTS EQUIPMENT											
29	GOLF CART ATLAS 10X10 MIGHTY TENT	072006	SL	7.00	16	3,590.			3,590.	3,590.		0.
92	USA	092915	200DB	5.00	17	2,382.			2,382.	1,567.		326.
	* 990 PAGE 10 TOTAL - SPORTS EQUIPMENT					5,972.		0.	5,972.	5,157.		326.
	BUILDING											
9	TIMESHARE	123094	SL	27.50	16	20,600.			20,600.	17,129.		749.
10	TIME SHARE	091899	SL	27.50	16	10,000.			10,000.	6,580.		364.
	* 990 PAGE 10 TOTAL - BUILDING					30,600.		0.	30,600.	23,709.		1,113.
	TRANSPORTATION EQUIPMENT											
22	2004 FORD E350 VAN	030905	SL	5.00	16	22,565.			22,565.	22,565.		0.
69	UTILITY TRAILER	070209	200DB	5.00	17	3,465.		1,733.	1,732.	1,732.		0.
87	2012 STARCRAFT ALLSTAR	020612	200DB	5.00	17	52,473.		26,236.	26,237.	26,237.		0.
	* 990 PAGE 10 TOTAL - TRANSPORTATION E					78,503.		27,969.	50,534.	50,534.		0.
	LEASEHOLD IMPROVEMENTS											
85	NETWORK CABLING	013111	SL	15.00	17	5,800.		5,800.				0.

2017 DEPRECIATION AND AMORTIZATION REPORT
 - CURRENT YEAR FEDERAL - DISABLED SPORTS USA

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	* 990 PAGE 10 TOTAL - LEASEHOLD IMPROV					5,800.		5,800.	0.	0.		0.
	* GRAND TOTAL 990 PAGE 10 DEPR					539,369.		48,854.	490,515.	115,425.		9,581.

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

2018 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL - DISABLED SPORTS USA

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
78	LAND	123009	L		334,925.		334,925.		0.
	COMPUTER EQUIPMENT								
48	ADOBE ACROBAT SOFTWARE	021207	SL	3.00	1,485.		1,485.	1,485.	0.
49	SOFTWARE	072207	SL	3.00	612.		612.	612.	0.
53	ADOBE INDESIGN CS3	030208	SL	3.00	695.	348.	347.	347.	0.
54	LICENSES FOR SIMULATENOUS DATABASE	041608	SL	3.00	1,936.	968.	968.	968.	0.
62	MICROSOFT OFFICE PROFESSIONAL	091708	SL	3.00	500.	250.	250.	250.	0.
63	ADOBE PHOTOSHOP	092208	SL	3.00	694.	347.	347.	348.	0.
	2 SERVERS FOR EMAIL SERVER: INTEL								
72	SERVER: INTEL XEON CPU E560 CPU, 8GB	061810	200DB	5.00	8,600.	4,300.	4,300.	4,300.	0.
	WINDOWS 7 UPGRADE LICENSE (15								
73	COPIES)	061810	SL	3.00	2,385.	1,193.	1,192.	1,192.	0.
	USED IBM RACK MOUNT SERVER W/ DUAL								
75	XEON CPU, 8GB OF RAM, 2X75GB SCSI H	081010	200DB	5.00	500.	250.	250.	250.	0.
	NEW RACK MOUNT DE11 17" LCD KVM								
76	MONITOR FOR SERVER RACK	081010	200DB	5.00	1,099.	550.	549.	549.	0.
84	WEBSITE REDSIGN	091511	SL	3.00	3,500.		3,500.	3,500.	0.
	CISCO 500 SERIES NETWORK SWITCH,								
	WIRELESS ACCESS POINT & 3 YR								
88	WARRANTY	080114	200DB	5.00	2,369.		2,369.	2,142.	227.
	2 LENOVO CARBON S1, 17 W/TOUCH								
90	SCREEN	090315	200DB	5.00	2,840.		2,840.	2,257.	311.
	2 SERVERS, BUFFALO BACKUP SERVER &								
93	POWER BACKUPS	090316	SL	5.00	7,500.		7,500.	3,125.	1,500.
94	2 SERVERS: 2 X INTEL DUAL XEON CPU	100316	SL	5.00	12,820.		12,820.	5,128.	2,564.
	CABLING PATCH PANEL CONFIG, LINE								
95	MOVING	011017	SL	5.00	8,200.		8,200.	2,870.	1,640.
	BUFFALO BACKUP SERVER 16 TB NAS RACK								
96	MOUNT SERVER	100316	SL	5.00	1,812.		1,812.	724.	362.
	2 POWER BACKUPS/APC POWER BACKUP								
97	WITH NETWORK CARD	100316	SL	5.00	3,470.		3,470.	1,388.	694.
	BARRACUDE SPAM FILTER AND 1 YEAR								
98	SERVICE	011017	SL	5.00	1,138.		1,138.	399.	228.

