

## Forms 990 / 990-EZ Return Summary

For calendar year 2023, or tax year beginning **07/01/23**, and ending **06/30/24**

11-3822037

### RUNWAY FOR RECOVERY, INC

**Net Asset / Fund Balance at Beginning of Year** -66,941

#### Revenue

|                         |                             |                  |
|-------------------------|-----------------------------|------------------|
| Contributions           | <u>1,318,736</u>            |                  |
| Program service revenue | <u>                    </u> |                  |
| Investment income       | <u>                    </u> |                  |
| Capital gain / loss     | <u>                    </u> |                  |
| Fundraising / Gaming:   |                             |                  |
| Gross revenue           | <u>117,442</u>              |                  |
| Direct expenses         | <u>307,830</u>              |                  |
| Net income              | <u>-190,388</u>             |                  |
| Other income            | <u>0</u>                    |                  |
| <b>Total revenue</b>    |                             | <u>1,128,348</u> |

#### Expenses

|                           |                |                |
|---------------------------|----------------|----------------|
| Program services          | <u>558,871</u> |                |
| Management and general    | <u>163,766</u> |                |
| Fundraising               | <u>260,325</u> |                |
| <b>Total expenses</b>     |                | <u>982,962</u> |
| <b>Excess / (deficit)</b> |                | <u>145,386</u> |
| Changes                   |                | <u>15,000</u>  |

**Net Asset / Fund Balance at End of Year** 93,445

#### Reconciliation of Revenue

|  |                             |
|--|-----------------------------|
| Total revenue per financial statements | <u>1,128,348</u>            |
| Less:                                  |                             |
| Unrealized gains                       | <u>                    </u> |
| Donated services                       | <u>                    </u> |
| Recoveries                             | <u>                    </u> |
| Other                                  | <u>                    </u> |
| Plus:                                  |                             |
| Investment expenses                    | <u>                    </u> |
| Other                                  | <u>                    </u> |
| <b>Total revenue per return</b>        | <u><u>1,128,348</u></u>     |

#### Reconciliation of Expenses

|   |                             |
|---|-----------------------------|
| Total expenses per financial statements | <u>982,962</u>              |
| Less:                                   |                             |
| Donated services                        | <u>                    </u> |
| Prior year adjustments                  | <u>                    </u> |
| Losses                                  | <u>                    </u> |
| Other                                   | <u>                    </u> |
| Plus:                                   |                             |
| Investment expenses                     | <u>                    </u> |
| Other                                   | <u>                    </u> |
| <b>Total expenses per return</b>        | <u><u>982,962</u></u>       |

#### Balance Sheet

|             | Beginning      | Ending         | Differences    |
|-------------|----------------|----------------|----------------|
| Assets      | <u>115,295</u> | <u>286,923</u> |                |
| Liabilities | <u>182,236</u> | <u>193,478</u> |                |
| Net assets  | <u>-66,941</u> | <u>93,445</u>  | <u>160,386</u> |

#### Miscellaneous Information

Amended return                     

Return / extended due date 05/15/25

Failure to file penalty

# IRS E-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

Form **8879-TE**For calendar year 2023, or fiscal year beginning **7/01**, 2023, and ending **6/30**, 20**24**

Do not send to the IRS. Keep for your records.  
Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.

**2023**

Department of the Treasury  
Internal Revenue Service  
Name of filer

EIN or SSN

**RUNWAY FOR RECOVERY, INC****11-3822037**

Name and title of officer or person subject to tax  
**MAGGIE DEMONT**  
**CHAIR**

## Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a**, **2a**, **3a**, **4a**, **5a**, **6a**, **7a**, **8a**, **9a**, or **10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, **5b**, **6b**, **7b**, **8b**, **9b**, or **10b**, 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 one line in Part I.

|   |   |                            |
|---|---|----------------------------|
| <b>1a</b> Form 990 check here <input checked="" type="checkbox"/> | <b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12) .....     | <b>1b</b> <b>1,128,348</b> |
| <b>2a</b> Form 990-EZ check here <input type="checkbox"/>         | <b>b</b> Total revenue, if any (Form 990-EZ, line 9) .....                          | <b>2b</b> .....            |
| <b>3a</b> Form 1120-POL check here <input type="checkbox"/>       | <b>b</b> Total tax (Form 1120-POL, line 22) .....                                   | <b>3b</b> .....            |
| <b>4a</b> Form 990-PF check here <input type="checkbox"/>         | <b>b</b> Tax based on investment income (Form 990-PF, Part V, line 5) .....         | <b>4b</b> .....            |
| <b>5a</b> Form 8868 check here <input type="checkbox"/>           | <b>b</b> Balance due (Form 8868, line 3c) .....                                     | <b>5b</b> .....            |
| <b>6a</b> Form 990-T check here <input type="checkbox"/>          | <b>b</b> Total tax (Form 990-T, Part III, line 4) .....                             | <b>6b</b> .....            |
| <b>7a</b> Form 4720 check here <input type="checkbox"/>           | <b>b</b> Total tax (Form 4720, Part III, line 1) .....                              | <b>7b</b> .....            |
| <b>8a</b> Form 5227 check here <input type="checkbox"/>           | <b>b</b> FMV of assets at end of tax year (Form 5227, Item D) .....                 | <b>8b</b> .....            |
| <b>9a</b> Form 5330 check here <input type="checkbox"/>           | <b>b</b> Tax due (Form 5330, Part II, line 19) .....                                | <b>9b</b> .....            |
| <b>10a</b> Form 8038-CP check here <input type="checkbox"/>       | <b>b</b> Amount of credit payment requested (Form 8038-CP, Part III, line 22) ..... | <b>10b</b> .....           |

## Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that ☒ I am an officer of the above entity or ☐ I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2023 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 electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the 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 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 electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

☒ I authorize **Scheid Deignan Brown, PC** to enter my PIN **22037** as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2023 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 or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 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.

Signature of officer or person subject to tax

Date

**04/23/25**

## 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.

**04497576790**

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return 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

Date

**04/23/25**

ERO Must Retain This Form — See Instructions

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

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Form **8879-TE** (2023)

DAA

Form **990**  
Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
Do not enter social security numbers on this form as it may be made public.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023****Open to Public  
Inspection****A For the 2023 calendar year, or tax year beginning 07/01/23, and ending 06/30/24****B** Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return/  
terminated  
☐ Amended return  
☐ Application pending

**C** Name of organization**RUNWAY FOR RECOVERY, INC**

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

**29 WATER ST SUITE 216**

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

**NEWBURYPORT****MA 01950****D** Employer identification number**11-3822037****E** Telephone number**978-255-4730****G** Gross receipts \$ **1,436,178****F** Name and address of principal officer:**OLIVIA ACHTMEYER BOGER****65 MIDDLE ST****NEWBURYPORT****MA 01950****H(a)** Is this a group return for subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates 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.RUNWAYFORRECOVERY.ORG****H(c)** Group exemption number**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other**L** Year of formation: **2011****M** State of legal domicile: **MA****Part I Summary**

|  |          |   |  |                  |
|--|----------|---|--|------------------|
| Activities & Governance  | 1        | Briefly describe the organization's mission or most significant activities:<br><b>See Schedule O</b>                                    |  |                  |
|  | 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)   | <b>22</b>  |                  |
|  | 4        | Number of independent voting members of the governing body (Part VI, line 1b)   | <b>22</b>  |                  |
|  | 5        | Total number of individuals employed in calendar year 2023 (Part V, line 2a)  | <b>2</b>   |                  |
|  | 6        | Total number of volunteers (estimate if necessary)  | <b>34</b>  |                  |
|  | 7a       | Total unrelated business revenue from Part VIII, column (C), line 12  | <b>0</b>   |                  |
| b Net unrelated business taxable income from Form 990-T, Part I, line 11 |          | <b>0</b>  |  |                  |
| Revenue  | 8        | Contributions and grants (Part VIII, line 1h)   | <b>1,229,226</b>   | <b>1,318,736</b> |
|  | 9        | Program service revenue (Part VIII, line 2g)  |  | <b>0</b>         |
|  | 10       | Investment income (Part VIII, column (A), lines 3, 4, and 7d)   |  | <b>0</b>         |
|  | 11       | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  | <b>-295,924</b>  | <b>-190,388</b>  |
|  | 12       | Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)  | <b>933,302</b>   | <b>1,128,348</b> |
|  | Expenses | 13  | Grants and similar amounts paid (Part IX, column (A), lines 1–3) | <b>276,346</b>   |
| 14   |          | Benefits paid to or for members (Part IX, column (A), line 4)   |  | <b>0</b>         |
| 15   |          | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)   | <b>256,909</b>   | <b>287,569</b>   |
| 16a  |          | Professional fundraising fees (Part IX, column (A), line 11e)   |  | <b>0</b>         |
| b  |          | Total fundraising expenses (Part IX, column (D), line 25)   | <b>260,325</b>   |                  |
| 17   |          | Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)  | <b>334,072</b>   | <b>388,232</b>   |
| 18   |          | Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)   | <b>867,327</b>   | <b>982,962</b>   |
| Net Assets or Fund Balances  | 19       | Revenue less expenses. Subtract line 18 from line 12  | <b>65,975</b>  | <b>145,386</b>   |
|  | 20       | Total assets (Part X, line 16)  | <b>115,295</b>   | <b>286,923</b>   |
|  | 21       | Total liabilities (Part X, line 26)   | <b>182,236</b>   | <b>193,478</b>   |
|  | 22       | Net assets or fund balances. Subtract line 21 from line 20  | <b>-66,941</b>   | <b>93,445</b>    |

