

Forms 990 / 990-EZ Return Summary

For calendar year 2012, or tax year beginning **07/01/12** , and ending **06/30/13**

14-1823155

ADAPTIVE SPORTS FOUNDATION, INC.

Net Asset / Fund Balance at Beginning of Year 4,203,009

Revenue

Contributions	<u>1,094,661</u>	
Program service revenue	<u>113,006</u>	
Investment income	<u>60,415</u>	
Capital gain / loss	<u>39,560</u>	
Special events:		
Gross revenue	<u>338,654</u>	
Direct expenses	<u>140,631</u>	
Net income	<u>198,023</u>	
Other income	<u>226,274</u>	
Total revenue		<u>1,533,916</u>

Expenses

Program services	<u>1,263,679</u>	
Management and general	<u>243,524</u>	
Fundraising	<u>118,021</u>	
Total expenses		<u>1,625,224</u>

Excess / (deficit) -91,308

Other changes 4,327,094

Net Asset / Fund Balance at End of Year 4,235,786

Reconciliation of Revenue

Total revenue per financial statements	<u>1,798,850</u>	
Less:		
Unrealized gains	<u>124,086</u>	
Donated services	<u> </u>	
Recoveries	<u> </u>	
Other	<u>140,848</u>	
Plus:		
Investment expenses	<u> </u>	
Other	<u> </u>	
Total revenue per return	<u>1,533,916</u>	

Reconciliation of Expenses

Total expenses per financial statements	<u>1,766,072</u>	
Less:		
Donated services	<u> </u>	
Prior year adjustments	<u> </u>	
Losses	<u> </u>	
Other	<u>140,848</u>	
Plus:		
Investment expenses	<u> </u>	
Other	<u> </u>	
Total expenses per return	<u>1,625,224</u>	

Balance Sheet

	Beginning	Ending	Differences
Assets	<u>5,620,340</u>	<u>5,544,638</u>	
Liabilities	<u>1,417,331</u>	<u>1,308,852</u>	
Net assets	<u>4,203,009</u>	<u>4,235,786</u>	<u>32,777</u>

Miscellaneous Information

Amended return
 Return / extended due date 11/15/13
 Failure to file penalty

Form 990-T Return Summary

For calendar year 2012, or tax year beginning **07/01/12**, and ending **06/30/13**

14-1823155

ADAPTIVE SPORTS FOUNDATION, INC.

Income

Gross profit	<u>-5,095</u>	
Capital gain / loss	<u> </u>	
Unrelated debt-financed income	<u> </u>	
All other income	<u>22,539</u>	
Total income		<u>17,444</u>

Deductions

Officer compensation	<u> </u>	
Salaries	<u>5,675</u>	
All other deductions	<u>36,220</u>	
Net operating loss	<u> </u>	
Specific deduction	<u> </u>	
Total deductions		<u>41,895</u>

Unrelated business taxable income

-24,451

Taxes / Credits / Payments

Regular tax	<u> </u>	
Proxy tax	<u> </u>	
Alternative minimum tax	<u> </u>	
Tax		<u> </u>
Foreign tax credit	<u> </u>	
Other credits	<u> </u>	
General business credits	<u> </u>	
Prior year minimum tax credit	<u> </u>	
Total nonrefundable credits		<u> </u>
Other taxes	<u> </u>	
Total tax		<u> </u>
Estimated tax payments	<u> </u>	
Paid with extension	<u> </u>	
Tax withheld	<u> </u>	
Other credits / payments	<u> </u>	
Estimated tax penalty	<u> </u>	
Overpayment applied to next year's tax	<u> </u>	
Payments / penalty / application		<u> </u>
Net tax due		<u> </u>

Additions to Tax

Interest on late payments	<u> </u>	
Failure to file penalty	<u> </u>	
Failure to pay penalty	<u> </u>	
Total additions		<u> </u>

Balance due

Refund

Next Year's Estimates

1st quarter	<u> </u>
2nd quarter	<u> </u>
3rd quarter	<u> </u>
4th quarter	<u> </u>
Total	<u> </u>

Miscellaneous Information

Amended return
Return / extended due date 11/15/13

**IRS e-file Signature Authorization
for an Exempt Organization**

For calendar year 2012, or fiscal year beginning 7/01, 2012, and ending 6/30, 20 13

2012

Department of the Treasury
Internal Revenue Service

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

Name of exempt organization

ADAPTIVE SPORTS FOUNDATION, INC.

Employer identification number

14-1823155

Name and title of officer

**TODD MUNN
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	1,533,916
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, Part I, line 3c or Part II, line 8c)	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 2012 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 SHALLO, GALLUSCIO, BIANCHI & FUCITO to enter my PIN 23456 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2012 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 2012 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 ▶

Date ▶ **11/07/13**

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.

14156616322
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2012 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 ▶ **THOMAS FUCITO, CPA**

Date ▶

ERO Must Retain This Form—See Instructions

Do Not Submit This Form To the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2012 calendar year, or tax year beginning 07/01/12, and ending 06/30/13

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization: **ADAPTIVE SPORTS FOUNDATION, INC.**
 Doing Business As
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
P.O. BOX 266
 City, town or post office, state, and ZIP code
WINDHAM NY 12496

D Employer identification number: **14-1823155**

E Telephone number: **518-734-5070**

F Name and address of principal officer:
ROBERT W. STUBBS
324 MCKINLEY PLACE
RIDGEWOOD NJ 07450

G Gross receipts \$: **2,018,882**

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: ▶ **WWW.ADAPTIVESPORTSFOUNDATION.ORG**

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: **2000** **M** State of legal domicile: **NY**

H(c) Group exemption number ▶

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SUMMER AND WINTER PROGRAMS FOR INDIVIDUALS WITH DISABILITIES		
	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	19
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	19
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	15
	6 Total number of volunteers (estimate if necessary)	6	276
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	17,444
b Net unrelated business taxable income from Form 990-T, line 34	7b	-24,451	
Revenue	8 Contributions and grants (Part VIII, line 1h)	1,147,771	1,094,661
	9 Program service revenue (Part VIII, line 2g)	102,480	113,006
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	55,503	99,975
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	249,372	226,274
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,555,126	1,533,916
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	597,319	507,679
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 118,021		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	910,101	1,117,545
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,507,420	1,625,224	
19 Revenue less expenses. Subtract line 18 from line 12	47,706	-91,308	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 5,620,340	End of Year 5,544,638
	21 Total liabilities (Part X, line 26)	1,417,331	1,308,852
	22 Net assets or fund balances. Subtract line 21 from line 20	4,203,009	4,235,786

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: **TODD MUNN** Date: _____
 Type or print name and title: **EXECUTIVE DIRECTOR**

Paid Preparer Use Only

Print/Type preparer's name: **THOMAS FUCITO, CPA** Preparer's signature: **THOMAS FUCITO, CPA** Date: **11/07/13** Check if self-employed PTIN: **P00587536**

Firm's name: **SHALLO, GALLUSCIO, BIANCHI & FUCITO CPAS** Firm's EIN: **14-1638228**
 Firm's address: **21 NORTH SEVENTH STREET HUDSON, NY 12534-2520** Phone no.: **518-828-6500**

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 to any question in this Part III

1 Briefly describe the organization's mission:

SUMMER AND WINTER PROGRAMS FOR INDIVIDUALS WITH DISABILITIES

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

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ **1,263,679** including grants of \$) (Revenue \$)

THE ORGANIZATION OFFERS BOTH SUMMER AND WINTER RECREATIONAL OPPORTUNITIES TO INDIVIDUALS WITH MENTAL AND/OR PHYSICAL DISABILITIES.

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

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

4d Other program services. (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ **1,263,679**

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part 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? If "Yes," complete Schedule C, Part II		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? If "Yes," complete Schedule C, Part III		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	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? If "Yes," complete Schedule D, Part VI	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? If "Yes," complete Schedule D, Part VII		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? If "Yes," complete Schedule D, Part VIII		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? If "Yes," complete Schedule D, Part IX		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	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)? If "Yes," complete Schedule D, Part X		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		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? If "Yes," complete Schedule F, Parts I and IV		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		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? If "Yes," complete Schedule J		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25		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) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part I		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		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? If "Yes," complete Schedule L, Part III		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? If "Yes," complete Schedule L, Part IV		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		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? If "Yes," complete Schedule L, Part IV		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1		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)? If "Yes," complete Schedule R, Part V, line 2		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		X
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		X
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		X
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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 to any question 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?		
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 If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	X	
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 ► **NY**
- 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, physical address, and telephone number of the person who possesses the books and records of the organization: ► **TODD MUNN**
P.O. BOX 266 100 SILVERMAN WAY
WINDHAM NY 12496 518-734-5070

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

Check if Schedule O contains a response to any question 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 organizations compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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) JEFFREY LOZMAN, MD	0.50									
DIRECTOR	0.00	X					0	3	0	
(2) JOHN DRISCOLL	0.50									
SECRETARY	0.00	X		X			0	0	0	
(3) JAMES A. BEHA, II	0.50									
DIRECTOR	0.00	X		X			0	0	0	
(4) ROBERT STUBBS	0.50									
BOARD CHAIR	0.00	X		X			0	0	0	
(5) GWEN ALLARD	0.50									
DIRECTOR	0.00	X					0	0	0	
(6) JIM BARNES	0.50									
DIRECTOR	0.00	X					0	0	0	
(7) MOREEN CAREY	0.50									
DIRECTOR	0.00	X					0	0	0	
(8) MICHAEL FEE	0.50									
DIRECTOR	0.00	X					0	0	0	
(9) RAYMOND GILMARTIN	0.50									
DIRECTOR	0.00	X					0	0	0	
(10) BILLY LAWSON	0.50									
DIRECTOR	0.00	X					0	0	0	
(11) RUSSELL HUNTINGTON	0.50									
DIRECTOR	0.00	X					0	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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
(12) ROBERT LUCKOW	0.50									
DIRECTOR	0.00	X					0	0	0	
(13) SEAN MCCOOEY	0.50									
TREASURER	0.00	X		X			0	0	0	
(14) ROBERT O'HARA	0.50									
DIRECTOR	0.00	X					0	0	0	
(15) KEVIN O'CONNOR	0.50									
DIRECTOR	0.00	X					0	0	0	
(16) THOMAS RYAN	0.50									
DIRECTOR	0.00	X					0	0	0	
(17) HARVEY SILVERMAN	0.50									
DIRECTOR	0.00	X					0	0	0	
(18) CHARLES MCGUFFOG	0.50									
DIRECTOR	0.00	X					0	0	0	
(19) VINCE PASSIONE	0.50									
DIRECTOR	0.00	X					0	0	0	
1b Sub-total								3		
c Total from continuation sheets to Part VII, Section A							152,773			
d Total (add lines 1b and 1c)							152,773	3		

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

	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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
(12) CHERISSE YOUNG MARKETING DIRECTOR	40.00 0.00			X				76,778	0	0
(13) PAMELA GREENE VICE PRES.	40.00 0.00			X				61,380	0	0
(14) TODD MUNN EXECUTIVE DIRECTOR	40.00 0.00			X				14,615	0	0
(15)										
(16)										
(17)										
(18)										
(19)										
1b Sub-total								152,773		
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

	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	3	
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	4	
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	5	

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

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

Part VIII Statement of Revenue

Check if Schedule O contains a response to any question in this Part VIII.

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,094,661				
	g Noncash contributions included in lines 1a-1f: \$		337,705				
	h Total. Add lines 1a-1f		1,094,661				
Program Service Revenue	2a WINTER PROGRAM INCOME	Busn. Code	91,060	91,060			
	b HARTMAN PROGRAM INCOME		13,550	13,550			
	c SOLDIER PROGRAM INCOME		8,396	8,396			
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f		113,006				
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		60,415			60,415
4 Income from investment of tax-exempt bond proceeds							
5 Royalties							
6a Gross rents		(i) Real	(ii) Personal				
b Less: rental exps.							
c Rental inc. or (loss)							
d Net rental income or (loss)							
7a Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other	359,741	544		
b Less: cost or other basis & sales exps.				320,508	217		
c Gain or (loss)				39,233	327		
d Net gain or (loss)				39,560	39,016		544
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		a		338,654			
b Less: direct expenses		b		140,631			
c Net income or (loss) from fundraising events			198,023				
9a Gross income from gaming activities. See Part IV, line 19	a						
b Less: direct expenses	b						
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	a		18,515				
	b Less: cost of goods sold	b	23,610				
c Net income or (loss) from sales of inventory			-5,095			-5,095	
Miscellaneous Revenue	Busn. Code						
11a DEVELOPER INCOME	531390		22,539		22,539		
b LIFT INCOME			10,000			10,000	
c OTHER MISCELLANEOUS INCOME			807			807	
d All other revenue							
e Total. Add lines 11a-11d			33,346				
12 Total revenue. See instructions.			1,533,916	152,022	17,444	71,766	

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 to any question 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 governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	152,772	97,830	27,418	27,524
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	283,758	226,820	33,839	23,099
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	36,010	26,781	5,053	4,176
10 Payroll taxes	35,139	26,133	4,931	4,075
11 Fees for services (non-employees):				
a Management				
b Legal	41,920		41,920	
c Accounting	14,783		14,783	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	15,123		15,123	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	73,658	40,696	28,176	4,786
17 Travel	91,823	91,594		229
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	2,251	376	1,688	187
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	140,166	99,364	22,340	18,462
23 Insurance	29,991	20,694	5,090	4,207
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 ACTIVITIES EXPENSE	431,523	426,723		4,800
b VOLUNTEER EXPENSE	118,440	118,440		
c MISCELLANEOUS EXPENSES	42,007	30,356	5,728	5,923
d ADMIN. & BOARD EXPENSES	30,776		30,776	
e All other expenses	85,084	57,872	6,659	20,553
25 Total functional expenses. Add lines 1 through 24e	1,625,224	1,263,679	243,524	118,021
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response to any question in this Part X

		(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest bearing	313,722	1	97,326
	2	Savings and temporary cash investments	74,384	2	33,132
	3	Pledges and grants receivable, net		3	28,761
	4	Accounts receivable, net		4	400
	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 instructions). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	21,195	9	20,588
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 4,683,509		
	b	Less: accumulated depreciation	10b 1,083,589	10c	3,599,920
	11	Investments—publicly traded securities	1,542,927	11	1,762,211
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	2,300	15	2,300
16	Total assets. Add lines 1 through 15 (must equal line 34)	5,620,340	16	5,544,638	
Liabilities	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue	152,693	19	44,973
	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	1,250,000	23	1,250,000
	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	14,638	25	13,879
	26	Total liabilities. Add lines 17 through 25	1,417,331	26	1,308,852
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	3,009,571	27	2,953,855
	28	Temporarily restricted net assets	31,285	28	23,517
	29	Permanently restricted net assets	1,162,153	29	1,258,414
	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	4,203,009	33	4,235,786	
34	Total liabilities and net assets/fund balances	5,620,340	34	5,544,638	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,533,916
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,625,224
3	Revenue less expenses. Subtract line 2 from line 1	3	-91,308
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,203,009
5	Net unrealized gains (losses) on investments	5	124,086
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	-1
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	4,235,786

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question 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		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	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.	X	
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?		
3b	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		

Public Charity Status and Public Support

OMB No. 1545-0047

2012

Open to Public Inspection

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. ▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization

ADAPTIVE SPORTS FOUNDATION, INC.