(D) - Asset disposed

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

2018 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL - DISABLED SPORTS USA

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
	* 990 PAGE 10 TOTAL - COMPUTER EQUIPMENT				62,155.	8,206.	53,949.	31,834.	7,526.
	OFFICE EQUIPMENT								
18	FURNITURE	020105	SL	5.00	1,010.		1,010.	1,010.	0.
34	OFFICE FURNITURE	061407	200DB	7.00	505.		505.	505.	0.
35	FILE CABINET, DESK, ETC.	070207	200DB	7.00	827.		827.	827.	0.
47	DRAWERS, DRESSER, LAMP	050707	200DB	7.00	560.		560.	560.	0.
50	EOS DIGITAL REBEL XTI CAMERA	102707	200DB	5.00	913.		913.	912.	0.
52	HP LASERJET 550 DTN PRINTER	011208	200DB	5.00	4,340.	2,170.	2,170.	2,170.	0.
64	CANON REBEL XSI CAMERA	093008	200DB	5.00	750.	375.	375.	375.	0.
	CISCO UC520 PHONE SYSTEM/VOIP SYSTEM								
80	+ UNIFIED MESSAGE + AUTO ATTEND (061810	200DB	5.00	6,000.	3,000.	3,000.	3,000.	0.
81	CISCO IP PHONES 7940	061810	200DB	5.00	1,590.	795.	795.	795.	0.
	CISCO 7971G-GE IP PHONES (2								
82	ADDITIONAL)	081010	200DB	5.00	478.	239.	239.	239.	0.
	CISCO 7971G-GE IP PHONES (ADJUSTMENT								
83	FOR 10 PREVIOUS PHONES UPGRADED)	081010	200DB	5.00	600.	300.	300.	300.	0.
89	2 VOIP PHONES & POWER SUPPLY	080114	200DB	7.00	1,012.		1,012.	758.	88.
	FRIGIDAIRE 180 CU FT TOP FREEZER								
91	REFRIGERATOR	093015	200DB	7.00	509.		509.	330.	51.
99	3 MODULAR WORK STATIONS (1 OF 2)	011717	SL	7.00	1,160.		1,160.	276.	166.
100	3 MODULAR WORK STATIONS (2 OF 2)	020317	SL	7.00	1,160.		1,160.	276.	166.
	* 990 PAGE 10 TOTAL - OFFICE EQUIPMENT				21,414.	6,879.	14,535.	12,333.	471.
	SPORTS EQUIPMENT								
29	GOLF CART ATLAS	072006	SL	7.00	3,590.		3,590.	3,590.	0.
92	10X10 MIGHTY TENT USA	092915	200DB	5.00	2,382.		2,382.	1,893.	261.
	* 990 PAGE 10 TOTAL - SPORTS EQUIPMENT				5,972.		5,972.	5,483.	261.
	BUILDING								
9	TIMESHARE	123094	SL	27.50	20,600.		20,600.	17,878.	749.
10	TIME SHARE	091899	SL	27.50	10,000.		10,000.	6,944.	364.
	* 990 PAGE 10 TOTAL - BUILDING				30,600.		30,600.	24,822.	1,113.
	TRANSPORTATION EQUIPMENT								

(D) - Asset disposed

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

2018 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL - DISABLED SPORTS USA

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
22	2004 FORD E350 VAN	03/09/05	SL	5.00	22,565.		22,565.	22,565.	0.
69	UTILITY TRAILER	07/02/09	200DB	5.00	3,465.	1,733.	1,732.	1,732.	0.
87	2012 STARCRAFT ALLSTAR	02/06/12	200DB	5.00	52,473.	26,236.	26,237.	26,237.	0.
	* 990 PAGE 10 TOTAL - TRANSPORTATION EQUIPMENT				78,503.	27,969.	50,534.	50,534.	0.
	LEASEHOLD IMPROVEMENTS								
85	NETWORK CABLING	01/31/11	SL	15.00	5,800.	5,800.			0.
	* 990 PAGE 10 TOTAL - LEASEHOLD IMPROVEMENTS				5,800.	5,800.	0.	0.	0.
	* GRAND TOTAL 990 PAGE 10 DEPR				539,369.	48,854.	490,515.	125,006.	9,371.

(D) - Asset disposed

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