**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  | Date                 |                     |  |
|                                 | <b>MAGGIE DEMONT</b><br>CHAIR<br>Type or print name and title |                      |                     |  |
| Paid Preparer Use Only          | Print/Type preparer's name                                    | Preparer's signature | Date                | Check <input type="checkbox"/> if self-employed PTIN |
|                                 | <b>David Deignan, CPA</b>                                     |                      | <b>04/23/25</b>     | <b>P01721685</b>                                     |
|                                 | Firm's name   | Firm's EIN           | Phone no.           |  |
| <b>Scheid Deignan Brown, PC</b> |   | <b>84-3998573</b>    | <b>978-318-9600</b> |  |
| <b>101 Commonwealth Ave</b>     |   |                      |                     |  |
| <b>Concord, MA 01742-2903</b>   |   |                      |                     |  |

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2023)

**Part III Statement of Program Service Accomplishments**

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



**1** Briefly describe the organization's mission:

**See Schedule O**

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

**WE ANNOUNCED PLANS TO EXPAND OUR PROGRAM TO NEW YORK AND NEW JERSEY IN FY25 AND OUR EVENTS WERE PLANNED STARTING IN AUGUST 2025. FURTHER, WE ANNOUNCED THAT WE WOULD ACCEPT APPLICATIONS FOR FUNDING FROM FAMILIES IN NY/NJ STARTING ON JULY 1, 2025**

**4b** (Code: ) (Expenses \$ **307,161** including grants of \$ **307,161** ) (Revenue \$ )

**WE FUNDED 53 FAMILIES WITH GRANTS BETWEEN \$10K-\$30K PER FAMILY, AND WE CONTINUED TO INCLUDE ORANGE AND LA COUNTY FAMILIES IN OUR PROGRAM ALONG WITH OUR NEW ENGLAND FAMILIES.**

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

**WE HAD OUR MOST SUCCESSFUL RUNWAY SHOW, NEW ENGLAND ALONG WITH A FULL CALENDAR OF EVENTS ACROSS THE COUNTRY IN OUR PLAYING FOR PINK, RALLY FOR RUNWAY, AND LOVE LOCAL EVENTS.**

**4d** Other program services (Describe on Schedule O.)

(Expenses \$ **251,710** including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses **558,871**

**Part IV Checklist of Required Schedules**

|  | Yes      | No       |
|--|----------|----------|
| <b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A   | <b>X</b> |          |
| <b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors? See instructions   | <b>X</b> |          |
| <b>3</b> 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  |          | <b>X</b> |
| <b>4 Section 501(c)(3) organizations.</b> 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  |          | <b>X</b> |
| <b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III  |          | <b>X</b> |
| <b>6</b> 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  |          | <b>X</b> |
| <b>7</b> 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  |          | <b>X</b> |
| <b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III   |          | <b>X</b> |
| <b>9</b> 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            |          | <b>X</b> |
| <b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V   |          | <b>X</b> |
| <b>11</b> 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.   |          |          |
| <b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI   | <b>X</b> |          |
| <b>b</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  |          | <b>X</b> |
| <b>c</b> 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  |          | <b>X</b> |
| <b>d</b> 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   | <b>X</b> |          |
| <b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X   | <b>X</b> |          |
| <b>f</b> 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  | <b>X</b> |          |
| <b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII  | <b>X</b> |          |
| <b>b</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   |          | <b>X</b> |
| <b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  |          | <b>X</b> |
| <b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?   |          | <b>X</b> |
| <b>b</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 |          | <b>X</b> |
| <b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV   |          | <b>X</b> |
| <b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV   |          | <b>X</b> |
| <b>17</b> 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   |          | <b>X</b> |
| <b>18</b> 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   | <b>X</b> |          |
| <b>19</b> 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   |          | <b>X</b> |
| <b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H   |          | <b>X</b> |
| <b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  |          |          |
| <b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II  |          | <b>X</b> |

**Part IV Checklist of Required Schedules** *(continued)*

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

|   | Yes       | No |
|---|-----------|----|
| <b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  | <b>11</b> |    |
| <b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  | <b>0</b>  |    |
| <b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? |           |    |

| Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) |  | Yes        | No       |
|--|--|------------|----------|
| <b>2a</b>  | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  | <b>2a</b>  | <b>2</b> |
| <b>b</b>   | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?   | <b>2b</b>  | <b>X</b> |
| <b>3a</b>  | Did the organization have unrelated business gross income of \$1,000 or more during the year?  | <b>3a</b>  | <b>X</b> |
| <b>b</b>   | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O  | <b>3b</b>  |          |
| <b>4a</b>  | 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)? | <b>4a</b>  | <b>X</b> |
| <b>b</b>   | If "Yes," enter the name of the foreign country<br>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).   |            |          |
| <b>5a</b>  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  | <b>5a</b>  | <b>X</b> |
| <b>b</b>   | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   | <b>5b</b>  | <b>X</b> |
| <b>c</b>   | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  | <b>5c</b>  |          |
| <b>6a</b>  | 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?                                    | <b>6a</b>  | <b>X</b> |
| <b>b</b>   | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  | <b>6b</b>  |          |
| <b>7</b>   | <b>Organizations that may receive deductible contributions under section 170(c).</b>   |            |          |
| <b>a</b>   | 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?  | <b>7a</b>  |          |
| <b>b</b>   | If "Yes," did the organization notify the donor of the value of the goods or services provided?  | <b>7b</b>  |          |
| <b>c</b>   | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?   | <b>7c</b>  |          |
| <b>d</b>   | If "Yes," indicate the number of Forms 8282 filed during the year  | <b>7d</b>  |          |
| <b>e</b>   | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  | <b>7e</b>  |          |
| <b>f</b>   | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   | <b>7f</b>  |          |
| <b>g</b>   | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?   | <b>7g</b>  |          |
| <b>h</b>   | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?   | <b>7h</b>  |          |
| <b>8</b>   | <b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?   | <b>8</b>   |          |
| <b>9</b>   | <b>Sponsoring organizations maintaining donor advised funds.</b>   |            |          |
| <b>a</b>   | Did the sponsoring organization make any taxable distributions under section 4966?   | <b>9a</b>  |          |
| <b>b</b>   | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  | <b>9b</b>  |          |
| <b>10</b>  | <b>Section 501(c)(7) organizations.</b> Enter:   |            |          |
| <b>a</b>   | Initiation fees and capital contributions included on Part VIII, line 12   | <b>10a</b> |          |
| <b>b</b>   | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  | <b>10b</b> |          |
| <b>11</b>  | <b>Section 501(c)(12) organizations.</b> Enter:  |            |          |
| <b>a</b>   | Gross income from members or shareholders  | <b>11a</b> |          |
| <b>b</b>   | Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)  | <b>11b</b> |          |
| <b>12a</b>   | <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?  | <b>12a</b> |          |
| <b>b</b>   | If "Yes," enter the amount of tax-exempt interest received or accrued during the year  | <b>12b</b> |          |
| <b>13</b>  | <b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>  |            |          |
| <b>a</b>   | Is the organization licensed to issue qualified health plans in more than one state?<br><b>Note:</b> See the instructions for additional information the organization must report on Schedule O.   | <b>13a</b> |          |
| <b>b</b>   | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  | <b>13b</b> |          |
| <b>c</b>   | Enter the amount of reserves on hand   | <b>13c</b> |          |
| <b>14a</b>   | Did the organization receive any payments for indoor tanning services during the tax year?   | <b>14a</b> | <b>X</b> |
| <b>b</b>   | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  | <b>14b</b> |          |
| <b>15</b>  | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?<br>If "Yes," see instructions and file Form 4720, Schedule N.                   | <b>15</b>  | <b>X</b> |
| <b>16</b>  | Is the organization an educational institution subject to the section 4968 excise tax on net investment income?<br>If "Yes," complete Form 4720, Schedule O.   | <b>16</b>  | <b>X</b> |
| <b>17</b>  | <b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?<br>If "Yes," complete Form 6069.  | <b>17</b>  |          |