Employer identification number

14-1823155

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 11, 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.)
- 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 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.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 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 that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III—Functionally integrated
 - d Type III—Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Schedule A (Form 990 or 990-EZ) 2012

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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	944,203	741,618	665,841	1,147,771	1,094,661	4,594,094
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	944,203	741,618	665,841	1,147,771	1,094,661	4,594,094
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)						
6 Public support. Subtract line 5 from line 4.						4,594,094

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	944,203	741,618	665,841	1,147,771	1,094,661	4,594,094
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	48,522	54,349	46,956	49,862	60,415	260,104
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 IV.)		15,056	11,712	10,000	10,807	47,575
11 Total support. Add lines 7 through 10						4,901,773
12 Gross receipts from related activities, etc. (see instructions)					12	451,660

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**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	93.72%
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	93.93%

16a **33 1/3% support test—2012.** 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

b **33 1/3% support test—2011.** 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

17a **10%-facts-and-circumstances test—2012.** 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b **10%-facts-and-circumstances test—2011.** 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

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

(Complete only if you checked the box on line 9 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 IV.)						
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 2012 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2012. 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—2011. 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 **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

PART II, LINE 10 - OTHER INCOME DETAIL

OTHER INCOME \$ **36,768**

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

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

2012

Name of the organization

Employer identification number

ADAPTIVE SPORTS FOUNDATION, INC.

14-1823155

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, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33¹/₃ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to 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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not 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 Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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) (2012)

Name of organization ADAPTIVE SPORTS FOUNDATION, INC.	Employer identification number 14-1823155
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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	BLOOMBERG PHILANTHROPIES 25 EAST 78TH ST NEW YORK NY 10075	\$ 125,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	THE LUCKLOW FAMILY FOUNDATION 461 OLD POST ROAD WYCKOFF NJ 07481	\$ 35,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	PETER & CYNTHIA KELLOGG FOUNDATION 48 WALL STREET, 30TH FLOOR NEW YORK NY 10005	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	PARTY CITY 25 GREEN POND ROAD SUITE 1 ROCKAWAY NJ 07866	\$ 37,372	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	WOUNDED WARRIORS PROJECT 7020 A C SKINNER PKWY, SUITE 100 JACKSONVILLE FL 32256	\$ 212,476	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	THE HARVEY SILVERMAN FOUNDATION P.O. BOX 141 WAINSCOTT NY 11975	\$ 33,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization ADAPTIVE SPORTS FOUNDATION, INC.	Employer identification number 14-1823155
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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	SKI WINDHAM OPERATING CORPORATION CD LANE ROAD WINDHAM NY 12496	\$ 209,994	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization ADAPTIVE SPORTS FOUNDATION, INC.	Employer identification number 14-1823155
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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
7	LIFT TICKETS THROUGHOUT SEASON	\$ 209,994	12/01/12
.....	\$
.....	\$
.....	\$
.....	\$
.....	\$
.....	\$
.....	\$

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization

ADAPTIVE SPORTS FOUNDATION, INC.

Employer identification number

14-1823155

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

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

Table with 2 columns: Question, Held at the End of the Tax Year. Includes questions 1-9 regarding conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Table with 2 columns: Question, Amount. Includes questions 1a-1b and 2a-2b regarding collections of art and historical treasures.

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" to 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? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" to 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	1,162,153	1,193,324	1,050,948	987,919	
b Contributions					
c Net investment earnings, gains, and losses	114,731	-20,671	153,036	73,169	
d Grants or scholarships					
e Other expenditures for facilities and programs	-7,305				
f Administrative expenses	-11,165	-10,500	-10,660	-10,140	
g End of year balance	1,258,414	1,162,153	1,193,324	1,050,948	

- 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 100.00 %
 - c** Temporarily restricted endowment %
- The percentages in 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 | | X |
| (ii) related organizations | | X |
- b** If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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

Part VI Land, Buildings, and Equipment. 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	950,730	313,370	454,155	1,264,100
b Buildings		2,434,256	459,016	1,980,101
c Leasehold improvements				
d Equipment		716,316	170,418	257,300
e Other		268,837		98,419
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				3,599,920

Part VII Investments—Other Securities. 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)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) PAYROLL LIABILITIES	8,879	
(3) DEPOSIT ON LAND	5,000	
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	13,879	

2. FIN 48 (ASC 740) Footnote. 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

1	Total revenue, gains, and other support per audited financial statements	1	1,798,850
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	124,086
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	140,848
e	Add lines 2a through 2d	2e	264,934
3	Subtract line 2e from line 1	3	1,533,916
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	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,533,916

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

1	Total expenses and losses per audited financial statements	1	1,766,072
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	140,848
e	Add lines 2a through 2d	2e	140,848
3	Subtract line 2e from line 1	3	1,625,224
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	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,625,224

Part XIII Supplemental Information

Complete this part to 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 XI, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER

DIRECT SPECIAL EVENT EXPENSES	\$	140,631
LOSS ON DISPOSAL OF ASSETS	\$	217

PART XII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER

DIRECT SPECIAL EVENT EXPENSES	\$	140,631
LOSS ON DISPOSAL OF ASSETS	\$	217

**SCHEDULE G
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

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

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization

ADAPTIVE SPORTS FOUNDATION, INC.

Employer identification number

14-1823155

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

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** Mail solicitations
- b** Internet and email solicitations
- c** Phone solicitations
- d** In-person solicitations
- e** Solicitation of non-government grants
- f** Solicitation of government grants
- g** Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total							

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

.....

.....

.....

.....

.....

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		<u>DINNER DANCE/AU</u>	<u>GOLF TOURNAMENT</u>	<u>3</u>	(add col. (a) through col. (c))	
		(event type)	(event type)	(total number)	(col. (c))	
Revenue	1	Gross receipts	114,602	105,253	118,799	338,654
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	114,602	105,253	118,799	338,654
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	38,615	73,210	28,806	140,631
	10	Direct expense summary. Add lines 4 through 9 in column (d)				140,631
11	Net income summary. Combine line 3, column (d), and line 10				198,023	

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

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

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

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

b If "No," explain:

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

b If "Yes," explain:

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2012

**Open To Public
Inspection**

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

Department of the Treasury
Internal Revenue Service

Name of the organization

ADAPTIVE SPORTS FOUNDATION, INC.

Employer identification number

14-1823155

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	X	1	6,059	
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 ▶ ()	X	3	331,646	
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1–28 that it must hold for at least three years from the date of the initial contribution, and which is not 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 non-standard 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 did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

SCHEDULE M - SUPPLEMENTAL INFORMATION

THE ORGANIZATION RECEIVED MANY NONCASH CONTRIBUTIONS DURING THE YEAR ENDED JUNE 30, 2013. SEE SCHEDULE B FOR SEVERAL SEPARATELY LISTED ITEMS IN EXCESS OF \$5,000, EACH LISTING THE CONTRIBUTORS AS REQUIRED. THE OTHER NONCASH CONTRIBUTIONS WERE RECEIVED THROUGHOUT THE FISCAL YEAR, MOST NOTABLY FROM THE VALUE OF MANY VOLUNTEER HOURS TOTALING \$114,420. THE OTHER NONCASH CONTRIBUTIONS ARE FOR OTHER TANGIBLE DONATIONS, EACH UNDER \$5,000 AND EACH FROM SEPARATE DONORS, THUS NOT BEING REQUIRED TO BE REPORTED ON SCHEDULE B.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2012

Open to Public
Inspection

ADAPTIVE SPORTS FOUNDATION, INC.

Employer identification number
14-1823155

FORM 990, PART I, LINE 6

**VOLUNTEERS ARE NECESSARY FOR THE SUCCESS AND OPERATIONS OF ADAPTIVE SPORTS
FOUNDATION. VOLUNTEERS RESPONSIBILITIES RANGE FROM ONE-ON-ONE
INDIVIDUAL ASSISTANCE WITH ADAPTIVE SPORTS PROGRAMS TO INDOOR ASSISTANCE
WITH THE RUNNING OF PROGRAMS AND ACTIVITIES.**

**FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
ADAPTIVE SPORTS FOUNDATION (ASF) BOARD OF DIRECTORS MEET TO REVIEW AND VOTE
ON APPROVAL OF THE FORM 990 PRIOR TO FILING. THIS IS EITHER DONE IN PERSON
AT THE ENTITY'S LOCATION OR VIA TELEPHONE CONFERENCE ONCE ALL VOTING
MEMBERS OF THE BOARD OF DIRECTORS HAS HAD THE OPPORTUNITY TO REVIEW THE
FORM 990.**

**FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY
DIRECTORS, OFFICERS AND EMPLOYEES OF ADAPTIVE SPORTS FOUNDATION (ASF) SHALL
ANNUALLY COMPLETE A DISCLOSURE FORM IDENTIFYING ANY RELATIONSHIPS,
POSITIONS AND CIRCUMSTANCES IN WHICH THE RESPONSIBLE PERSON IS INVOLVED
THAT HE OR SHE BELIEVES COULD CONTRIBUTE TO A CONFLICT OF INTEREST ARISING.
THE BOARD CHAIR, EXECUTIVE DIRECTOR AND ANY COMMITTEE APPOINTED TO ADDRESS
THE CONFLICT OF INTEREST SHALL ADDRESS ANY NECESSARY SITUATIONS THAT MAY
ARISE. THE POLICY SHALL BE REVIEWED ANNUALLY BYT THE BOARD OF DIRECTORS AND
ANY CHANGES TO THE POLICY SHALL BE COMMUNICATED TO ALL RESPONSIBLE PERSONS
WITHIN THE ORGANIZATION.**

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

Name of the organization

ADAPTIVE SPORTS FOUNDATION, INC.

Employer identification number

14-1823155

ADAPTIVE SPORTS FOUNDATION RELIES ON PUBLISHED NOT-FOR-PROFIT AND ASSOCIATION COMPENSATION PUBLICATIONS AND SURVEYS TO ESTABLISH COMPENSATION AND BENEFITS. COMPENSATION STUDIES REPORTING COMPENSATION IN THE PRIVATE AND PUBLIC SECTORS WITHIN THE ASF'S GEOGRAPHIC OPERATIONAL AREAS MAY BE USED TO SUPPLEMENT THESE MATERIALS. ASF'S EXECUTIVE COMMITTEE IS THE COMPENSATION COMMITTEE AND WILL ADMINISTER ASF COMPENSATION PROGRAMS PROVIDED THAT PERSONS WITH CONFLICTS OF INTEREST WITH RESPECT TO THE COMPENSATION ARRANGEMENT AT ISSUE ARE NOT INVOLVED. THE COMPENSATION COMMITTEE SHALL MEET AS NEEDED TO REVIEW THE COMPENSATION PROGRAM AND MAKE RECOMMENDATIONS FOR ANY CHANGES TO THE BOARD OF TRUSTEES, AS APPROPRIATE.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS FOR POSITIONS OTHER THAN EXECUTIVE DIRECTOR, THE BOARD OF TRUSTEES SHALL REVIEW TOTAL COMPENSATION FOR ALL EMPLOYEES, PRESENTED BY THE EXECUTIVE DIRECTOR, AS PART OF THE ANNUAL BUDGET PROCESS. SUCH TOTAL COMPENSATION IS REVIEWED IN THE SPRING EACH YEAR DURING THE BUDGET PROCESS. THE COMPENSATION COMMITTEE MAY COMMISSION A REVIEW BY AN INDEPENDENT CONSULTING FIRM TO EVALUATE THE ORGANIZATION'S KEY EXECUTIVE COMPENSATION PROGRAM AGAINST THE COMPETITIVE MARKET. THE COMPENSATION COMMITTEE IS RESPONSIBLE FOR ESTABLISHING AND MAINTAINING A COMPETITIVE COMPENSATION PROGRAM FOR THE KEY EMPLOYEES OF THE ORGANIZATION AND HAS FINAL APPROVAL FOR SUCH COMPENSATION ARRANGEMENTS.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION GOVERNING DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 9 - RECONCILIATION OF CHANGES - OTHER

Name of the organization

ADAPTIVE SPORTS FOUNDATION, INC.