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

**Section A. Governing Body and Management**

|  | 1a | 22 | Yes | No |
|--|----|----|-----|----|
| <b>1a</b> Enter the number of voting members of the governing body at the end of the tax year<br>If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. |    | 22 |     |    |
| <b>b</b> Enter the number of voting members included on line 1a, above, who are independent  | 1b | 22 |     |    |
| <b>2</b> 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?   | 2  |    | X   |    |
| <b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?   | 3  |    |     | X  |
| <b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  | 4  |    |     | X  |
| <b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?  | 5  |    |     | X  |
| <b>6</b> Did the organization have members or stockholders?  | 6  |    |     | X  |
| <b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?   | 7a |    |     | X  |
| <b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?   | 7b |    |     | X  |
| <b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:   |    |    |     |    |
| <b>a</b> The governing body?   | 8a |    | X   |    |
| <b>b</b> Each committee with authority to act on behalf of the governing body?   | 8b |    | X   |    |
| <b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O  | 9  |    |     | X  |

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

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

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed **MA, CA**

**18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, 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 on Schedule O)

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

**20** State the name, address, and telephone number of the person who possesses the organization's books and records.

**OLIVIA ACHTMEYER BOGER**  
**NEWBURYPORT**

**65 MIDDLE ST**

**MA 01950**

**978-255-4730**

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

| (A)<br>Name and title        | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC) | (F)<br>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) <b>WILLIAM ACHTMEYER</b> |  |  |                       |         |              |                              |        |   |  |   |
| <b>CHAIR</b>                 | 3.00<br>0.00   | X  |                       | X       |              |                              |        | 0   | 0  | 0   |
| (2) <b>LINDSAY BOGER</b>     |  |  |                       |         |              |                              |        |   |  |   |
| <b>DIRECTOR</b>              | 6.00<br>0.00   | X  |                       |         |              |                              |        | 0   | 0  | 0   |
| (3) <b>SUSAN BURKE</b>       |  |  |                       |         |              |                              |        |   |  |   |
| <b>DIRECTOR</b>              | 3.00<br>0.00   | X  |                       |         |              |                              |        | 0   | 0  | 0   |
| (4) <b>JENNY CLAYTON</b>     |  |  |                       |         |              |                              |        |   |  |   |
| <b>DIRECTOR</b>              | 3.00<br>0.00   | X  |                       |         |              |                              |        | 0   | 0  | 0   |
| (5) <b>EMILY COHEN</b>       |  |  |                       |         |              |                              |        |   |  |   |
| <b>DIRECTOR</b>              | 3.00<br>0.00   | X  |                       |         |              |                              |        | 0   | 0  | 0   |
| (6) <b>CRYSTAL DAVIS</b>     |  |  |                       |         |              |                              |        |   |  |   |
| <b>DIRECTOR</b>              | 3.00<br>0.00   | X  |                       |         |              |                              |        | 0   | 0  | 0   |
| (7) <b>MAGGIE DEMONT</b>     |  |  |                       |         |              |                              |        |   |  |   |
| <b>CHAIR</b>                 | 6.00<br>0.00   | X  |                       | X       |              |                              |        | 0   | 0  | 0   |
| (8) <b>LESLIE FANG</b>       |  |  |                       |         |              |                              |        |   |  |   |
| <b>DIRECTOR</b>              | 3.00<br>0.00   | X  |                       |         |              |                              |        | 0   | 0  | 0   |
| (9) <b>KRISTIN FERARRI</b>   |  |  |                       |         |              |                              |        |   |  |   |
| <b>DIRECTOR</b>              | 3.00<br>0.00   | X  |                       |         |              |                              |        | 0   | 0  | 0   |
| (10) <b>RANDALL KENNEDY</b>  |  |  |                       |         |              |                              |        |   |  |   |
| <b>DIRECTOR</b>              | 1.00<br>0.00   | X  |                       |         |              |                              |        | 0   | 0  | 0   |
| (11) <b>TIM LLEWELLYN</b>    |  |  |                       |         |              |                              |        |   |  |   |
| <b>DIRECTOR</b>              | 3.00<br>0.00   | X  |                       |         |              |                              |        | 0   | 0  | 0   |

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

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC) | (F)<br>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) <b>SUZANNE LOWELL</b>                                     |  |  |                       |         |              |                              |        |   |  |   |
| (12) <b>VICE CHAIR</b>   | 6.00<br>0.00   | X  |                       | X       |              |                              |        | 0   | 0  | 0   |
| (13) <b>LINDA MATZKIN</b>                                      |  |  |                       |         |              |                              |        |   |  |   |
| (13) <b>DIRECTOR</b>   | 5.00<br>0.00   | X  |                       |         |              |                              |        | 0   | 0  | 0   |
| (14) <b>HENRY MCNAMARA</b>                                     |  |  |                       |         |              |                              |        |   |  |   |
| (14) <b>DIRECTOR</b>   | 1.00<br>0.00   | X  |                       |         |              |                              |        | 0   | 0  | 0   |
| (15) <b>AMI MEHR</b>   |  |  |                       |         |              |                              |        |   |  |   |
| (15) <b>DIRECTOR</b>   | 3.00<br>0.00   | X  |                       |         |              |                              |        | 0   | 0  | 0   |
| (16) <b>NICOLE MERHILL</b>                                     |  |  |                       |         |              |                              |        |   |  |   |
| (16) <b>CLERK</b>  | 4.00<br>0.00   | X  |                       | X       |              |                              |        | 0   | 0  | 0   |
| (17) <b>DAN MURPHY</b>   |  |  |                       |         |              |                              |        |   |  |   |
| (17) <b>TREASURER</b>  | 6.00<br>0.00   | X  |                       | X       |              |                              |        | 0   | 0  | 0   |
| (18) <b>CHRISTINA PARDY</b>                                    |  |  |                       |         |              |                              |        |   |  |   |
| (18) <b>DIRECTOR</b>   | 1.00<br>0.00   | X  |                       |         |              |                              |        | 0   | 0  | 0   |
| (19) <b>MAX PINTO</b>  |  |  |                       |         |              |                              |        |   |  |   |
| (19) <b>DIRECTOR</b>   | 3.00<br>0.00   | X  |                       |         |              |                              |        | 0   | 0  | 0   |
| <b>1b Subtotal</b>   |  |  |                       |         |              |                              |        |   |  |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> |  |  |                       |         |              |                              |        |   |  |   |
| <b>d Total (add lines 1b and 1c)</b>                           |  |  |                       |         |              |                              |        |   |  |   |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

**3** Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

|          | Yes | No |
|----------|-----|----|
| <b>3</b> |     | X  |
| <b>4</b> |     | X  |
| <b>5</b> |     | 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

**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

**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)<br>Name and business address | (B)<br>Description of services | (C)<br>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 VIII Statement of Revenue**