Employer identification number

14-1823155

DIRECT SPECIAL EVENT EXPENSES \$ **140,631**

LOSS ON DISPOSAL OF ASSETS \$ **217**

DIRECT SPECIAL EVENT EXPENSES \$ **-140,631**

LOSS ON DISPOSAL OF ASSETS \$ **-217**

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION

ROUNDING ADJUSTMENT \$ **1**

For calendar year 2012, or tax year beginning **07/01/12**, and ending **06/30/13**

Name

Employer Identification Number

ADAPTIVE SPORTS FOUNDATION, INC.

14-1823155

FORM 990, PART X, LINE 23 - ADDITIONAL INFORMATION

Name of lender	Relationship to disqualified person
(1) PETER KELLOGG	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1) 1,250,000	03/01/05		UPON AVAIL./INTEREST @ AFR	0.180
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Security provided by borrower	Purpose of loan
(1)	PURCHASE PROPERTY
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year
(1)	1,250,000	1,250,000
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Totals	1,250,000	1,250,000

Exempt Organization Business Income Tax Return

(and proxy tax under section 6033(e))

2012

For calendar year 2012 or other tax year beginning **07/01/12**, and ending **06/30/13**. **▶ See separate instructions.**

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury
Internal Revenue Service

A <input type="checkbox"/> Check box if address changed B Exempt under section <input checked="" type="checkbox"/> 501(c) (3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)	Print or Type Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) ADAPTIVE SPORTS FOUNDATION, INC. Number, street, and room or suite no. If a P.O. box, see instructions. P.O. BOX 266 City or town, state, and ZIP code WINDHAM NY 12496	D Employer identification number (Employees' trust, see instructions.) 14-1823155	E Unrelated business activity codes (see instructions) 531390 722514
C Book value of all assets at end of year 5,544,638	F Group exemption number (see instructions) ▶		
G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust			

H Describe the organization's primary unrelated business activity.
 ▶ **RETAIL SALES & PROPERTY DEVELOP.**

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ Yes No
 If "Yes," enter the name and identifying number of the parent corporation.

J The books are in care of ▶ **TODD MUNN** Telephone number ▶ **518-734-5070**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales 18,515			
b	Less returns and allowances			
	c Balance	18,515		
2	Cost of goods sold (Schedule A, line 7)	23,610		
3	Gross profit. Subtract line 2 from line 1c	-5,095		-5,095
4a	Capital gain net income (attach Schedule D)			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)			
c	Capital loss deduction for trusts			
5	Income (loss) from partnerships and S corporations (attach statement)			
6	Rent income (Schedule C)			
7	Unrelated debt-financed income (Schedule E)			
8	Interest, annuities, royalties, and rents from controlled organizations (Schedule F)			
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)			
10	Exploited exempt activity income (Schedule I)			
11	Advertising income (Schedule J)			
12	Other income (see instructions; attach statement) SEE STMT 1	22,539		22,539
13	Total. Combine lines 3 through 12	17,444		17,444

Part II Deductions Not Taken Elsewhere (see instructions for limitations on deductions.) (except for contributions, deductions must be directly connected with the unrelated business income)				
14	Compensation of officers, directors, and trustees (Schedule K)			
15	Salaries and wages			5,675
16	Repairs and maintenance			
17	Bad debts			
18	Interest (attach statement) SEE STATEMENT 2			1,688
19	Taxes and licenses			22,947
20	Charitable contributions (see instructions for limitation rules)			
21	Depreciation (attach Form 4562)	21	6,086	
22	Less depreciation claimed on Schedule A and elsewhere on return	22a		6,086
23	Depletion			
24	Contributions to deferred compensation plans			
25	Employee benefit programs			
26	Excess exempt expenses (Schedule I)			
27	Excess readership costs (Schedule J)			
28	Other deductions (attach statement) SEE STATEMENT 3			5,499
29	Total deductions. Add lines 14 through 28			41,895
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13			-24,451
31	Net operating loss deduction (limited to the amount on line 30)			
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30			-24,451
33	Specific deduction (generally \$1,000, but see line 33 instructions for exceptions)			1,000
34	Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32			-24,451

Part III Tax Computation

35	Organizations taxable as corporations (see instructions for tax computation). Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and:	
a	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ _____ (2) \$ _____ (3) \$ _____	
b	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ (2) Additional 3% tax (not more than \$100,000) \$	
c	Income tax on the amount on line 34	35c
36	Trusts taxable at trust rates (see instructions for tax computation). Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	36
37	Proxy tax (see instructions)	37
38	Alternative minimum tax	38
39	Total. Add lines 37 and 38 to line 35c or 36, whichever applies	39

Part IV Tax and Payments

40a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	40a	
b	Other credits (see instructions)	40b	
c	General business credit. Attach Form 3800 (see instructions)	40c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	40d	
e	Total credits. Add lines 40a through 40d	40e	
41	Subtract line 40e from line 39	41	
42	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (att. stmt.)	42	
43	Total tax. Add lines 41 and 42	43	0
44a	Payments: A 2011 overpayment credited to 2012	44a	
b	2012 estimated tax payments	44b	
c	Tax deposited with Form 8868	44c	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	44d	
e	Backup withholding (see instructions)	44e	
f	Credit for small employer health insurance premiums (Attach Form 8941)	44f	
g	Other credits and payments: <input type="checkbox"/> Form 2439 _____ <input type="checkbox"/> Form 4136 _____ <input type="checkbox"/> Other _____ Total ▶	44g	
45	Total payments. Add lines 44a through 44g	45	
46	Estimated tax penalty (see instructions). Check if Form 2220 is attached	46	
47	Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed	47	
48	Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid	48	
49	Enter the amount of line 48 you want: Credited to 2013 estimated tax ▶ Refunded ▶	49	

Part V Statements Regarding Certain Activities and Other Information (see instructions)

1	At any time during the 2012 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here ▶	Yes	No
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
3	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$		

Schedule A – Cost of Goods Sold. Enter method of inventory valuation ▶ **COST METHOD**

1	Inventory at beginning of year	1		6	Inventory at end of year	6	
2	Purchases	2	23,610	7	Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	23,610
3	Cost of labor	3		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
4a	Additional sec. 263A costs (attach stmt.)	4a					
b	Other costs (attach statement)	4b					
5	Total. Add lines 1 through 4b	5	23,610				X

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 taxpayer) is based on all information of which preparer has any knowledge.

Sign Here ▶ _____ **EXECUTIVE DIRECTOR**

Signature of officer _____ Date _____ Title _____

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

Paid Preparer Use Only	Print/Type preparer's name THOMAS FUCITO, CPA	Preparer's signature THOMAS FUCITO, CPA	Date 11/07/13	Check <input type="checkbox"/> if self-employed	PTIN P00587536
	Firm's name ▶ SHALLO, GALLUSCIO, BIANCHI & FUCITO CPAS	Firm's EIN ▶ 14-1638228			
	Firm's address ▶ 21 NORTH SEVENTH STREET HUDSON, NY 12534-2520	Phone no. 518-828-6500			

Schedule C – Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

(1) N/A
(2)
(3)
(4)

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach statement)
(1)		
(2)		
(3)		
(4)		
Total	Total	

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) **▶**

(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) **▶**

Schedule E – Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach statement)	(b) Other deductions (attach statement)	
(1) N/A				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach statement)	5. Average adjusted basis of or allocable to debt-financed property (attach statement)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals ▶			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).

Total dividends-received deductions included in column 8 **▶**

Schedule F – Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross inc.	6. Deductions directly connected with income in column 5
(1) N/A					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
Totals ▶			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).

Schedule G – Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (col. 3 plus col.4)
(1) N/A				
(2)				
(3)				
(4)				
Totals	Enter here and on page 1, Part I, line 9, column (A).			Enter here and on page 1, Part I, line 9, column (B).

Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1) N/A						
(2)						
(3)						
(4)						
Totals	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).				Enter here and on page 1, Part II, line 26.

Schedule J – Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) N/A						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5)) ..						

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) N/A						
(2)						
(3)						
(4)						
Totals from Part I						
Totals, Part II (lines 1-5)	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 27.

Schedule K – Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1) N/A		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			

Depreciation and Amortization
(Including Information on Listed Property)

Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return

ADAPTIVE SPORTS FOUNDATION, INC.

Identifying number

14-1823155

Business or activity to which this form relates

INDIRECT DEPRECIATION

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	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
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 2011 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2013. Add lines 9 and 10, less line 12	▶ 13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	139,167

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2012	17	1,000
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 2012 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	
i Nonresidential real property			39 yrs.	MM	S/L	

Section C—Assets Placed in Service During 2012 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 instructions	22	140,167
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	

For Paperwork Reduction Act Notice, see separate instructions.

Statement 1 - Form 990-T, Part I, Line 12 - Other Income

<u>Description</u>	<u>Amount</u>
DEVELOPER INCOME	\$ 22,539
TOTAL	\$ <u>22,539</u>

Statement 2 - Form 990-T, Part II, Line 18 - Interest

<u>Description</u>	<u>Amount</u>
INTEREST ON L/P TO PETER KELLOGG	\$ 1,688
TOTAL	\$ <u>1,688</u>

Statement 3 - Form 990-T, Part II, Line 28 - Other Deductions

<u>Description</u>	<u>Amount</u>
UTILITIES EXPENSE	\$ 672
BUILDING MAINTENANCE EXPENSES	1,392
PROFESSIONAL FEES	2,835
INSURANCE EXPENSE	600
TOTAL	\$ <u>5,499</u>

Year Ending: June 30, 2013

14-1823155

Adaptive Sports Foundation, Inc.
Adaptive Sports Foundation, Inc.
P.O. Box 266
Windham, NY 12496

NOL Carryback Election

Under IRC Section 172(b)(3), the taxpayer elects to relinquish the entire carryback period with respect to any regular tax and AMT net operating loss incurred during the current tax year.

Federal Asset Report

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Asset	Description	Date In Service	Cost	Bus %	Sec 179	Sec Bonus	Basis for Depr	PerConv Meth	Prior	Current
66	EDGIE WEDGIES	3/18/02	288				288	7 MO S/L	288	0
67	2 KAYAKS	6/06/02	1,142				1,142	7 MO S/L	1,142	0
68	QUICKIE MACH 2 ADAPT. BIKE	6/19/02	1,600				1,600	7 MO S/L	1,600	0
69	MIAMI SUN 3 WHEELER	6/19/02	499				499	7 MO S/L	499	0
70	2 BLAZER CANOES	6/19/02	950				950	7 MO S/L	950	0
71	WE-NO-NAH CANOE	6/28/02	935				935	7 MO S/L	935	0
72	LIFE JACKETS	6/28/02	408				408	7 MO S/L	408	0
73	2 DELL COMPUTERS	10/06/01	4,807				4,807	5 MO S/L	4,807	0
	Mass Sale: 6/30/13									
74	DELL SERVER/ACCESSORY	10/24/01	2,586				2,586	5 MO S/L	2,586	0
76	ADOBE ACROBAT 5.0	9/18/01	269				269	3 MO S/L	269	0
	Mass Sale: 6/30/13									
77	NORTON ANTI. FOR SERVER	11/08/01	369				369	3 MO S/L	369	0
	Mass Sale: 6/30/13									
78	CRYSTAL REPORTS	4/15/02	495				495	3 MO S/L	495	0
	Mass Sale: 6/30/13									
79	2 HON LATERAL FILES	11/25/01	581				581	7 MO S/L	581	0
80	SATELLITE DESK	4/25/02	986				986	7 MO S/L	986	0
	Mass Sale: 6/30/13									
82	HP IV LASER PRINTER - DONATED	11/01/01	1,200				1,200	5 MO S/L	1,200	0
	Mass Sale: 6/30/13									
83	BROTHER INTELLIFAX - DONATED	1/01/02	100				100	5 MO S/L	100	0
	Mass Sale: 6/30/13									
84	3 STOOL CHAIRS - DONATED	11/01/01	600				600	7 MO S/L	600	0
	Mass Sale: 6/30/13									
85	2 OFFICE CHAIRS - DONATED	6/01/02	2,000				2,000	7 MO S/L	2,000	0
	Mass Sale: 6/30/13									
86	MICROSOFT SOFTWARE - DONATED	1/25/02	2,651				2,651	3 MO S/L	2,651	0
	Mass Sale: 6/30/13									
87	3 WHEEL BIKE	9/15/02	270				270	7 MO S/L	270	0
88	WATER LIFE SAVING EQUIP.	9/15/02	132				132	7 MO S/L	132	0
89	KAYAK & ACCESS.	10/25/02	895				895	7 MO S/L	895	0
90	3 PAIR OUTRIGGERS	11/01/02	897				897	7 MO S/L	897	0
91	3 PARABOLIC SKI STABILIZERS	11/14/02	245				245	7 MO S/L	245	0
92	MOTOROLA RADIO	11/26/02	619				619	7 MO S/L	619	0
	Mass Sale: 6/30/13									
93	2 RADIO CHARGERS	12/02/02	133				133	7 MO S/L	133	0
	Mass Sale: 6/30/13									
94	ADD'L COST OF CHARGERS	12/17/02	34				34	7 MO S/L	34	0
	Mass Sale: 6/30/13									
95	6 TEATHERS, 5 SEIZ. STRAPS	1/09/03	296				296	7 MO S/L	296	0
96	2 SKI TETHER CLAMPS	1/09/03	95				95	7 MO S/L	95	0
97	STRAPS	3/12/03	220				220	7 MO S/L	220	0
98	WALDEN KUDA KAYAK	4/23/03	325				325	7 MO S/L	325	0
99	CANOE TRAILER & ACCESS.	5/12/03	1,187				1,187	7 MO S/L	1,187	0
100	KAYAK & ACCESS.	5/12/03	1,436				1,436	7 MO S/L	1,436	0
101	SCANNER	6/30/03	86				86	5 MO S/L	86	0
	Mass Sale: 6/30/13									
102	DISPLAY AND LIGHTING	9/15/02	523				523	7 MO S/L	523	0
	Mass Sale: 6/30/13									
103	2 OFFICE CHAIRS	10/01/02	800				800	7 MO S/L	800	0
	Mass Sale: 6/30/13									
104	TRAILER HITCH/INSTALLATION	8/11/03	282				282	7 MO S/L	282	0
	Mass Sale: 6/30/13									
105	3 PHONES/HANDS FREE UNIT	10/13/03	700				700	7 MO S/L	700	0
	Mass Sale: 6/30/13									
106	SNOWSLIDER	12/04/03	1,485				1,485	7 MO S/L	1,485	0
107	3 PAIR OF OUTRIGGERS	12/04/03	995				995	7 MO S/L	995	0
108	SKIS FOR MONO-SKIS	1/07/04	350				350	7 MO S/L	350	0
	Mass Sale: 6/30/13									
109	SKI BINDINGS FOR SLIDER	1/15/04	536				536	7 MO S/L	536	0
110	EDGIE WEDGIE EQUIP	11/11/03	151				151	7 MO S/L	151	0
111	BANNER/BAG/LIGHTS	11/17/03	784				784	7 MO S/L	784	0
	Mass Sale: 6/30/13									
112	VICES	11/25/03	130				130	7 MO S/L	130	0
113	DELL COMPUTER	11/12/03	1,851				1,851	5 MO S/L	1,851	0
	Mass Sale: 6/30/13									
114	DELL MONITOR	2/12/04	446				446	5 MO S/L	446	0
115	KEYBOARD HOLDER	11/25/03	49				49	5 MO S/L	49	0
118	ABILITYACCESS VERSION 3.0	7/10/03	7,461				7,461	3 MO S/L	7,461	0
	Mass Sale: 6/30/13									
119	QUICKBOOKS FOR NOT FOR PROFITS	8/11/03	227				227	3 MO S/L	227	0