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

|   |   |   |                | (A)<br>Total revenue | (B)<br>Related or exempt<br>function revenue | (C)<br>Unrelated<br>business revenue | (D)<br>Revenue excluded<br>from tax under<br>sections 512-514 |           |
|---|---|---|----------------|----------------------|--|--------------------------------------|---|-----------|
| <b>Contributions, Gifts, Grants<br/>and Other Similar Amounts</b>   | <b>1a</b> Federated campaigns   | <b>1a</b>   |                |                      |  |                                      |   |           |
|   | <b>b</b> Membership dues  | <b>1b</b>   |                |                      |  |                                      |   |           |
|   | <b>c</b> Fundraising events   | <b>1c</b>   | 435,933        |                      |  |                                      |   |           |
|   | <b>d</b> Related organizations  | <b>1d</b>   |                |                      |  |                                      |   |           |
|   | <b>e</b> Government grants (contributions)  | <b>1e</b>   |                |                      |  |                                      |   |           |
|   | <b>f</b> All other contributions, gifts, grants,<br>and similar amounts not included above  | <b>1f</b>   | 882,803        |                      |  |                                      |   |           |
|   | <b>g</b> Noncash contributions included in<br>lines 1a-1f   | <b>1g</b>   | \$ 78,648      |                      |  |                                      |   |           |
|   | <b>h</b> <b>Total.</b> Add lines 1a-1f  |   |                |                      |  |                                      |   | 1,318,736 |
|   | <b>Program Service<br/>Revenue</b>  |   |                | Business Code        |  |                                      |   |           |
| <b>2a</b>   |   |   |                |                      |  |                                      |   |           |
| <b>b</b>  |   |   |                |                      |  |                                      |   |           |
| <b>c</b>  |   |   |                |                      |  |                                      |   |           |
| <b>d</b>  |   |   |                |                      |  |                                      |   |           |
| <b>e</b>  |   |   |                |                      |  |                                      |   |           |
| <b>f</b> All other program service revenue                          |   |   |                |                      |  |                                      |   |           |
| <b>g</b> <b>Total.</b> Add lines 2a-2f                              |   |   |                |                      |  |                                      |   |           |
| <b>Other Revenue</b>  | <b>3</b> Investment income (including dividends, interest, and<br>other similar amounts)  |   |                |                      |  |                                      |   |           |
|   | <b>4</b> Income from investment of tax-exempt bond proceeds   |   |                |                      |  |                                      |   |           |
|   | <b>5</b> Royalties  |   |                |                      |  |                                      |   |           |
|   | <b>6a</b> Gross rents   |   | (i) Real       | (ii) Personal        |  |                                      |   |           |
|   |   | <b>6a</b>   |                |                      |  |                                      |   |           |
|   |   | <b>b</b> Less: rental expenses                        | <b>6b</b>      |                      |  |                                      |   |           |
|   | <b>c</b> Rental inc. or (loss)  | <b>6c</b>   |                |                      |  |                                      |   |           |
|   | <b>d</b> Net rental income or (loss)  |   |                |                      |  |                                      |   |           |
|   | <b>7a</b> Gross amount from<br>sales of assets<br>other than inventory  |   | (i) Securities | (ii) Other           |  |                                      |   |           |
|   |   | <b>7a</b>   |                |                      |  |                                      |   |           |
|   |   | <b>b</b> Less: cost or other<br>basis and sales exps. | <b>7b</b>      |                      |  |                                      |   |           |
|   | <b>c</b> Gain or (loss)   | <b>7c</b>   |                |                      |  |                                      |   |           |
|   | <b>d</b> Net gain or (loss)   |   |                |                      |  |                                      |   |           |
|   | <b>8a</b> Gross income from fundraising events<br>(not including \$ 435,933<br>of contributions reported on line<br>1c). See Part IV, line 18 | <b>8a</b>   | 117,442        |                      |  |                                      |   |           |
|   |   | <b>b</b> Less: direct expenses                        | <b>8b</b>      | 307,830              |  |                                      |   |           |
|   | <b>c</b> Net income or (loss) from fundraising events   |   |                | -190,388             |  |                                      |   |           |
|   | <b>9a</b> Gross income from gaming<br>activities. See Part IV, line 19  | <b>9a</b>   |                |                      |  |                                      |   |           |
| <b>b</b> Less: direct expenses                                      |   | <b>9b</b>   |                |                      |  |                                      |   |           |
| <b>c</b> Net income or (loss) from gaming activities                |   |   |                |                      |  |                                      |   |           |
| <b>10a</b> Gross sales of inventory, less<br>returns and allowances | <b>10a</b>  |   |                |                      |  |                                      |   |           |
|   | <b>b</b> Less: cost of goods sold   | <b>10b</b>  |                |                      |  |                                      |   |           |
| <b>c</b> Net income or (loss) from sales of inventory               |   |   |                |                      |  |                                      |   |           |
| <b>Miscellaneous<br/>Revenue</b>                                    |   |   | Business Code  |                      |  |                                      |   |           |
|   | <b>11a</b>  |   |                |                      |  |                                      |   |           |
|   | <b>b</b>  |   |                |                      |  |                                      |   |           |
|   | <b>c</b>  |   |                |                      |  |                                      |   |           |
|   | <b>d</b> All other revenue  |   |                |                      |  |                                      |   |           |
|   | <b>e</b> <b>Total.</b> Add lines 11a-11d  |   |                |                      |  |                                      |   |           |
| <b>12</b> <b>Total revenue.</b> See instructions                    |   |   |                | 1,128,348            | 0  | 0                                    | 0   |           |

**Part IX Statement of Functional Expenses**

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

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

**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

|  | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21  |                       |                                 |  |                             |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22   | <b>307,161</b>        | <b>307,161</b>                  |  |                             |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16  |                       |                                 |  |                             |
| <b>4</b> Benefits paid to or for members   |                       |                                 |  |                             |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees  |                       |                                 |  |                             |
| <b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)  |                       |                                 |  |                             |
| <b>7</b> Other salaries and wages  | <b>213,268</b>        | <b>147,009</b>                  | <b>6,024</b>                           | <b>60,235</b>               |
| <b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)  |                       |                                 |  |                             |
| <b>9</b> Other employee benefits   | <b>53,821</b>         | <b>5,382</b>                    | <b>13,455</b>                          | <b>34,984</b>               |
| <b>10</b> Payroll taxes  | <b>20,480</b>         | <b>2,048</b>                    | <b>5,120</b>                           | <b>13,312</b>               |
| <b>11</b> Fees for services (nonemployees):  |                       |                                 |  |                             |
| <b>a</b> Management  |                       |                                 |  |                             |
| <b>b</b> Legal   |                       |                                 |  |                             |
| <b>c</b> Accounting  | <b>35,025</b>         | <b>7,946</b>                    | <b>18,616</b>                          | <b>8,463</b>                |
| <b>d</b> Lobbying  |                       |                                 |  |                             |
| <b>e</b> Professional fundraising services. See Part IV, line 17   |                       |                                 |  |                             |
| <b>f</b> Investment management fees  |                       |                                 |  |                             |
| <b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)  | <b>93,504</b>         | <b>21,212</b>                   | <b>49,697</b>                          | <b>22,595</b>               |
| <b>12</b> Advertising and promotion  | <b>3,656</b>          |                                 | <b>3,656</b>                           |                             |
| <b>13</b> Office expenses  | <b>19,256</b>         |                                 | <b>17,774</b>                          | <b>1,482</b>                |
| <b>14</b> Information technology   | <b>25,533</b>         |                                 | <b>21,613</b>                          | <b>3,920</b>                |
| <b>15</b> Royalties  |                       |                                 |  |                             |
| <b>16</b> Occupancy  | <b>17,766</b>         |                                 | <b>17,766</b>                          |                             |
| <b>17</b> Travel   | <b>10,078</b>         | <b>189</b>                      | <b>2,572</b>                           | <b>7,317</b>                |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials   |                       |                                 |  |                             |
| <b>19</b> Conferences, conventions, and meetings   |                       |                                 |  |                             |
| <b>20</b> Interest   | <b>1,005</b>          |                                 | <b>1,005</b>                           |                             |
| <b>21</b> Payments to affiliates   |                       |                                 |  |                             |
| <b>22</b> Depreciation, depletion, and amortization  |                       |                                 |  |                             |
| <b>23</b> Insurance  | <b>2,072</b>          |                                 | <b>1,645</b>                           | <b>427</b>                  |
| <b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)                                     |                       |                                 |  |                             |
| <b>a PROGRAM EXPENSES</b>  | <b>142,488</b>        | <b>67,924</b>                   | <b>232</b>                             | <b>74,332</b>               |
| <b>b SERVICE FEES</b>  | <b>34,294</b>         |                                 | <b>1,036</b>                           | <b>33,258</b>               |
| <b>c MEMBERSHIP DUES</b>   | <b>2,000</b>          |                                 | <b>2,000</b>                           |                             |
| <b>d FEES</b>  | <b>1,555</b>          |                                 | <b>1,555</b>                           |                             |
| <b>e</b> All other expenses  |                       |                                 |  |                             |
| <b>25 Total functional expenses.</b> Add lines 1 through 24e   | <b>982,962</b>        | <b>558,871</b>                  | <b>163,766</b>                         | <b>260,325</b>              |
| <b>26 Joint costs.</b> 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 or note to any line in this Part X ☐