Federal Asset Report

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Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv Meth	Prior	Current
120	COMPUTER DESK	11/02/03	171				171	7 MO S/L	171	0
	Mass Sale: 6/30/13									
121	2 FILING CABINETS	11/02/03	580				580	7 MO S/L	580	0
122	OFFICE DIVIDERS	11/12/03	2,593				2,593	7 MO S/L	2,593	0
	Mass Sale: 6/30/13									
123	MAG/LIT DISPLAY	11/25/03	120				120	7 MO S/L	120	0
	Mass Sale: 6/30/13									
124	COAT HOOKS	12/04/03	162				162	7 MO S/L	162	0
	Mass Sale: 6/30/13									
125	REVOLUTION MON-SKI	12/04/03	2,624				2,624	7 MO S/L	2,624	0
126	10 STACKING CHAIRS	1/07/04	491				491	7 MO S/L	491	0
127	REFRIGERATOR	6/15/04	359				359	7 MO S/L	359	0
129	KAYAK	7/31/04	200				200	7 MO S/L	200	0
130	KAYAK	7/31/04	200				200	7 MO S/L	200	0
131	4 SEA CLOUD PADDLES	7/31/04	270				270	7 MO S/L	270	0
132	2 PERSON KAYAK	7/31/04	736				736	7 MO S/L	736	0
133	TRAIL MATE 3 WHEELER	7/31/04	338				338	7 MO S/L	338	0
134	TRAIL MATE 3 WHEELER	8/01/04	338				338	7 MO S/L	338	0
135	UTILITY TRAILER	9/13/04	1,572				1,572	7 MO S/L	1,572	0
136	PANASONIC RACE GEAR & GATES	10/19/04	1,068				1,068	5 MO S/L	1,068	0
137	PAIR OF ADULT RIGGERS YETTI	10/29/04	335				335	5 MO S/L	335	0
138	PAIR OF ADULT RIGGERS YETTI	10/29/04	335				335	5 MO S/L	335	0
139	PAIR OF ADULT RIGGERS YETTI	10/29/04	335				335	5 MO S/L	335	0
140	CHILDREN'S BISKI BLACK	2/20/05	2,610				2,610	5 MO S/L	2,610	0
141	PHANTOM SKIES	2/15/05	175				175	5 MO S/L	175	0
142	PHANTOM SKIES	2/15/05	175				175	5 MO S/L	175	0
143	PHANTOM SKIES	2/15/05	175				175	5 MO S/L	175	0
144	PAIR OF ADULT RIGGERS YETTI	5/06/05	335				335	5 MO S/L	335	0
145	PAIR OF ADULT RIGGERS YETTI	5/06/05	335				335	5 MO S/L	335	0
146	SALAMON PINNED BUILDING	1/07/05	175				175	5 MO S/L	175	0
	Mass Sale: 6/30/13									
147	BIC TOBAGO 2 PERSON KAYAK	5/13/05	699				699	7 MO S/L	699	0
148	RELAIGH MT. BIKE 16"	6/14/05	250				250	5 MO S/L	250	0
149	RELAIGH MT. BIKE 16"	6/14/05	250				250	5 MO S/L	250	0
150	RELAIGH MRX CHILD BIKE	6/14/05	124				124	5 MO S/L	124	0
151	BIKE HELMETS	6/14/05	126				126	5 MO S/L	126	0
152	2 WINDGLIDERS & ACCESSORIES	6/14/05	1,164				1,164	7 MO S/L	1,164	0
153	ARCHERY SET	6/14/05	1,309				1,309	7 MO S/L	1,309	0
	Mass Sale: 6/30/13									
154	DESKTOP COMPUTER	7/26/04	1,600				1,600	5 MO S/L	1,600	0
	Mass Sale: 6/30/13									
155	LAPTOP COMPUTER	7/26/04	2,794				2,794	5 MO S/L	2,794	0
	Mass Sale: 6/30/13									
156	PROJECTOR	2/10/05	1,199				1,199	5 MO S/L	1,199	0
157	MONITOR	2/10/05	239				239	5 MO S/L	239	0
158	DELL LAPTOP COMPUTER	2/10/05	2,647				2,647	5 MO S/L	2,647	0
	Mass Sale: 6/30/13									
159	SUMMER PROGRAM SOFTWARE	9/02/04	1,183				1,183	3 MO S/L	1,183	0
	Mass Sale: 6/30/13									
160	MAJOR PROGRAMMING SOFTWARE	12/08/04	4,517				4,517	3 MO S/L	4,517	0
	Mass Sale: 6/30/13									
161	SOFTWARE ENHANCEMENTS	5/11/05	2,355				2,355	3 MO S/L	2,355	0
	Mass Sale: 6/30/13									
162	OFFICE REFRIGERATOR	7/05/04	270				270	7 MO S/L	270	0
164	LAND	3/30/05	313,370				313,370	0 -- Land	0	0
165	SKI EQUIPMENT FOR RENTALS	10/28/05	897				897	5 MO S/L	897	0
166	DUAL SKI	12/16/05	2,480				2,480	5 MO S/L	2,480	0
167	BINDINGS	12/27/05	668				668	5 MO S/L	668	0
168	BINDING HEEL	1/11/06	183				183	5 MO S/L	183	0
169	POLE ROPES	1/13/06	273				273	5 MO S/L	273	0
	Mass Sale: 6/30/13									
170	WRIST GUARDS	1/16/06	157				157	5 MO S/L	157	0
171	BINDING TESTING	1/24/06	2,345				2,345	7 MO S/L	2,150	195
172	SINGLE LINE POSTS	1/24/06	581				581	5 MO S/L	581	0
	Mass Sale: 6/30/13									
173	TWO WAY RADIOS	1/24/06	69				69	5 MO S/L	69	0
174	TWO WAY RADIOS	1/24/06	100				100	5 MO S/L	100	0
175	SNOWBOARDS	2/07/06	6,558				6,558	5 MO S/L	6,558	0
176	SKIS, BOOTS & POLES	2/21/06	9,249				9,249	5 MO S/L	9,249	0
177	SKIS, BOOTS & POLES	2/21/06	4,583				4,583	5 MO S/L	4,583	0
178	PERFORMA 500 CHARCOAL/RED	2/22/06	430				430	5 MO S/L	430	0

Federal Asset Report

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Asset	Description	Date In Service	Cost	Bus %	Sec 179	Sec Bonus	Basis for Depr	PerConv Meth	Prior	Current
179	SKI BOOTS	3/21/06	824				824	5 MO S/L	824	0
180	6 TEHTER STRAPS, 3 RESTRAINT STRA	3/29/06	405				405	5 MO S/L	405	0
181	BINDINGS	4/26/06	498				498	5 MO S/L	498	0
182	SKI LIFT	12/26/05	389,021				389,021	15 MO S/L	168,576	25,935
183	VENDING MACHINE	9/27/05	2,899				2,899	7 MO S/L	2,795	104
184	WATCHGUARD FIRE BOX	10/05/05	514				514	7 MO S/L	496	18
185	FIRE EXTINGUISHERS	10/12/05	326				326	7 MO S/L	314	12
186	LESCO - HOSE FLEX	10/14/05	1,869				1,869	7 MO S/L	1,802	67
187	SPEAKER SYSTEM	10/14/05	523				523	7 MO S/L	504	19
	Mass Sale: 6/30/13									
188	2 VACUUM CLEANERS	10/14/05	300				300	7 MO S/L	289	11
	Mass Sale: 6/30/13									
189	BRACKETS FOR EQ.	11/14/05	806				806	7 MO S/L	768	38
190	NEW VACUUM	11/14/05	182				182	7 MO S/L	174	8
	Mass Sale: 6/30/13									
191	MEGAPHONE	11/14/05	94				94	7 MO S/L	90	4
192	STORAGE IN BASEMENT	11/27/05	550				550	7 MO S/L	517	33
193	MATS FOR BUILDING	12/12/05	297				297	7 MO S/L	279	18
194	TRAFFIC CONES & SIGNS	1/13/06	272				272	7 MO S/L	252	20
195	HOT COCO MACHINE	1/24/06	595				595	7 MO S/L	545	50
196	CONES FOR PARKING	1/24/06	38				38	7 MO S/L	34	4
197	GARDEN SHED	4/25/06	184				184	7 MO S/L	162	22
198	DESKTOP COMPUTER	7/27/05	1,409				1,409	5 MO S/L	1,409	0
	Mass Sale: 6/30/13									
199	AFICIO COPIER	9/01/05	5,656				5,656	5 MO S/L	5,656	0
200	PANASONIC 4L HANDSET	10/05/05	270				270	5 MO S/L	270	0
	Mass Sale: 6/30/13									
201	POSTAGE MACHINE	10/11/05	531				531	5 MO S/L	531	0
202	CREDIT CARD MACHINE	10/24/05	590				590	5 MO S/L	590	0
203	BATTERY BACKUP ON COMPUTERS	10/25/05	556				556	5 MO S/L	556	0
204	PRINTER	11/14/05	250				250	5 MO S/L	250	0
	Mass Sale: 6/30/13									
205	COMPUTER MONITOR	12/16/05	1,330				1,330	5 MO S/L	1,330	0
206	OAK EASEL	1/24/06	70				70	5 MO S/L	70	0
207	STORAGE CABINETS	4/25/06	282				282	5 MO S/L	282	0
208	INTEL SERVER	7/21/05	3,090				3,090	5 MO S/L	3,090	0
210	DATABASE PROJECT	9/08/05	1,042				1,042	3 MO S/L	1,042	0
	Mass Sale: 6/30/13									
211	GARBAGE CONTAINERS	9/21/05	1,328				1,328	7 MO S/L	1,280	48
212	PLASMA TV - CONFERENCE ROOM	10/14/05	1,735				1,735	7 MO S/L	1,673	62
213	SIGNS FOR BUILDING	10/14/05	1,502				1,502	7 MO S/L	1,448	54
214	ADIRONDACK CHAIRS	11/14/05	920				920	7 MO S/L	876	44
215	MATERIALS FOR EQ. ROOM	11/27/05	558				558	7 MO S/L	525	33
216	NUMBERS FOR LOCKERS	12/12/05	867				867	7 MO S/L	815	52
217	BENCH FOR LOCKER ROOM	1/13/06	369				369	7 MO S/L	343	26
218	BUILDING SIGN	1/16/06	1,022				1,022	7 MO S/L	937	85
219	DIRECTION SIGN	1/18/06	300				300	7 MO S/L	275	25
220	BENCH FOR LOCKER ROOM	1/24/06	734				734	7 MO S/L	673	61
221	PICNIC TABLE	1/24/06	279				279	7 MO S/L	256	23
222	SHELVES FOR BASEMENT	1/27/06	589				589	7 MO S/L	540	49
223	DIRECTION SIGN	2/07/06	350				350	7 MO S/L	321	29
224	BENCH FOR LOCKER ROOM	3/02/06	734				734	7 MO S/L	664	70
225	5 PAPER TOWEL DISPENSERS	3/23/06	255				255	7 MO S/L	228	27
226	2 ADIRONDACK CHAIRS	3/30/06	460				460	7 MO S/L	411	49
227	SHELVES FOR STORAGE ROOM	5/30/06	416				416	7 MO S/L	362	54
228	COUCH	9/01/05	100				100	7 MO S/L	98	2
229	2 CONFERENCE TABLES	9/01/05	2,000				2,000	7 MO S/L	1,952	48
230	10 2 DRAWER FILE CABINETS - WOOD	9/01/05	1,000				1,000	7 MO S/L	976	24
231	4 DRAWER FILE CABINETS O- METAL	9/01/05	300				300	7 MO S/L	293	7
232	6 FOOT FOLDING TABLES	9/01/05	600				600	7 MO S/L	586	14
233	5 CLASSROOM 5 FOOT TABLES	9/01/05	600				600	7 MO S/L	586	14
234	4 GRANITE TOP SQUARE TABLES	9/01/05	800				800	7 MO S/L	781	19
235	90 STACKABLE CHAIRS	9/01/05	4,500				4,500	7 MO S/L	4,393	107
236	3 PERSON WORK STATION	9/01/05	6,000				6,000	7 MO S/L	5,857	143
237	10 ROLLING DESK CHAIRS	9/01/05	1,000				1,000	7 MO S/L	976	24
238	2 WOOD DESKS	9/01/05	400				400	7 MO S/L	390	10
239	4 WOOD CREDENZAS	9/01/05	800				800	7 MO S/L	781	19
240	ENCLOSED DRY ERASE BOARD	9/01/05	75				75	7 MO S/L	73	2
241	RUSTIC HANDMADE COUCH	9/01/05	2,500				2,500	7 MO S/L	2,440	60
242	4 RUSTICK HANDMADE CLUB CHAIRS	9/01/05	3,200				3,200	7 MO S/L	3,124	76
243	2 RUSTIC HANDMADE DESKS	9/01/05	1,000				1,000	7 MO S/L	976	24
244	2 RUSTIC HANDMADE DESK CHAIRS	9/01/05	500				500	7 MO S/L	488	12

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Asset	Description	Date In Service	Cost	Bus %	Sec 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
245	RUSTIC HANDMADE LOVE SEAT	9/01/05	1,200			1,200	7 MO S/L	1,171	29
246	2 RUSTIC HANDMADE BENCHES	9/01/05	400			400	7 MO S/L	390	10
247	BUILDING	9/01/05	2,039,616			2,039,616	40 MO S/L	348,434	50,991
248	YETTI JR MONOSKI	10/25/06	2,500			2,500	5 MO S/L	2,500	0
249	EDGIE WEDGIE	11/09/06	205			205	5 MO S/L	205	0
250	SITSKI WITH BUCKET	1/04/07	3,900			3,900	5 MO S/L	3,900	0
251	2 OUTRIGGERS	1/30/07	618			618	5 MO S/L	618	0
252	SKIS, POLES & BOOTS	2/21/07	10,130			10,130	5 MO S/L	10,130	0
253	SKIS, POLES & BOOTS	2/21/07	12,151			12,151	5 MO S/L	12,151	0
254	8 MINI BOARDS	3/01/07	930			930	5 MO S/L	930	0
255	SOUND SYSTEM	6/04/07	886			886	5 MO S/L	886	0
256	WATER SIT SKIS	6/06/07	3,307			3,307	5 MO S/L	3,307	0
257	2 PAIRS OF SKIS	6/18/07	189			189	5 MO S/L	189	0
258	3 SIT SKIS, DELGAR SLING	6/27/07	3,307			3,307	5 MO S/L	3,307	0
259	RITON TRICYCLE R120 RUSTLER	4/01/07	755			755	5 MO S/L	755	0
261	HEADSET	10/03/06	892			892	7 MO S/L	733	128
262	FLAG	10/03/06	536			536	7 MO S/L	441	76
263	FLAG POLE	10/17/06	1,969			1,969	7 MO S/L	1,594	281
264	2 ORECK VACUUMS	11/29/06	698			698	7 MO S/L	557	99
	Mass Sale: 6/30/13								
265	PROJECTOR	6/04/07	349			349	7 MO S/L	253	50
266	CANON MINI DV 3CCD CAMCORDER	2/01/07	1,805			1,805	7 MO S/L	1,397	258
267	NISCA PR53LE THERMAL CARD PRINT	6/01/07	2,399			2,399	7 MO S/L	1,742	343
268	MONITOR	1/04/07	183			183	5 MO S/L	183	0
269	COMPUTER, TICKET PRINTER, SCANN	3/14/07	1,696			1,696	5 MO S/L	1,696	0
270	COMPUTER FOR CHERISSE	4/30/07	1,147			1,147	5 MO S/L	1,147	0
	Mass Sale: 6/30/13								
271	COMPUTER FOR DOWNSTAIRS	6/04/07	528			528	5 MO S/L	528	0
272	COMPUTER FOR GINNY	6/05/07	578			578	5 MO S/L	578	0
	Mass Sale: 6/30/13								
273	MONITOR	6/06/07	183			183	5 MO S/L	183	0
274	AVERA TEC	11/01/06	809			809	5 MO S/L	809	0
275	PHONE SYSTEM	2/05/07	4,395			4,395	7 MO S/L	3,401	628
276	RTP TICKET MACHINE	12/01/06	3,734			3,734	7 MO S/L	2,978	534
277	UNIFORM	7/01/06	35,000			35,000	3 MO S/L	35,000	0
278	UNIFORM	12/12/06	22,453			22,453	3 MO S/L	22,453	0
279	UNIFORM	4/17/07	13,659			13,659	3 MO S/L	13,659	0
280	PRODUCTIVITY SOFTWARE	11/29/06	217			217	3 MO S/L	217	0
	Mass Sale: 6/30/13								
281	SERVER STANDARD EDITION	5/29/07	2,435			2,435	3 MO S/L	2,435	0
282	NEW SERVER LAN & UPDATES	6/27/07	650			650	3 MO S/L	650	0
283	WATCHGUARD TECH	6/27/07	297			297	3 MO S/L	297	0
284	FURNITURE & FIXTURES	12/15/06	2,333			2,333	7 MO S/L	1,861	333
286	BUILDING CONSTRUCTION	7/01/06	165,982			165,982	40 MO S/L	24,897	4,150
289	PROGRAM EQUIPMENT	7/11/07	490			490	5 MO S/L	490	0
290	WATER SKIIS	7/11/07	940			940	5 MO S/L	940	0
291	RAMP - SOLDIER EVENT	7/11/07	1,633			1,633	5 MO S/L	1,633	0
292	WATER VESTS	8/03/07	615			615	5 MO S/L	605	10
293	PADDLES, FLOTATION CUSHIONS	8/03/07	344			344	5 MO S/L	339	5
294	PROGRAM EQUIPMENT	10/16/07	379			379	5 MO S/L	354	25
295	WATER SKIS, OUTRIGGERS, ROPES	8/22/07	1,820			1,820	5 MO S/L	1,759	61
296	PROGRAM VAN	10/24/07	12,000			12,000	5 MO S/L	11,200	800
297	20 SNOWBOARD BOOTS/BINDINGS	11/19/07	2,971			2,971	5 MO S/L	2,724	247
298	OUTRIGGERS, CUFFS, BASKET	12/03/07	2,176			2,176	5 MO S/L	1,995	181
299	HELMETS	12/06/07	777			777	5 MO S/L	712	65
300	RACE TEAM - LONG RANGE WIRELES	12/06/07	4,886			4,886	5 MO S/L	4,479	407
301	RACE TEAM - OTHER EQUIPMENT	12/06/07	3,146			3,146	5 MO S/L	2,884	262
302	RIDER BAR	12/13/07	948			948	5 MO S/L	869	79
303	RACE TEAM FLAGS	1/01/08	620			620	5 MO S/L	558	62
304	SNOWBOARD BAR	1/28/08	669			669	5 MO S/L	591	78
305	SNOW SHOES	4/02/08	688			688	5 MO S/L	585	103
306	WET ELECTRIC HOT FOOD TABLE	6/30/08	2,526			2,526	5 MO S/L	2,021	505
307	SIGN MACHINE	8/03/07	3,170			3,170	7 MO S/L	2,227	452
308	KANOPY	8/03/07	565			565	7 MO S/L	397	81
309	SNOW GUN	11/28/07	22,450			22,450	7 MO S/L	14,699	3,208
310	MEDTRONIC LIFEPAK 500 AED	6/30/08	2,079			2,079	7 MO S/L	1,188	297
311	OFFICE COMPUTERS	7/11/07	1,564			1,564	5 MO S/L	1,564	0
312	COMPUTER	1/01/08	819			819	5 MO S/L	737	82
	Mass Sale: 6/30/13								
313	3 NEW COMPUTERS	6/09/08	2,271			2,271	5 MO S/L	1,855	416
314	COMPUTER	6/30/08	906			906	5 MO S/L	725	181
315	NEW PHONES	6/30/08	1,200			1,200	5 MO S/L	960	240

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
316	SOFTWARE	11/02/07	389			389	3 MO S/L	389	0
317	SERVER UPGRADE	11/27/07	1,159			1,159	3 MO S/L	1,159	0
318	BABY STATIONS	9/06/07	825			825	7 MO S/L	570	118
319	DECK EXPENDITURES	9/10/07	1,182			1,182	7 MO S/L	816	169
320	EQUIPMENT ROOM SHELVEING	11/02/07	516			516	7 MO S/L	344	74
321	TRAC LIGHTING	12/06/07	341			341	7 MO S/L	223	49
322	BRASS HOLDERS - LOCKER ROOM	12/13/07	410			410	7 MO S/L	268	59
323	KIDS ACCESSORIES - PLAYROOM	1/01/08	1,821			1,821	7 MO S/L	1,171	260
324	PLAYROOM TV	1/01/08	930			930	7 MO S/L	598	133
325	PLAYROOM CHAIRS & TABLES	2/05/08	583			583	7 MO S/L	368	83
326	PLAYROOM BLINDS	2/05/08	342			342	7 MO S/L	216	49
327	RED CEDAR CHAIR	3/10/08	680			680	7 MO S/L	421	97
328	WALL PLAQUES	4/30/08	620			620	7 MO S/L	369	89
329	BUILDING ADDITION - PLAYROOM	2/05/08	83,000			83,000	40 MO S/L	9,165	2,075
330	WATER SKI EQUIPMENT	7/16/08	350			350	5 MO S/L	274	70
331	WATER BOARD WITH TOE PLATE	7/24/08	390			390	5 MO S/L	306	78
332	4 PAIR OUTRIGGERS, CUFFS STRAPS,	10/08/08	1,633			1,633	5 MO S/L	1,225	326
333	BINDINGS	11/18/08	515			515	5 MO S/L	369	103
334	FRS DUAL SKI	6/01/09	3,065			3,065	5 MO S/L	1,890	613
335	KAYAK	6/03/09	1,057			1,057	7 MO S/L	466	151
336	SNOWBOARDS & SKI BOOTS	12/20/08	500			500	5 MO S/L	350	100
337	2 KAYAKS	6/13/09	1,397			1,397	7 MO S/L	616	199
338	WAXER MACHINE	11/12/08	584			584	7 MO S/L	306	83
339	BOAT TRAILER	6/19/09	2,887			2,887	7 MO S/L	1,237	413
340	COMPUTER FOR KIM	10/02/08	627			627	5 MO S/L	470	126
341	LEXMARK LASER PRINTER E322	12/05/08	250			250	5 MO S/L	179	50
342	FIRE SPRINKLER & MONITORING SYS	11/15/08	76,290			76,290	40 MO S/L	6,993	1,908
343	REGRAVING OF DRIVEWAY	4/23/09	9,125			9,125	15 MO S/L	1,926	609
344	PAINTING & STAINING EXTERIOR	11/15/08	7,735			7,735	40 MO S/L	709	193
345	ELECTRIC FOR CHILD CARE ADDITIO	7/17/08	2,540			2,540	40 MO S/L	249	63
346	GUTTERS	11/04/08	5,290			5,290	40 MO S/L	485	132
347	NEW OFFICES & LOUNGES	6/30/09	25,000			25,000	40 MO S/L	1,875	625
348	UNIFORM ROOM	10/05/09	1,581			1,581	40 MO S/L	109	39
351	FLOATS FOR KAYAK	11/09/09	220			220	7 MO S/L	84	31
352	2 DYSON VACUUMS	12/03/09	829			829	7 MO S/L	306	119
353	DOWNSTAIRS STOVE	12/03/09	1,203			1,203	7 MO S/L	444	172
354	DRAIN ON DRIVEWAY	5/18/10	3,060			3,060	15 MO S/L	425	204
355	MAC COMPUTER	6/15/10	1,000			1,000	5 MO S/L	417	200
356	1988 LASER INTERNAT'L SHELL	12/21/09	720			720	7 MO S/L	257	103
357	BI-UNIQUE BI SKIES SPECIAL NEEDS	11/06/09	375			375	7 MO S/L	143	53
358	UNIFORMS	5/04/10	4,248			4,248	0 -- Memo	0	0
359	INSPIRON INTEL LAP-TOP	5/17/11	1,719			1,719	5 MO S/L	372	344
360	OTHER OFFICE EQUIPMENT	6/30/11	956			956	5 MO S/L	191	192
361	KAYAK	8/03/11	649			649	7 MO S/L	85	93
362	BABOO	2/08/12	170			170	7 MO S/L	10	24
363	NEW BIKE	5/03/12	3,718			3,718	7 MO S/L	89	531
364	BOX TRAILER	5/16/12	3,000			3,000	7 MO S/L	36	428
365	BOX TRAILER	5/16/12	1,736			1,736	7 MO S/L	21	248
366	KAYAK	6/28/12	809			809	7 MO S/L	0	116
367	KAYAK	6/28/12	809			809	7 MO S/L	0	116
368	NEW DOCK	6/28/12	4,582			4,582	7 MO S/L	0	655
369	12 BIKES	6/28/12	23,564			23,564	7 MO S/L	0	3,366
370	3 REFURBISHED DELL COMPUTERS	6/28/12	483			483	5 MO S/L	0	97
371	2 REFURBISHED APPLE COMPUTERS	6/28/12	218			218	5 MO S/L	0	44
Mass Sale: 6/30/13									
372	NEW SEWER PUMP	1/31/12	3,475			3,475	40 MO S/L	36	87
373	UNIFORMS	4/17/12	32,328			32,328	3 MO S/L	1,796	10,776
374	IPAD	7/12/11	610			610	5 MO S/L	122	122
375	COMPUTER	9/07/11	625			625	5 MO S/L	104	125
376	MAC	12/02/11	1,854			1,854	5 MO S/L	216	371
377	POWER POINT	12/02/11	600			600	5 MO S/L	70	120
378	NEW OFFICE TELEPHONES	1/10/12	1,533			1,533	5 MO S/L	153	307
379	NEW DELL PRINTER	4/17/12	1,667			1,667	5 MO S/L	56	333
380	BASEMENT FLOOR	11/29/11	23,747			23,747	40 MO S/L	346	594
381	IPAD	8/03/11	567			567	5 MO S/L	104	113
382	NEW ADOBE	9/07/11	600			600	3 MO S/L	167	200
383	COMPUTER SOFTWARE	12/02/11	507			507	3 MO S/L	99	169
384	MICROSOFT AND MAC	6/28/12	9,958			9,958	3 MO S/L	0	3,319
385	OFFICE STANDARD	6/28/12	2,352			2,352	3 MO S/L	0	784
386	UNIFORMS	8/16/12	518			518	3 MO S/L	0	144
387	UNIFORMS	10/31/12	844			844	3 MO S/L	0	188
388	UNIFORMS	10/31/12	1,416			1,416	3 MO S/L	0	315