|  |  | (A)<br>Beginning of year  |                | (B)<br>End of year |
|--|--|---|----------------|--------------------|
| <b>Assets</b>  | <b>1</b> Cash—non-interest-bearing   | <b>87,854</b>   | <b>1</b>       | <b>51,437</b>      |
|  | <b>2</b> Savings and temporary cash investments  |   | <b>2</b>       |                    |
|  | <b>3</b> Pledges and grants receivable, net  |   | <b>3</b>       | <b>172,370</b>     |
|  | <b>4</b> Accounts receivable, net  |   | <b>4</b>       |                    |
|  | <b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons |   | <b>5</b>       |                    |
|  | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)   |   | <b>6</b>       |                    |
|  | <b>7</b> Notes and loans receivable, net   | <b>3,441</b>  | <b>7</b>       | <b>2,480</b>       |
|  | <b>8</b> Inventories for sale or use   |   | <b>8</b>       |                    |
|  | <b>9</b> Prepaid expenses and deferred charges   |   | <b>9</b>       |                    |
|  | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D   | <b>10a</b> <b>14,901</b>  |                |                    |
|  | <b>b</b> Less: accumulated depreciation  | <b>10b</b> <b>14,901</b>  | <b>10c</b>     |                    |
|  | <b>11</b> Investments—publicly traded securities   |   | <b>11</b>      |                    |
|  | <b>12</b> Investments—other securities. See Part IV, line 11   |   | <b>12</b>      |                    |
|  | <b>13</b> Investments—program-related. See Part IV, line 11  |   | <b>13</b>      |                    |
|  | <b>14</b> Intangible assets  |   | <b>14</b>      |                    |
|  | <b>15</b> Other assets. See Part IV, line 11   | <b>24,000</b>   | <b>15</b>      | <b>60,636</b>      |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33)  | <b>115,295</b>   | <b>16</b>   | <b>286,923</b> |                    |
| <b>Liabilities</b>   | <b>17</b> Accounts payable and accrued expenses  | <b>17,040</b>   | <b>17</b>      | <b>46,556</b>      |
|  | <b>18</b> Grants payable   | <b>108,720</b>  | <b>18</b>      |                    |
|  | <b>19</b> Deferred revenue   |   | <b>19</b>      |                    |
|  | <b>20</b> Tax-exempt bond liabilities  |   | <b>20</b>      |                    |
|  | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D  |   | <b>21</b>      |                    |
|  | <b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons     |   | <b>22</b>      |                    |
|  | <b>23</b> Secured mortgages and notes payable to unrelated third parties   |   | <b>23</b>      |                    |
|  | <b>24</b> Unsecured notes and loans payable to unrelated third parties   |   | <b>24</b>      |                    |
|  | <b>25</b> 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  | <b>56,476</b>   | <b>25</b>      | <b>146,922</b>     |
|  | <b>26 Total liabilities.</b> Add lines 17 through 25   | <b>182,236</b>  | <b>26</b>      | <b>193,478</b>     |
|  | <b>Net Assets or Fund Balances</b>   | <b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b> |                |                    |
| <b>27</b> Net assets without donor restrictions  |  | <b>-66,941</b>  | <b>27</b>      | <b>-71,555</b>     |
| <b>28</b> Net assets with donor restrictions   |  |   | <b>28</b>      | <b>165,000</b>     |
| <b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b> |  |   |                |                    |
| <b>29</b> Capital stock or trust principal, or current funds   |  |   | <b>29</b>      |                    |
| <b>30</b> Paid-in or capital surplus, or land, building, or equipment fund   |  |   | <b>30</b>      |                    |
| <b>31</b> Retained earnings, endowment, accumulated income, or other funds   |  |   | <b>31</b>      |                    |
| <b>32</b> Total net assets or fund balances  |  | <b>-66,941</b>  | <b>32</b>      | <b>93,445</b>      |
| <b>33</b> Total liabilities and net assets/fund balances   |  | <b>115,295</b>  | <b>33</b>      | <b>286,923</b>     |

**Part XI Reconciliation of Net Assets**

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

|           |  |           |                  |
|-----------|--|-----------|------------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)  | <b>1</b>  | <b>1,128,348</b> |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)   | <b>2</b>  | <b>982,962</b>   |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1   | <b>3</b>  | <b>145,386</b>   |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                      | <b>4</b>  | <b>-66,941</b>   |
| <b>5</b>  | Net unrealized gains (losses) on investments   | <b>5</b>  |                  |
| <b>6</b>  | Donated services and use of facilities   | <b>6</b>  |                  |
| <b>7</b>  | Investment expenses  | <b>7</b>  |                  |
| <b>8</b>  | Prior period adjustments   | <b>8</b>  |                  |
| <b>9</b>  | Other changes in net assets or fund balances (explain on Schedule O)   | <b>9</b>  | <b>15,000</b>    |
| <b>10</b> | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | <b>10</b> | <b>93,445</b>    |

**Part XII Financial Statements and Reporting**

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

|   | Yes      | No       |
|---|----------|----------|
| <b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.  |          |          |
| <b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant?<br>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.<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |          | <b>X</b> |
| <b>b</b> Were the organization's financial statements audited by an independent accountant?<br>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.<br><input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                 | <b>X</b> |          |
| <b>c</b> 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?<br>If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.  |          | <b>X</b> |
| <b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?   |          | <b>X</b> |
| <b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits   |          |          |

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

| (A)<br>Name and title                                   | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|--|--|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|   |  | Individual trustee or director   | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| (20) JOSEPH SOLLERS                                     |  |  |                       |         |              |                              |        |   |  |   |
| (12) DIRECTOR   | 1.00<br>0.00   | X  |                       |         |              |                              |        | 0   | 0  | 0   |
| (21) ERICA TREMBLAY                                     |  |  |                       |         |              |                              |        |   |  |   |
| (13) DIRECTOR   | 3.00<br>0.00   | X  |                       |         |              |                              |        | 0   | 0  | 0   |
| (22) SARA WEISS   |  |  |                       |         |              |                              |        |   |  |   |
| (14) DIRECTOR   | 3.00<br>0.00   | X  |                       |         |              |                              |        | 0   | 0  | 0   |
| (15)  |  |  |                       |         |              |                              |        |   |  |   |
| (16)  |  |  |                       |         |              |                              |        |   |  |   |
| (17)  |  |  |                       |         |              |                              |        |   |  |   |
| (18)  |  |  |                       |         |              |                              |        |   |  |   |
| (19)  |  |  |                       |         |              |                              |        |   |  |   |
| 1b Subtotal   |  |  |                       |         |              |                              |        |   |  |   |
| 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 of reportable compensation from the organization

- 3 Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*
- 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*
- 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*

|   | Yes | No |
|---|-----|----|
| 3 |     |    |
| 4 |     |    |
| 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)<br>Name and business address | (B)<br>Description of services | (C)<br>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

SCHEDULE A  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public  
Inspection

Name of the organization  
RUNWAY FOR RECOVERY, INC

Employer identification number  
11-3822037

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

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

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9

☐

An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10

☒

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11

☐

An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a

☐

**Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b

☐

**Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c

☐

**Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d

☐

**Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f

Enter the number of supported organizations
- g

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

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

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

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in)  | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")  |          |          |          |          |          |           |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf   |          |          |          |          |          |           |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge   |          |          |          |          |          |           |
| <b>4 Total.</b> Add lines 1 through 3  |          |          |          |          |          |           |
| <b>5</b> 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) |          |          |          |          |          |           |
| <b>6 Public support.</b> Subtract line 5 from line 4   |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in)   | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023  | (f) Total                |
|---|----------|----------|----------|----------|-----------|--------------------------|
| <b>7</b> Amounts from line 4  |          |          |          |          |           |                          |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources  |          |          |          |          |           |                          |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on   |          |          |          |          |           |                          |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)   |          |          |          |          |           |                          |
| <b>11 Total support.</b> Add lines 7 through 10   |          |          |          |          |           |                          |
| <b>12</b> Gross receipts from related activities, etc. (see instructions)   |          |          |          |          | <b>12</b> |                          |
| <b>13 First 5 years.</b> 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 <b>stop here</b> |          |          |          |          |           | <input type="checkbox"/> |