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
389	UNIFORMS	12/17/12	1,416			1,416	3 MO S/L	0	236
390	UNIFORMS	12/27/12	2,013			2,013	3 MO S/L	0	335
391	UNIFORMS	1/03/13	33,936			33,936	3 MO S/L	0	5,656
392	UNIFORMS	3/20/13	1,947			1,947	3 MO S/L	0	162
393	UNIFORMS	4/04/13	309			309	3 MO S/L	0	26
394	UNIFORMS	5/14/13	2,383			2,383	3 MO S/L	0	132
395	MAC	4/02/13	2,748			2,748	5 MO S/L	0	137
396	SCANNER	1/21/13	400			400	5 MO S/L	0	33
397	PRINTER	12/04/12	607			607	5 MO S/L	0	71
398	POSTAGE MACHINE	10/31/12	104			104	5 MO S/L	0	14
399	FILEMAKER	11/06/12	616			616	3 MO S/L	0	137
400	DEVELOPMENT AND WEBSITE	11/06/12	4,014			4,014	3 MO S/L	0	892
401	SMART BOARD AND STAND	12/06/12	6,533			6,533	3 MO S/L	0	1,270
402	SERVER	12/27/12	7,245			7,245	3 MO S/L	0	1,208
403	3 Paddle Boards	8/16/12	4,170			4,170	7 MO S/L	0	496
404	CAMERA	11/06/12	3,273			3,273	7 MO S/L	0	312
	Total Other Depreciation		<u>3,788,346</u>			<u>3,788,346</u>		<u>1,002,154</u>	<u>139,167</u>
	Total ACRS and Other Depreciation		<u>3,788,346</u>			<u>3,788,346</u>		<u>1,002,154</u>	<u>139,167</u>
	Grand Totals		3,800,889			3,800,889		1,011,319	140,167
	Less: Dispositions and Transfers		68,113			68,113		67,634	263
	Less: Start-up/Org Expense		0			0		0	0
	Net Grand Totals		<u>3,732,776</u>			<u>3,732,776</u>		<u>943,685</u>	<u>139,904</u>

**SCHEDULE G
(Form 990 or
990-EZ)**

Fundraising Other Events

2012

For calendar year 2012, or tax year beginning **07/01/12**, and ending **06/30/13**

Name

Employer Identification Number

ADAPTIVE SPORTS FOUNDATION, INC.

14-1823155

		(a) Other event	(b) Other event	(c) Other event	(d) Total other events
		<u>OTHER SPECIAL E</u>	<u>WINE TASTING EV</u>	<u>FIRST GIVING BO</u>	(add col. (a) through
		(event type)	(event type)	(event type)	col. (c))
Revenue	1 Gross receipts	83,327	25,622	9,850	118,799
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2)	83,327	25,622	9,850	118,799
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food/beverages				
	8 Entertainment				
	9 Other expenses	18,584	10,222		28,806

Net Operating Loss Carryover Worksheet

Form **990-T**

2012

For calendar year 2012, or tax year beginning **07/01/12**, ending **06/30/13**

Name

ADAPTIVE SPORTS FOUNDATION, INC.

Employer Identification Number
14-1823155

Preceding Taxable Year	Adj. To NOL Inc/(Loss) After Adj.	Prior Year		Current Year	Next Year
		NOL Utilized (Income Offset)	Carryovers to Current Year	Income Offset By NOL Carryback / Carryover Utilized	Carryover
15th 06/30/98					
14th 06/30/99					
13th 06/30/00					
12th 06/30/01					
11th 06/30/02					
10th 06/30/03					
9th 06/30/04					
8th 06/30/05					
7th 06/30/06					
6th 06/30/07					
5th 06/30/08					
4th 06/30/09	-10,451		-10,451		10,451
3rd 06/30/10	-36,502		-36,502		36,502
2nd 06/30/11	-16,191		-16,191		16,191
1st 06/30/12	-8,586		-8,586		8,586
NOL carryover available to current year			-71,730		
Current year	-24,451				24,451
NOL carryover available to next year					96,181

Taxable Interest on Investments

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business Code</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
INTEREST INCOME	\$ 12,721					
			14			
TOTAL	<u>\$ 12,721</u>					

Taxable Dividends from Securities

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business Code</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
DIVIDEND INCOME	\$ 47,694					
			14			
TOTAL	<u>\$ 47,694</u>					

Federal Statements

Form 990, Part IX, Line 24e - All Other Expenses

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management & General</u>	<u>Fund Raising</u>
TRAINING EXPENSE	\$ 24,470	\$ 24,470	\$	\$
EQUIPMENT EXPENSES	14,098	14,098		
TELEPHONE EXPENSE	10,122	7,528	1,420	1,174
OFFICE SUPPLIES	7,902	5,163	2,305	434
PRINTING/STATIONERY EXP.	7,885	1,261	238	6,386
POSTAGE EXPENSES	5,494	1,495	188	3,811
VEHICLE EXPENSES	5,186	3,857	728	601
MARKETING EXPENSE	4,219			4,219
SUPPLIES	2,752			2,752
COMPUTER & WEBSITE EXP.	1,625		449	1,176
DONATION & AWARDS	1,331		1,331	
TOTAL	<u>\$ 85,084</u>	<u>\$ 57,872</u>	<u>\$ 6,659</u>	<u>\$ 20,553</u>

Schedule A, Part II, Line 1(e)

Description	Amount
OTHER CASH CONTRIBUTIONS - UNRESTR.	\$ 53,076
OTHER CASH CONTR - TEMP RESTRICT.	38,972
DONATED SERVICES	114,420
OTH DONATED ITEMS	7,232
NUMEROUS FOUNDATION/INDIV. GRANTS	53,604
THE ALEXANDER&MARJORIE HOVER FOUNDAT CASH CONTRIBUTION	8,000
THE HOWARD AND BARBARA FARKAS FDN CASH CONTRIBUTION	5,000
BLOOMBERG PHILANTHROPIES CASH CONTRIBUTION	125,000
NEWMANS'S OWN FOUNDATION CASH CONTRIBUTION	5,511
ROBERT W. STUBBS CASH CONTRIBUTION	12,000
ROSE M STUBBS ROBERT W STUBBS FDTION CASH CONTRIBUTION	5,000
SELECT EQUITY GROUP, INC. CASH CONTRIBUTION	10,800
THE LUCKLOW FAMILY FOUNDATION CASH CONTRIBUTION	35,000
THE O'CONNOR FAMILY FOUNDATION CASH CONTRIBUTION	5,000
ACCENTURE LLP CASH CONTRIBUTION	10,000
LIFT TICKETS THROUGOUT SEASON	
PETER & CYNTHIA KELLOGG FOUNDATION CASH CONTRIBUTION	25,000
INTEREST FORGIVEN ON LOAN	
PARTY CITY CASH CONTRIBUTION	37,372
WOUNDED WARRIORS PROJECT CASH CONTRIBUTION	212,476
GENE AND DIANE NATALI CASH CONTRIBUTION	10,000
JOSEPH E. BACHELDER LLP CASH CONTRIBUTION	5,000
ELISE AND DAN GILBERT CASH CONTRIBUTION	10,000
ROY A. HUNT FOUNDATION	

Federal Statements

Schedule A, Part II, Line 1(e) (continued)

Description	Amount
CASH CONTRIBUTION PLUS FOUNDATION	\$ 5,000
CASH CONTRIBUTION THE HARVEY SILVERMAN FOUNDATION	5,000
CASH CONTRIBUTION BILLY AND MELISSA LAWSON-SHOE INN	33,000
CASH CONTRIBUTION MR GERALD WENDEL	10,000
CASH CONTRIBUTION VINCENT PASSIONE	10,000
CASH CONTRIBUTION CHARLES MCGUFFOG	6,500
CASH CONTRIBUTION ESD BUSINESS FLOOD REVY GRT PRG	5,000
CASH CONTRIBUTION SKI WINDHAM OPERATING CORPORATION	15,645
LIFT TICKETS THROUGHOUT SEASON SEAN MCCOOEY	209,994
MARKETABLE SECURITY	6,059
TOTAL	<u>\$ 1,094,661</u>

Schedule A, Part II, Line 8(e)

Description	Amount
INTEREST INCOME	\$ 12,721
DIVIDEND INCOME	47,694
TOTAL	<u>\$ 60,415</u>

Federal Statements

Schedule A, Part II, Line 9(e)

Description	Amount
DEVELOPER INCOME	\$ 22,539
APPAREL SALES	-6,970
LUNCH & VENDING SALES	1,875
LESS: DEDUCTIONS	-42,895
TOTAL	\$ <u>-25,451</u>

Schedule A, Part II, Line 10(e)

Description	Amount
OTHER MISCELLANEOUS INCOME	\$ 807
LIFT INCOME	10,000
TOTAL	\$ <u>10,807</u>

Schedule A, Part II, Line 12

Description	Amount
WINTER PROGRAM INCOME	\$ 91,060
SOLDIER PROGRAM INCOME	8,396
HARTMAN PROGRAM INCOME	13,550
DINNER DANCE/AUCTION	114,602
WINE TASTING EVENT	25,622
GOLF TOURNAMENT	105,253
OTHER SPECIAL EVENTS	83,327
FIRST GIVING BOARD APPEAL	9,850
TOTAL	\$ <u>451,660</u>

Form 990-T - Interest Deductions Not Taken Elsewhere

<u>Description</u>	<u>Amount</u>
INTEREST ON L/P TO PETER KELLOGG	\$ 1,688
TOTAL	\$ 1,688

Form 990-T - Other Deductions Not Taken Elsewhere

<u>Description</u>	<u>Amount</u>
UTILITIES EXPENSE	\$ 672
BUILDING MAINTENANCE EXPENSES	1,392
PROFESSIONAL FEES	2,835
INSURANCE EXPENSE	600
TOTAL	\$ 5,499

Form CHAR500	Annual Filing for Charitable Organizations New York State Department of Law (Office of the Attorney General) Charities Bureau - Registration Section 120 Broadway New York, NY 10271 http://www.charitiesnys.com	2012
This form used for Article 7-A, EPTL and dual filers (replaces forms CHAR 497, CHAR 010 and CHAR 006)		Open to Public Inspection

1. General Information			
a. For the fiscal year beginning (mm/dd/yyyy) <u>07/01/2012</u> and ending (mm/dd/yyyy) <u>06/30/2013</u>			
b. Check if applicable for NYS: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial filing <input type="checkbox"/> Final filing <input type="checkbox"/> Amended filing <input type="checkbox"/> NY registration pending	c. Name of organization <u>ADAPTIVE SPORTS FOUNDATION, INC.</u> Number and street (or P.O. box if mail not delivered to street address) <u>P.O. BOX 266</u> City or town, state or country and zip + 4 <u>WINDHAM NY 12496</u>	d. Fed. employer ID no. (EIN) (##-####) <u>14-1823155</u> e. NY State registration no. (##-##-##) <u>71099</u> f. Telephone number <u>518-734-5070</u>	g. Email

2. Certification - Two Signatures Required			
We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.			
a. President or Authorized Officer	Signature _____	Printed Name _____	Title _____ Date _____
b. Chief Financial Officer or Treas.	Signature _____	Printed Name _____	Title _____ Date _____

3. Annual Report Exemption Information	
a. Article 7-A annual report exemption (Article 7-A registrants and dual registrants) Check <input checked="" type="checkbox"/> <input type="checkbox"/> if total contributions from NY State (including residents, foundations, corporations, government agencies, etc.) did not exceed \$25,000 <u>and</u> the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during this fiscal year. NOTE: An organization may claim this exemption if no PFR or FRC was used <u>and</u> either: 1) it received an allocation from a federated fund, United Way or incorporated community appeal <u>and</u> contributions from other sources did not exceed \$25,000 <u>or</u> 2) it received all or substantially all of its contributions from one government agency to which it submitted an annual report similar to that required by Article 7-A.	
b. EPTL annual report exemption (EPTL registrants and dual registrants) Check <input checked="" type="checkbox"/> <input type="checkbox"/> if gross receipts did not exceed \$25,000 <u>and</u> assets (market value) did not exceed \$25,000 at any time during this fiscal year.	
For EPTL or Article 7-A registrants claiming the annual report exemption under the one law under which they are registered and for dual registrants claiming the annual report exemptions under both laws, simply complete part 1 (General Information), part 2 (Certification) and part 3 (Annual Report Exemption Information) above. Do not submit a fee, do not complete the following schedules and do not submit any attachments to this form.	

4. Article 7-A Schedules	
If you did not check the Article 7-A annual report exemption above, complete the following for this fiscal year:	
a. Did the organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State?	<input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No
* If "Yes", complete Schedule 4a.	
b. Did the organization receive government contributions (grants)?	<input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No
* If "Yes", complete Schedule 4b.	

5. Fee Submitted: See last page for summary of fee requirements.	
Indicate the filing fee(s) you are submitting along with this form:	
a. Article 7-A filing fee \$ <u>25</u> b. EPTL filing fee \$ <u>250</u> c. Total fee \$ <u>275</u>	Submit only one check or money order for the total fee, payable to "NYS Department of Law"

6. Attachments - For organizations that are not claiming annual report exemptions under both laws, see last page for required attachments →→→
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5. Fee Instructions

The filing fee depends on the organization's Registration Type. For details on Registration Type and filing fees, see the Instructions for Form CHAR500.