**Section C. Computation of Public Support Percentage**

|  |           |                          |
|--|-----------|--------------------------|
| <b>14</b> Public support percentage for 2023 (line 6, column (f) divided by line 11, column (f))   | <b>14</b> | %                        |
| <b>15</b> Public support percentage from 2022 Schedule A, Part II, line 14   | <b>15</b> | %                        |
| <b>16a 33 1/3% support test — 2023.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization   |           | <input type="checkbox"/> |
| <b>b 33 1/3% support test — 2022.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization  |           | <input type="checkbox"/> |
| <b>17a 10%-facts-and-circumstances test — 2023.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization    |           | <input type="checkbox"/> |
| <b>b 10%-facts-and-circumstances test — 2022.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization |           | <input type="checkbox"/> |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions   |           | <input type="checkbox"/> |

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

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in)   | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022  | (e) 2023  | (f) Total |
|---|----------|----------|----------|-----------|-----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")   | 493,798  | 418,195  | 733,296  | 1,229,226 | 1,318,736 | 4,193,251 |
| <b>2</b> 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 | 138,636  | 65,790   | 30,481   | 10,000    | -190,388  | 54,519    |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513   |          |          |          |           |           |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  |          |          |          |           |           |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge  |          |          |          |           |           |           |
| <b>6 Total.</b> Add lines 1 through 5   | 632,434  | 483,985  | 763,777  | 1,239,226 | 1,128,348 | 4,247,770 |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons  | 201,914  | 139,833  | 194,435  | 248,400   | 308,288   | 1,092,870 |
| <b>b</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           |          |          |          |           |           |           |
| <b>c</b> Add lines 7a and 7b  | 201,914  | 139,833  | 194,435  | 248,400   | 308,288   | 1,092,870 |
| <b>8 Public support.</b> (Subtract line 7c from line 6.)  |          |          |          |           |           | 3,154,900 |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in)  | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022  | (e) 2023  | (f) Total |
|--|----------|----------|----------|-----------|-----------|-----------|
| <b>9</b> Amounts from line 6   | 632,434  | 483,985  | 763,777  | 1,239,226 | 1,128,348 | 4,247,770 |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources |          |          |          |           |           |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975                           |          |          |          |           |           |           |
| <b>c</b> Add lines 10a and 10b   |          |          |          |           |           |           |
| <b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on      |          |          |          |           |           |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)                                  |          |          |          |           |           |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)   | 632,434  | 483,985  | 763,777  | 1,239,226 | 1,128,348 | 4,247,770 |

**14 First 5 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**

|   |           |         |
|---|-----------|---------|
| <b>15</b> Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) | <b>15</b> | 74.27 % |
| <b>16</b> Public support percentage from 2022 Schedule A, Part III, line 15                       | <b>16</b> | 75.75 % |

**Section D. Computation of Investment Income Percentage**

|   |           |   |
|---|-----------|---|
| <b>17</b> Investment income percentage for <b>2023</b> (line 10c, column (f), divided by line 13, column (f)) | <b>17</b> | % |
| <b>18</b> Investment income percentage from <b>2022</b> Schedule A, Part III, line 17                         | <b>18</b> | % |

**19a 33 1/3% support tests — 2023.** 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 — 2022.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** *(continued)*

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally Integrated Supporting Organizations**

|   |     |    |  |
|---|-----|----|--|
| <b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <i>see instructions</i> ).   |     |    |  |
| <b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>   |     |    |  |
| <b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>  |     |    |  |
| <b>c</b> <input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a governmental entity (see instructions).</i>  |     |    |  |
| <b>2</b> Activities Test. <b>Answer lines 2a and 2b below.</b>  |     |    |  |
| <b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i> | Yes | No |  |
| <b>2a</b>   |     |    |  |
| <b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>  |     |    |  |
| <b>2b</b>   |     |    |  |
| <b>3</b> Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b>  |     |    |  |
| <b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>  |     |    |  |
| <b>3a</b>   |     |    |  |
| <b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>   |     |    |  |
| <b>3b</b>   |     |    |  |

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

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

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

| Section B – Minimum Asset Amount |   | (A) Prior Year | (B) Current Year<br>(optional) |
|----------------------------------|---|----------------|--------------------------------|
| 1                                | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): |                |                                |
| a                                | Average monthly value of securities   | 1a             |                                |
| b                                | Average monthly cash balances   | 1b             |                                |
| c                                | Fair market value of other non-exempt-use assets  | 1c             |                                |
| d                                | <b>Total</b> (add lines 1a, 1b, and 1c)   | 1d             |                                |
| e                                | <b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):                                  |                |                                |
| 2                                | Acquisition indebtedness applicable to non-exempt-use assets  | 2              |                                |
| 3                                | Subtract line 2 from line 1d.   | 3              |                                |
| 4                                | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).                                  | 4              |                                |
| 5                                | Net value of non-exempt-use assets (subtract line 4 from line 3)  | 5              |                                |
| 6                                | Multiply line 5 by 0.035.   | 6              |                                |
| 7                                | Recoveries of prior-year distributions  | 7              |                                |
| 8                                | <b>Minimum Asset Amount</b> (add line 7 to line 6)  | 8              |                                |

| Section C – Distributable Amount |   |   | Current Year |
|----------------------------------|---|---|--------------|
| 1                                | Adjusted net income for prior year (from Section A, line 8, column A)   | 1 |              |
| 2                                | Enter 0.85 of line 1.   | 2 |              |
| 3                                | Minimum asset amount for prior year (from Section B, line 8, column A)  | 3 |              |
| 4                                | Enter greater of line 2 or line 3.  | 4 |              |
| 5                                | Income tax imposed in prior year  | 5 |              |
| 6                                | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).   | 6 |              |
| 7                                | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). |   |              |

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

| Section D – Distributions |   | Current Year |
|---------------------------|---|--------------|
| <b>1</b>                  | Amounts paid to supported organizations to accomplish exempt purposes   | <b>1</b>     |
| <b>2</b>                  | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity               | <b>2</b>     |
| <b>3</b>                  | Administrative expenses paid to accomplish exempt purposes of supported organizations   | <b>3</b>     |
| <b>4</b>                  | Amounts paid to acquire exempt-use assets   | <b>4</b>     |
| <b>5</b>                  | Qualified set-aside amounts (prior IRS approval required— <i>provide details in Part VI</i> )   | <b>5</b>     |
| <b>6</b>                  | Other distributions ( <i>describe in Part VI</i> ). See instructions.   | <b>6</b>     |
| <b>7</b>                  | <b>Total annual distributions.</b> Add lines 1 through 6.   | <b>7</b>     |
| <b>8</b>                  | Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions. | <b>8</b>     |
| <b>9</b>                  | Distributable amount for 2022 from Section C, line 6  | <b>9</b>     |
| <b>10</b>                 | Line 8 amount divided by line 9 amount  | <b>10</b>    |

| Section E – Distribution Allocations (see instructions)  | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2023 | (iii)<br>Distributable<br>Amount for 2023 |
|--|-----------------------------|--|---|
| <b>1</b> Distributable amount for 2023 from Section C, line 6  |                             |  |   |
| <b>2</b> Underdistributions, if any, for years prior to 2023 (reasonable cause required— <i>explain in Part VI</i> ). See instructions.  |                             |  |   |
| <b>3</b> Excess distributions carryover, if any, to 2023   |                             |  |   |
| <b>a</b> From 2018 .....   |                             |  |   |
| <b>b</b> From 2019 .....   |                             |  |   |
| <b>c</b> From 2020 .....   |                             |  |   |
| <b>d</b> From 2021 .....   |                             |  |   |
| <b>e</b> From 2022 .....   |                             |  |   |
| <b>f</b> <b>Total</b> of lines 3a through 3e   |                             |  |   |
| <b>g</b> Applied to underdistributions of prior years  |                             |  |   |
| <b>h</b> Applied to 2023 distributable amount  |                             |  |   |
| <b>i</b> Carryover from 2018 not applied (see instructions)  |                             |  |   |
| <b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.  |                             |  |   |
| <b>4</b> Distributions for 2023 from<br>Section D, line 7: \$  |                             |  |   |
| <b>a</b> Applied to underdistributions of prior years  |                             |  |   |
| <b>b</b> Applied to 2023 distributable amount  |                             |  |   |
| <b>c</b> Remainder. Subtract lines 4a and 4b from line 4.  |                             |  |   |
| <b>5</b> Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions. |                             |  |   |
| <b>6</b> Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.                        |                             |  |   |
| <b>7</b> <b>Excess distributions carryover to 2024.</b> Add lines 3j and 4c.   |                             |  |   |
| <b>8</b> Breakdown of line 7:  |                             |  |   |
| <b>a</b> Excess from 2019 .....  |                             |  |   |
| <b>b</b> Excess from 2020 .....  |                             |  |   |
| <b>c</b> Excess from 2021 .....  |                             |  |   |
| <b>d</b> Excess from 2022 .....  |                             |  |   |
| <b>e</b> Excess from 2023 .....  |                             |  |   |

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

**Schedule B  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**Attach to Form 990, 990-EZ, or 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Name of the organization

Employer identification number

**RUNWAY FOR RECOVERY, INC****11-3822037**

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

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

**Special Rules**

- ☐
- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33
- $\frac{1}{3}$
- % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of
- (1)**
- \$5,000; or
- (2)**
- 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

- ☐
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000
- exclusively*
- for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

- ☐
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions
- exclusively*
- for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an
- exclusively*
- religious, charitable, etc., purpose. Don't complete any of the parts unless the
- General Rule**
- applies to this organization because it received
- nonexclusively*
- religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... \$ .....

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2023)

Name of organization

**RUNWAY FOR RECOVERY, INC**

Employer identification number

**11-3822037**

**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 1          |                                   | \$ 225,000                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 2          |                                   | \$ 25,000                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 3          |                                   | \$ 20,000                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 4          |                                   | \$ 10,000                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 5          |                                   | \$ 5,000                   | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 6          |                                   | \$ 28,288                  | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |

Name of organization

**RUNWAY FOR RECOVERY, INC**

Employer identification number

**11-3822037****Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 7          |                                   | \$ 15,000                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 8          |                                   | \$ 10,000                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 9          |                                   | \$ 10,000                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 10         |                                   | \$ 5,000                   | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 11         |                                   | \$ 20,500                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 12         |                                   | \$ 15,250                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

Name of organization

**RUNWAY FOR RECOVERY, INC**

Employer identification number

**11-3822037**

**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 13         |                                   | \$ 15,000                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 14         |                                   | \$ 20,000                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 15         |                                   | \$ 10,000                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 16         |                                   | \$ 45,000                  | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 17         |                                   | \$ 25,000                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 18         |                                   | \$ 25,000                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

Name of organization

**RUNWAY FOR RECOVERY, INC**

Employer identification number

**11-3822037**

**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 19         |                                   | \$ 10,000                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 20         |                                   | \$ 10,000                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 21         |                                   | \$ 10,000                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 22         |                                   | \$ 10,000                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 23         |                                   | \$ 10,000                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 24         |                                   | \$ 10,000                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

Name of organization

**RUNWAY FOR RECOVERY, INC**

Employer identification number

**11-3822037**

**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 25         |                                   | \$ 10,000                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 26         |                                   | \$ 7,200                   | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 27         |                                   | \$ 6,431                   | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 28         |                                   | \$ 6,225                   | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 29         |                                   | \$ 5,000                   | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 30         |                                   | \$ 5,000                   | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

|                          |                                |
|--------------------------|--------------------------------|
| Name of organization     | Employer identification number |
| RUNWAY FOR RECOVERY, INC | 11-3822037                     |

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 31         |                                   | \$ 5,000                   | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
|            |                                   | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            |                                   | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            |                                   | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            |                                   | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            |                                   | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            |                                   | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            |                                   | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            |                                   | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            |                                   | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |



SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public  
Inspection

Name of the organization

RUNWAY FOR RECOVERY, INC

Employer identification number

11-3822037

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

Part II Conservation Easements

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

|   |   |
|---|---|
| 1 Purpose(s) of conservation easements held by the organization (check all that apply).   |   |
| <input type="checkbox"/> Preservation of land for public use (for example, recreation or education)   | <input type="checkbox"/> Preservation of a historically important land area |
| <input type="checkbox"/> Protection of natural habitat  | <input type="checkbox"/> Preservation of a certified historic structure     |
| <input type="checkbox"/> Preservation of open space   |   |
| 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.   |   |
| a Total number of conservation easements  | 2a  |
| b Total acreage restricted by conservation easements  | 2b  |
| c Number of conservation easements on a certified historic structure included on line 2a  | 2c  |
| d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register  | 2d  |
| 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year   |   |
| 4 Number of states where property subject to conservation easement is located   |   |
| 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  | <input type="checkbox"/> Yes <input type="checkbox"/> No                    |
| 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year   |   |
| 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year   |   |
| 8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?   | <input type="checkbox"/> Yes <input type="checkbox"/> No                    |
| 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. |   |

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

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

|  |    |
|--|----|
| 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. |    |
| b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.   |    |
| (i) Revenue included on Form 990, Part VIII, line 1  | \$ |
| (ii) Assets included in Form 990, Part X   | \$ |
| 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items.   |    |
| a Revenue included on Form 990, Part VIII, line 1  | \$ |
| b Assets included in Form 990, Part X  | \$ |

**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 make 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 program  
e ☐ Other .....

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

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

**Part IV Escrow and Custodial Arrangements**

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

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

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

- c Beginning balance .....  
d Additions during the year .....  
e Distributions during the year .....  
f Ending balance .....

|           | Amount |
|-----------|--------|
| <b>1c</b> |        |
| <b>1d</b> |        |
| <b>1e</b> |        |
| <b>1f</b> |        |

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

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

**Part V Endowment Funds**

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

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

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

- a Board designated or quasi-endowment ..... %  
b Permanent endowment ..... %  
c Term endowment ..... %

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

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

- (i) Unrelated organizations? .....  
(ii) Related organizations? .....

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? .....

|               | Yes | No |
|---------------|-----|----|
| <b>3a(i)</b>  |     |    |
| <b>3a(ii)</b> |     |    |
| <b>3b</b>     |     |    |

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

**Part VI Land, Buildings, and Equipment**

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

| Description of property               | (a) Cost or other basis<br>(investment) | (b) Cost or other basis<br>(other) | (c) Accumulated<br>depreciation | (d) Book value |
|---------------------------------------|---|------------------------------------|---------------------------------|----------------|
| <b>1a</b> Land .....                  |   |                                    |                                 |                |
| <b>b</b> Buildings .....              |   |                                    |                                 |                |
| <b>c</b> Leasehold improvements ..... |   |                                    |                                 |                |
| <b>d</b> Equipment .....              |   |                                    |                                 |                |
| <b>e</b> Other .....                  |   | 14,901                             | 14,901                          |                |

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) .....

Part VII Investments – Other Securities

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

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

Part VIII Investments – Program Related

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

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

Part IX Other Assets

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

| (a) Description   | (b) Book value |
|---|----------------|
| (1) <b>EVENT DEPOSITS</b>   | <b>60,636</b>  |
| (2)   |                |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B)) | <b>60,636</b>  |

Part X Other Liabilities

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

| 1.  | (a) Description of liability   | (b) Book value |
|---|--------------------------------|----------------|
| (1)   | Federal income taxes           |                |
| (2)   | <b>FUTURE SUPPORT PAYMENTS</b> | <b>146,922</b> |
| (3)   |                                |                |
| (4)   |                                |                |
| (5)   |                                |                |
| (6)   |                                |                |
| (7)   |                                |                |
| (8)   |                                |                |
| (9)   |                                |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B)) |                                | <b>146,922</b> |

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

Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

|   |   |    |           |
|---|---|----|-----------|
| 1 | Total revenue, gains, and other support per audited financial statements        | 1  | 1,128,348 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12:             |    |           |
| a | Net unrealized gains (losses) on investments                                    | 2a |           |
| b | Donated services and use of facilities  | 2b |           |
| c | Recoveries of prior year grants   | 2c |           |
| d | Other (Describe in Part XIII.)  | 2d |           |
| e | Add lines 2a through 2d   | 2e |           |
| 3 | Subtract line 2e from line 1  | 3  | 1,128,348 |
| 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  | 1,128,348 |

Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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

|   |  |    |         |
|---|--|----|---------|
| 1 | Total expenses and losses per audited financial statements                       | 1  | 982,962 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25:                |    |         |
| a | Donated services and use of facilities   | 2a |         |
| b | Prior year adjustments   | 2b |         |
| c | Other losses   | 2c |         |
| d | Other (Describe in Part XIII.)   | 2d |         |
| e | Add lines 2a through 2d  | 2e |         |
| 3 | Subtract line 2e from line 1   | 3  | 982,962 |
| 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  | 982,962 |

Part XIII

Supplemental Information

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

Part X - FIN 48 Footnote

THE ORGANIZATION FOLLOWS THE PROVISIONS OF FASB ASC 740-10, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, AND THE ORGANIZATION BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN, AND, AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS OR ANY UNRELATED PENALTIES AND INTEREST TO ACCRUE THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED JUNE 30, 2024.