Organization's Registration Type Fee Instructions

- **Article 7-A** Calculate the Article 7-A filing fee using the table in **part a** below. The EPTL filing fee is \$0.
- **EPTL** Calculate the EPTL filing fee using the table in **part b** below. The Article 7-A filing fee is \$0.
- **Dual** Calculate both the Article 7-A and EPTL filing fees using the tables in **parts a and b** below. Add the Article 7-A and EPTL filing fees together to calculate the total fee. Submit a **single** check or money order for the total fee.

a) Article 7-A filing fee

Total Support & Revenue	Article 7-A Fee
more than \$250,000	\$25
up to \$250,000 *	\$10

* Any organization that contracted with or used the services of a professional fund raiser (PFR) or fund raising counsel (FRC) during the reporting period must pay an Article 7-A filing fee of \$25, regardless of total support and revenue.

b) EPTL filing fee

Net Worth at End of Year	EPTL Fee
Less than \$50,000	\$25
\$50,000 or more, but less than \$250,000	\$50
\$250,000 or more, but less than \$1,000,000	\$100
\$1,000,000 or more, but less than \$10,000,000	\$250
\$10,000,000 or more, but less than \$50,000,000	\$750
\$50,000,000 or more	\$1500

6. Attachments – Document Attachment Check-List

Check the boxes for the documents you are attaching.

For All Filers

Filing Fee

Single check or money order payable to "NYS Department of Law"

Copies of Internal Revenue Service Forms

<input checked="" type="checkbox"/> IRS Form 990 <input checked="" type="checkbox"/> All required schedules (including Schedule B) <input checked="" type="checkbox"/> IRS Form 990-T	<input type="checkbox"/> IRS Form 990-EZ <input type="checkbox"/> All required schedules (including Schedule B) <input type="checkbox"/> IRS Form 990-T	<input type="checkbox"/> IRS Form 990-PF <input type="checkbox"/> All required schedules (including Schedule B) <input type="checkbox"/> IRS Form 990-T
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Additional Article 7-A Document Attachment Requirement

Independent Accountant's Report

Audit Report (total support & revenue more than \$250,000)

Review Report (total support & revenue \$100,001 to \$250,000)

No Accountant's Report Required (total support & revenue not more than \$100,000)

2012

CT-200-V

New York State Department of Taxation and Finance

Payment Voucher for E-Filed Corporation Tax Returns and Extensions

Employer identification number 14-1823155	Primary return type CT-13	Tax period beginning (mm-dd-yyyy) 07-01-2012	Tax period ending (mm-dd-yyyy) 06-30-2013	Type of form e-filed	
Legal name of corporation ADAPTIVE SPORTS FOUNDATION, INC.				Return..... <input checked="" type="checkbox"/>	
Mailing name (if different from legal name) c/o				Extension..... <input type="checkbox"/>	
Number and street or PO box P.O. BOX 266				Amount(s) due	
City WINDHAM		State NY	ZIP code 12496	Business telephone number 518-734-5070	NYS amount 250.00
					MTA amount .00

Make your check or money order payable in U.S. funds to: New York State Corporation Tax . Do not staple or clip your check or money order. Detach all check stubs.	250.00
Enter payment enclosed	

File this entire page with your payment

Where to mail

Mail your payment along with this **entire page** to:

**NYS DEPT OF TAXATION & FINANCE
CORP - V
PO BOX 15163
ALBANY NY 12212-5163**

538001121022



New York State E-File Signature Authorization for Tax Year 2012

For Form CT-3, CT-3-A, CT-3M/4M, CT-3-S, CT-4, CT-13, CT-240, CT-245, or CT-400

Electronic return originator (ERO)/paid preparer: **do not** mail this form to the Tax Department. Keep it for your records.

Legal name of corporation: ADAPTIVE SPORTS FOUNDATION, INC.

Return type (mark all that apply): CT-3 CT-3-A CT-3M/4M CT-3-S CT-4 CT-13 CT-240
 CT-245 CT-400

Purpose

Form TR-579-CT must be completed to authorize an ERO to e-file a corporation tax return and to transmit bank account information for the electronic funds withdrawal.

General instructions

Part A must be completed by an officer of the corporation who is authorized to sign the corporation's return before the ERO transmits the electronically filed Form CT-3, General Business Corporation Franchise Tax Return; CT-3-A, General Business Corporation Combined Franchise Tax Return; CT-3M/4M, General Business Corporation MTA Surcharge Return; CT-3-S, New York S Corporation Franchise Tax Return; or CT-4, General Business Corporation Franchise Tax Return Short Form; CT-13, Unrelated Business Income Tax Return; CT-240, Foreign Corporation License Fee Return; CT-245, Maintenance Fee and Activities Return For a Foreign Corporation Disclaiming Tax Liability; or CT-400, Estimated Tax for Corporations.

EROs/paid preparers must complete Part B prior to transmitting electronically filed corporation tax returns. Both the paid preparer and the

ERO are required to sign Part B. However, if an individual performs as both the paid preparer and the ERO, he or she is only required to sign as the paid preparer. It is not necessary to include the ERO signature in this case. Please note that an alternative signature can be used as described in TSB-M-05(1)C, Alternative Methods of Signing for Tax Return Preparers. Go to our Web site at www.tax.ny.gov to find this document.

Do not mail Form TR-579-CT to the Tax Department. EROs/paid preparers must keep this form for three years and present it to the Tax Department upon request.

Do not use this form for electronically filed Form CT-5, Request for Six-Month Extension to File (for franchise/business taxes, MTA surcharge, or both), Form CT-5.3, Request for Six-Month Extension to File (for combined franchise tax return, or combined MTA surcharge, or both), Form CT-5.4, Request for Six-Month Extension to File New York S Corporation Franchise Tax Return, or Form CT-5.9-E, Request for Three-Month Extension to File Form CT-186-E. Instead use Form CT-579.1-CT, New York State Authorization for Electronic Funds Withdrawal for Tax Year 2012, Form CT-5, Form CT-5.3, Form CT-5.4, Form CT-5.9, or Form CT-5.9-E.

Financial institution information (required if electronic payment is authorized)

1	Amount of authorized debit	1.	_____
2	Financial institution routing number	2.	_____
3	Financial institution account number	3.	_____

Part A — Declaration of authorized corporate officer for Form CT-3, CT-3-A, CT-3M/4M, CT-3-S, CT-4, CT-13, CT-240, CT-245 or CT-400

Under penalty of perjury, I declare that I have examined the information on this 2012 New York State electronic corporate tax return, including any accompanying schedules, attachments, and statements, and certify that this electronic return is true, correct, and complete. If this filing includes Form DTF-686, Tax Shelter Reportable Transactions, as an authorized officer of the corporation, I hereby consent to the waiver of the secrecy provisions of Tax Law sections 202, 211.8, 1467, and 1518 as such provisions relate to the disclosure requirements of Tax Law section 25. The ERO has my consent to send this 2012 New York State electronic corporate return to New York State through the Internal Revenue Service (IRS). I understand that by executing this Form TR-579-CT, I am authorizing the ERO to sign and file this return on behalf of the corporation and agree that the ERO's submission of the corporation's return to the IRS, together with this authorization, will serve as the electronic signature for the return and any authorized payment transaction. If I am paying New York State corporation taxes due by electronic funds withdrawal, I authorize the New York State Tax Department and its designated financial agents to initiate an electronic funds withdrawal from the financial institution account indicated on this 2012 electronic return, and I authorize the financial institution to withdraw the amount from the account. I understand and agree that I may revoke this authorization for payment only by contacting the Tax Department no later than five business days prior to the payment date.

Signature of authorized officer of the corporation: _____ Date: _____

Print your name and title: TODD MUNN EXECUTIVE DIRECTOR

Part B — Declaration of ERO and paid preparer

Under penalty of perjury, I declare that the information contained in this 2012 New York State electronic corporate return is the information furnished to me by the corporation. If the corporation furnished me a completed paper 2012 New York State corporate return signed by a paid preparer, I declare that the information contained in the corporation's 2012 New York State electronic corporate tax return is identical to that contained in the paper return. If I am the paid preparer, under penalty of perjury I declare that I have examined this 2012 New York State electronic corporate tax return, and, to the best of my knowledge and belief, the return is true, correct, and complete. I have based this declaration on all information available to me.

ERO's signature: _____ Date: _____

Print name: _____

Paid preparer's signature: THOMAS FUCITO, CPA Date: 11-07-13

Print name: THOMAS FUCITO, CPA

Name	Employer identification number	File No.
ADAPTIVE SPORTS FOUNDATION, INC.	14-1823155	MM4

ERO/ Preparer Certification and Signature

I certify that I have a valid New York State E-File Signature Authorization for Tax Year 2012 (Form TR-579-CT), authorizing me to sign and file this return on behalf of the corporation. I further certify that all information provided on the return is true, correct and complete to the best of my knowledge and belief, and that I have provided a copy of this return to the corporation. If financial institution account information has been provided on the return, I certify that the corporation has agreed to payment of the amount indicated as due by electronic funds withdrawal, that the corporation has authorized the New York State Tax Department and its designated financial agents to initiate an electronic funds withdrawal from the indicated account, and that the designated financial institution is authorized to debit the entry to the corporation's account. I understand and agree that I may revoke this authorization for payment only by contacting the Tax Department no later than five (5) business days prior to the payment date.

By checking the box shown below, I understand and agree that I am electronically signing and filing this return.

I have read the certification above and agree

Unrelated Business Income Tax Return

Amended return

Tax Law – Article 13

All filers enter tax period:

beginning **07-01-12** ending **06-30-13**

Employer identification number 14-1823155	File number MM4	Business telephone number 518-734-5070	If you claim an overpayment, mark an X in the box <input type="checkbox"/>
Legal name of corporation ADAPTIVE SPORTS FOUNDATION, INC.		Trade name/DBA	
Mailing name (if different from legal name above) c/o		State or country of incorporation	Date received (for Tax Department use only)
Number and street or PO box P.O. BOX 266		Date of incorporation	
City WINDHAM	State NY	ZIP code 12496	Foreign corporations: date began business in NYS
NAICS business code number (from federal return) 531390	If address/phone above is new, mark an X in the box <input type="checkbox"/>	If you need to update your address or phone information for corporation tax, or other tax types, you can do so online. See Business information in Form CT-1.	
Principal unrelated business activity SEE STATEMENT 1		Audit (for Tax Department use only)	

Have you filed New York State Form CT-247, Application for Exemption from Corporation Franchise Taxes by a Not-For-Profit Organization? Yes No

Mark an X in this box if you are an employee trust as defined in Internal Revenue Code (IRC) section 401(a)

Mark an X in this box if you ceased operating the unrelated business during the tax year covered by this return (see section Who must file Form CT-13 in the instructions)

A. Pay amount shown on line 22. Make payable to: New York State Corporation Tax	A	Payment enclosed
← Attach your payment here. Detach all check stubs. (See instructions for details.)		250.

Computation of income and tax

1	Federal unrelated business taxable income before net operating loss deduction and after \$1,000 specific deduction	1	- 25,451.
2	New York State Article 13 and Article 23 tax deducted on federal return	2	
3	Additions required for shareholders of federal S corporations (see instructions)	3	
4	Grossed-up taxes for shareholders of New York S corporations (see instructions)	4	
5	Other additions (see instructions) <input checked="" type="checkbox"/> IRC section 199 deduction:	5	
6	Add lines 1 through 5	6	- 25,451.
7	Other income (see instructions)	7	
8	Federal S corporation shareholder subtractions (see instructions)	8	
9	Other subtractions (see instructions)	9	
10	Total subtractions (add lines 7, 8, and 9)	10	
11	Taxable income before net operating loss deduction (subtract line 10 from line 6)	11	- 25,451.
12	New York net operating loss deduction (attach federal and NYS computations; see instructions)	12	
13	Taxable income (subtract line 12 from line 11)	13	- 25,451.
14	Allocated taxable income (multiply line 13 by _____ % from line 42; or enter amount from line 13 if allocation is not claimed)	14	- 25,451.
15	Tax based on income (multiply line 14 by 9% (.09))	15	0.
16	Minimum tax	16	250
17	Tax (line 15 or line 16, whichever is larger)	17	250.
18	Total prepayments from line 46	18	
19	Balance (if line 18 is less than line 17, subtract line 18 from line 17)	19	250.
20	Interest on late payment (see instructions)	20	
21	Late filing and late payment penalties (see instructions)	21	
22	Balance due (add lines 19, 20, and 21 and enter here; enter the payment amount on line A above)	22	250.
23	Overpayment (if line 17 is less than line 18, subtract line 17 from line 18)	23	
24	Amount of overpayment on line 23 to be credited to next year	24	
25	Amount of overpayment on line 23 to be refunded (subtract line 24 from line 23)	25	

See page 3 for third-party designee, certification, and signature entry areas.



Have you been audited by the Internal Revenue Service in the past 5 years? Yes No If Yes, list years: _____

Federal return was filed on: 990-T Other: _____ Attach a complete copy of your federal return.

Schedule A – Unrelated business allocation

If you did not maintain a regular place of business outside New York State, leave this schedule blank. A regular place of business is any office, factory, warehouse, or other space regularly used by the taxpayer in its unrelated business. If you claim this allocation, attach a list of each place of business, the location, nature of activities, and number and duties of employees.

Average value of:

- 26 Real estate owned (see instructions)
- 27 Gross rents (attach list; see instructions)
- 28 Inventories owned
- 29 Other tangible personal property owned (see instructions)
- 30 Total (add lines 26 through 29)

	A New York State	B Everywhere	
26			
27			
28			
29			
30			
31 Percentage in New York State (divide line 30, column A, by line 30, column B)			31 %

Receipts in the regular course of business from:

- 32 Sales of tangible personal property shipped to points within New York State
- 33 All sales of tangible personal property
- 34 Services performed
- 35 Rentals of property
- 36 Other business receipts
- 37 Total (add lines 32 through 36)

32			
33			
34			
35			
36			
37			
38 Percentage in New York State (divide line 37, column A, by line 37, column B)			38 %

- 39 Wages, salaries, and other compensation of employees (except general executive officers; see instructions)

39			
40 Percentage in New York State (divide line 39, column A, by line 39, column B)			40 %
41 Total of New York State percentages (add lines 31, 38, and 40)			41 %
42 Business allocation percentage (divide line 41 by three or by the number of percentages)			42 %

Composition of prepayments claimed on line 18*

- 43 Payment with extension request, Form CT-5, line 5
- 44a Second installment from Form CT-400
- 44b Third installment from Form CT-400
- 44c Fourth installment from Form CT-400
- 45 Amount of overpayment credited from prior years
- 46 Total prepayments (add lines 43 through 45; enter here and on line 18)

	Date paid	Amount
43		
44a		
44b		
44c		
45		
46		

* Taxpayers subject to the unrelated business income tax are not required to make estimated tax payments. If you did make these unrequired payments, report them on lines 44a, 44b, and 44c.

Amended return information

If filing an amended return, mark an X in the box for any items that apply and attach documentation.

- Final federal determination If marked, enter date of determination: _____
- Net operating loss (NOL) carryback Capital loss carryback
- Federal return filed Form 1139 Amended Form 990-T



Third – party designee (see instructions)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Designee's name (print)	Designee's phone number
	Designee's e-mail address		PIN

Certification: I certify that this return and any attachments are to the best of my knowledge and belief true, correct, and complete.

Authorized person	Printed name of authorized person TODD MUNN	Signature of authorized person	Official title EXECUTIVE DIRECTOR	
	E-mail address of authorized person		Telephone number 518-734-5070	Date 11-07-13
Paid preparer use only (see instr.)	Firm's name (or yours if self-employed) SHALLO, GALLUSCIO, BIANCHI & FUCITO CPA		Firm's EIN 14-1638228	Preparer's PTIN or SSN P00587536
	Signature of individual preparing this return THOMAS FUCITO, CPA		Address 21 NORTH SEVENTH STREET HUDSON, NY 12534-2520	
	E-mail address of individual preparing this return TFUCITO@EMPIRECPA.COM		Preparer's NYTPRIN 00000000	Date 11-07-13

See instructions for where to file.

400003121022



Exempt Organization Business Income Tax Return

(and proxy tax under section 6033(e))

2012

For calendar year 2012 or other tax year beginning **07/01/12**, and ending **06/30/13**. **▶ See separate instructions.**

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury
Internal Revenue Service

<p>A <input type="checkbox"/> Check box if address changed</p> <p>B Exempt under section</p> <p><input checked="" type="checkbox"/> 501(c) (3)</p> <p><input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)</p> <p><input type="checkbox"/> 408A <input type="checkbox"/> 530(a)</p> <p><input type="checkbox"/> 529(a)</p> <p>C Book value of all assets at end of year</p> <p>5,544,638</p>	<p>Print or Type</p> <p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.)</p> <p>ADAPTIVE SPORTS FOUNDATION, INC.</p> <p>Number, street, and room or suite no. If a P.O. box, see instructions.</p> <p>P.O. BOX 266</p> <p>City or town, state, and ZIP code</p> <p>WINDHAM NY 12496</p>	<p>D Employer identification number (Employees' trust, see instructions.)</p> <p>14-1823155</p> <p>E Unrelated business activity codes (see instructions)</p> <p>531390 722514</p>	<p>F Group exemption number (see instructions) ▶</p>	<p>G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust</p>
--	---	--	---	---

H Describe the organization's primary unrelated business activity.
▶ **RETAIL SALES & PROPERTY DEVELOP.**

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ Yes No
If "Yes," enter the name and identifying number of the parent corporation.

J The books are in care of ▶ **TODD MUNN** Telephone number ▶ **518-734-5070**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales 18,515			
b	Less returns and allowances			
	c Balance	18,515		
2	Cost of goods sold (Schedule A, line 7)	23,610		
3	Gross profit. Subtract line 2 from line 1c	-5,095		-5,095
4a	Capital gain net income (attach Schedule D)			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)			
c	Capital loss deduction for trusts			
5	Income (loss) from partnerships and S corporations (attach statement)			
6	Rent income (Schedule C)			
7	Unrelated debt-financed income (Schedule E)			
8	Interest, annuities, royalties, and rents from controlled organizations (Schedule F)			
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)			
10	Exploited exempt activity income (Schedule I)			
11	Advertising income (Schedule J)			
12	Other income (see instructions; attach statement) SEE STMT 1	22,539		22,539
13	Total. Combine lines 3 through 12	17,444		17,444

Part II Deductions Not Taken Elsewhere (see instructions for limitations on deductions.) (except for contributions, deductions must be directly connected with the unrelated business income)				
14	Compensation of officers, directors, and trustees (Schedule K)			14
15	Salaries and wages			15 5,675
16	Repairs and maintenance			16
17	Bad debts			17
18	Interest (attach statement) SEE STATEMENT 2			18 1,688
19	Taxes and licenses			19 22,947
20	Charitable contributions (see instructions for limitation rules)			20
21	Depreciation (attach Form 4562)	21	6,086	
22	Less depreciation claimed on Schedule A and elsewhere on return	22a		22b 6,086
23	Depletion			23
24	Contributions to deferred compensation plans			24
25	Employee benefit programs			25
26	Excess exempt expenses (Schedule I)			26
27	Excess readership costs (Schedule J)			27
28	Other deductions (attach statement) SEE STATEMENT 3			28 5,499
29	Total deductions. Add lines 14 through 28			29 41,895
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13			30 -24,451
31	Net operating loss deduction (limited to the amount on line 30)			31
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30			32 -24,451
33	Specific deduction (generally \$1,000, but see line 33 instructions for exceptions)			33 1,000
34	Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32			34 -24,451

Part III Tax Computation

35 Organizations taxable as corporations (see instructions for tax computation). Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and:	
a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ _____ (2) \$ _____ (3) \$ _____	
b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ (2) Additional 3% tax (not more than \$100,000) \$	
c Income tax on the amount on line 34	35c
36 Trusts taxable at trust rates (see instructions for tax computation). Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	36
37 Proxy tax (see instructions)	37
38 Alternative minimum tax	38
39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies	39

Part IV Tax and Payments

40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	40a	
b Other credits (see instructions)	40b	
c General business credit. Attach Form 3800 (see instructions)	40c	
d Credit for prior year minimum tax (attach Form 8801 or 8827)	40d	
e Total credits. Add lines 40a through 40d	40e	
41 Subtract line 40e from line 39	41	
42 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (att. stmt.)	42	
43 Total tax. Add lines 41 and 42	43	0
44a Payments: A 2011 overpayment credited to 2012	44a	
b 2012 estimated tax payments	44b	
c Tax deposited with Form 8868	44c	
d Foreign organizations: Tax paid or withheld at source (see instructions)	44d	
e Backup withholding (see instructions)	44e	
f Credit for small employer health insurance premiums (Attach Form 8941)	44f	
g Other credits and payments: <input type="checkbox"/> Form 2439 _____ <input type="checkbox"/> Form 4136 _____ <input type="checkbox"/> Other _____ Total ▶	44g	
45 Total payments. Add lines 44a through 44g	45	
46 Estimated tax penalty (see instructions). Check if Form 2220 is attached	46	
47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed	47	
48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid	48	
49 Enter the amount of line 48 you want: Credited to 2013 estimated tax ▶ Refunded ▶	49	

Part V Statements Regarding Certain Activities and Other Information (see instructions)

1 At any time during the 2012 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here ▶	Yes	No
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
3 Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$		

Schedule A – Cost of Goods Sold. Enter method of inventory valuation ▶ **COST METHOD**

1 Inventory at beginning of year	1		6 Inventory at end of year	6	
2 Purchases	2	23,610	7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	23,610
3 Cost of labor	3		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
4a Additional sec. 263A costs (attach stmt.)	4a				
b Other costs (attach statement)	4b				
5 Total. Add lines 1 through 4b	5	23,610			X

Sign Here ▶ 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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer: _____ Date: _____ Title: **EXECUTIVE DIRECTOR**

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

Paid Preparer Use Only

Print/Type preparer's name: **THOMAS FUCITO, CPA** Preparer's signature: **THOMAS FUCITO, CPA** Date: **11/07/13** Check if self-employed PTIN: **P00587536**

Firm's name: **SHALLO, GALLUSCIO, BIANCHI & FUCITO CPAS** Firm's EIN: **14-1638228**

Firm's address: **21 NORTH SEVENTH STREET HUDSON, NY 12534-2520** Phone no.: **518-828-6500**

Schedule C – Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

(1) N/A
(2)
(3)
(4)

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach statement)
(1)		
(2)		
(3)		
(4)		
Total	Total	

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) **▶**

(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) **▶**

Schedule E – Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach statement)	(b) Other deductions (attach statement)	
(1) N/A				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach statement)	5. Average adjusted basis of or allocable to debt-financed property (attach statement)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals ▶			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).

Total dividends-received deductions included in column 8 **▶**

Schedule F – Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross inc.	6. Deductions directly connected with income in column 5
(1) N/A					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
Totals ▶			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).

Schedule G – Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (col. 3 plus col.4)
(1) N/A				
(2)				
(3)				
(4)				
Totals	Enter here and on page 1, Part I, line 9, column (A).			Enter here and on page 1, Part I, line 9, column (B).

Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1) N/A						
(2)						
(3)						
(4)						
Totals	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).				Enter here and on page 1, Part II, line 26.

Schedule J – Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) N/A						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5)) ..						

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) N/A						
(2)						
(3)						
(4)						
Totals from Part I						
Totals, Part II (lines 1-5)	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 27.

Schedule K – Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1) N/A		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			

Depreciation and Amortization
(Including Information on Listed Property)

Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return

ADAPTIVE SPORTS FOUNDATION, INC.

Identifying number

14-1823155

Business or activity to which this form relates

INDIRECT DEPRECIATION

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	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
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 2011 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2013. Add lines 9 and 10, less line 12	▶ 13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	139,167

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2012	17	1,000
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 2012 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	
i Nonresidential real property			39 yrs.	MM	S/L	

Section C—Assets Placed in Service During 2012 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 instructions	22	140,167
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	

For Paperwork Reduction Act Notice, see separate instructions.

Statement 1 - Form 990-T, Part I, Line 12 - Other Income

Description	Amount
DEVELOPER INCOME	\$ 22,539
TOTAL	\$ <u>22,539</u>

Statement 2 - Form 990-T, Part II, Line 18 - Interest

Description	Amount
INTEREST ON L/P TO PETER KELLOGG	\$ 1,688
TOTAL	\$ <u>1,688</u>

Statement 3 - Form 990-T, Part II, Line 28 - Other Deductions

Description	Amount
UTILITIES EXPENSE	\$ 672
BUILDING MAINTENANCE EXPENSES	1,392
PROFESSIONAL FEES	2,835
INSURANCE EXPENSE	600
TOTAL	\$ <u>5,499</u>

Year Ending: June 30, 2013

14-1823155

Adaptive Sports Foundation, Inc.
Adaptive Sports Foundation, Inc.
P.O. Box 266
Windham, NY 12496

NOL Carryback Election

Under IRC Section 172(b)(3), the taxpayer elects to relinquish the entire carryback period with respect to any regular tax and AMT net operating loss incurred during the current tax year.

Part V Listed Property (Include automobiles, certain other vehicles, 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
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)		(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 (see instructions)									25		
26 Property used more than 50% in a qualified business use:											
		%									
		%									
27 Property used 50% or less in a qualified business use:											
		%					S/L-				
		%					S/L-				
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.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
30 Total business/investment miles driven during the year (do not include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

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 are not more than 5% owners or related persons (see instructions).

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)		
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.		

Part VI Amortization

(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 2012 tax year (see instructions):					
43 Amortization of costs that began before your 2012 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

Statement 1 - Form CT-13 - Principal Unrelated Business Activity

Description

RETAIL SALES & PROPERTY DEVELOP.

Return Summary

For calendar year 2012, or tax year beginning 07-01-12 , and ending 06-30-13

14-1823155

ADAPTIVE SPORTS FOUNDATION, INC.

Income

Federal unrelated business income	-25,451	
NYS Article 13 tax		
Additions for S corporations		
Other additions		
Income	<u>-25,451</u>	
Other income		
S corporation subtractions		
Other subtractions		
Total subtractions		
State net operating loss deduction		
Taxable income	<u>-25,451</u>	
Apportionment percentage		%
Apportioned taxable income		<u><u>-25,451</u></u>

Taxes / Credits / Payments

Tax on taxable income		
Minimum tax	250	
Tax		<u>250</u>
Paid with extension		
Estimated tax payments		
Other payments		
Total payments		
Overpayment applied to next year's estimated tax		
Net tax due		<u>250</u>

Additions to Tax

Interest on late payments		
Failure to file penalty		
Failure to pay penalty		
total additions		

Balance due		<u>250</u>
Refund		<u><u> </u></u>

Form CHAR500 - Annual Filing Information

Total support / revenue	<u>1,533,916</u>
Net assets	<u>4,235,786</u>

Filing Fees

Article 7-A	25
Estates / trust law	250
Total	<u><u>275</u></u>

Miscellaneous Information

Amended return	—
Return / extended due dates:	
Form CHAR500	<u>11-15-13</u>
Form CT-13	<u>11-15-13</u>

Next Year's Estimates

2nd installment	
3rd installment	
4th installment	
Total	<u><u> </u></u>