## Part XIII Supplemental Information (continued)

Schedule D (Form 990) 2023

SCHEDULE G  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization

Supplemental Information Regarding Fundraising or Gaming Activities

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public  
Inspection

RUNWAY FOR RECOVERY, INC

Employer identification number

11-3822037

Part I Fundraising Activities. Complete if the organization answered "Yes" on 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 10 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<br>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" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

|                 |   | (a) Event #1                           | (b) Event #2                          | (c) Other events           | (d) Total events                |
|-----------------|---|--|---------------------------------------|----------------------------|---------------------------------|
|                 |   | <u>ANNUAL EVENT-RU</u><br>(event type) | <u>RUNWAY SHOW NC</u><br>(event type) | <u>1</u><br>(total number) | (add col. (a) through col. (c)) |
| Revenue         | 1 Gross receipts .....  | 391,296                                | 162,079                               |                            | 553,375                         |
|                 | 2 Less: Contributions .....   | 304,614                                | 131,319                               |                            | 435,933                         |
|                 | 3 Gross income (line 1 minus line 2) .....                            | 86,682                                 | 30,760                                |                            | 117,442                         |
| Direct Expenses | 4 Cash prizes .....   |  |                                       |                            |                                 |
|                 | 5 Noncash prizes .....  |  |                                       |                            |                                 |
|                 | 6 Rent/facility costs .....   | 112,335                                | 29,060                                |                            | 141,395                         |
|                 | 7 Food and beverages .....  |  | 20,125                                |                            | 20,125                          |
|                 | 8 Entertainment .....   |  |                                       |                            |                                 |
|                 | 9 Other direct expenses .....   | 116,683                                | 29,627                                |                            | 146,310                         |
|                 | 10 Direct expense summary. Add lines 4 through 9 in column (d) .....  |  |                                       |                            | 307,830                         |
|                 | 11 Net income summary. Subtract line 10 from line 3, column (d) ..... |  |                                       |                            | -190,388                        |

**Part III Gaming.** Complete if the organization answered "Yes" on 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 ..... %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes ..... %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes ..... %<br><input type="checkbox"/> No |  |
|                 | 7 Direct expense summary. Add lines 2 through 5 in column (d) .....        |   |   |   |  |
|                 | 8 Net gaming income summary. Subtract line 7 from line 1, column (d) ..... |   |   |   |  |

- 9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_
- a Is the organization licensed to conduct 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: \_\_\_\_\_

11

Does the organization conduct gaming activities with nonmembers?

☐ Yes ☐ No

12

Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?

☐ Yes ☐ No

13

Indicate the percentage of gaming activity conducted in:

a

The organization's facility

13a

%

b

An outside facility

13b

%

14

Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name

Address

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐ Yes ☐ No

b

If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$

c

If "Yes," enter name and address of the third party:

Name

Address

16

Gaming manager information:

Name

Gaming manager compensation \$

Description of services provided

☐ Director/officer

☐ Employee

☐ Independent contractor

17

Mandatory distributions:

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ Yes ☐ No

b

Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

Part IV

Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE I  
(Form 990)

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

Department of the Treasury  
Internal Revenue Service

Go to [www.irs.gov/Form990](https://www.irs.gov/Form990) for the latest information.

Name of the organization

RUNWAY FOR RECOVERY, INC

Employer identification number

11-3822037

OMB No. 1545-0047

2023

Open to Public  
Inspection

Part I General Information on Grants and Assistance

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

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

| 1   | (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|-----|--|---------|---------------------------------|--------------------------|----------------------------------|---|---------------------------------------|------------------------------------|
| (1) |  |         |                                 |                          |                                  |   |                                       |                                    |
| (2) |  |         |                                 |                          |                                  |   |                                       |                                    |
| (3) |  |         |                                 |                          |                                  |   |                                       |                                    |
| (4) |  |         |                                 |                          |                                  |   |                                       |                                    |
| (5) |  |         |                                 |                          |                                  |   |                                       |                                    |
| (6) |  |         |                                 |                          |                                  |   |                                       |                                    |
| (7) |  |         |                                 |                          |                                  |   |                                       |                                    |
| (8) |  |         |                                 |                          |                                  |   |                                       |                                    |
| (9) |  |         |                                 |                          |                                  |   |                                       |                                    |

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

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

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



|   |  |                          |  |                                |  |
|---|--|--------------------------|--|--------------------------------|--|
| SCHEDULE I<br>(Form 990)                      |  | Supplemental Information |  | 2023                           |  |
| For calendar year 2023, or tax year beginning |  | 07/01/23                 |  | , and ending 06/30/24          |  |
| Name of the organization                      |  |                          |  | Employer identification number |  |
| RUNWAY FOR RECOVERY, INC                      |  |                          |  | 11-3822037                     |  |

Part I, Line 2 - Procedures for Monitoring the Use of Grant Funds

A TEAM OF SOCIAL WORKERS ASSESSES EACH FAMILY'S APPLICATION AND PROVIDES RECOMMENDATIONS TO VOLUNTEER READERS. THE VOLUNTEER READERS REVIEW AND SCORE THE APPLICATIONS. FINALLY, 4 REPRESENTATIVES FROM THE BOARD REVIEW THE SCORED APPLICATIONS FOR FUNDING AND VOTE WITH THE EXECUTIVE DIRECTOR ON THE AMOUNT TO BE AWARDED TO EACH FAMILY.

Part IV - Additional Information

OUR ORGANIZATION SEEKS TO PROVIDE WRAP-AROUND SERVICES TO BREAST CANCER PATIENTS (MODELS), THEIR CHILDREN AND THEIR SPOUSES. OUR BELIEF IS THAT NO ONE EXPERIENCES BREAST CANCER ALONE, AND IN GOING THROUGH TREATMENT OR IN EXPERIENCING THE LOSS OF SOMEONE TO THE DISEASE, THERE ARE ALWAYS GROUPS OF PEOPLE WHO ARE IMPACTED. OUR FOCUS AT RUNWAY IS TO PROVIDE THINGS, SUCH AS, GROCERIES, CLOTHING, TUTORING, CLEANING SERVICES, AND THERAPY FOR THOSE MODELS AND THEIR FAMILIES WHO ARE EXPERIENCING ECONOMIC HARDSHIP BECAUSE OF BREAST CANCER. WE ASSIGN VOLUNTEERS TO THESE PEOOPLE AND THEY WORK CLOSELY WITH THE MODELS TO DETERMINE THE MOST PRESSING AREA OF NEED.

**SCHEDULE L****(Form 990)**Department of the Treasury  
Internal Revenue Service

Name of the organization

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

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**Open to Public  
Inspection

Employer identification number

RUNWAY FOR RECOVERY, INC

11-3822037

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

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

| 1   | (a) Name of disqualified person | (b) Relationship between disqualified person and organization | (c) Description of transaction | (d) Corrected? |    |
|-----|---------------------------------|---|--------------------------------|----------------|----|
|     |                                 |   |                                | Yes            | No |
| (1) |                                 |   |                                |                |    |
| (2) |                                 |   |                                |                |    |
| (3) |                                 |   |                                |                |    |
| (4) |                                 |   |                                |                |    |
| (5) |                                 |   |                                |                |    |
| (6) |                                 |   |                                |                |    |

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

**Part II****Loans to and/or From Interested Persons**

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

| (a) Name of interested person | (b) Relationship with organization | (c) Purpose of loan | (d) Loan to or from the org.? |      | (e) Original principal amount | (f) Balance due | (g) In default? |    | (h) Approved by board or committee? |    | (i) Written agreement? |    |
|-------------------------------|------------------------------------|---------------------|-------------------------------|------|-------------------------------|-----------------|-----------------|----|-------------------------------------|----|------------------------|----|
|                               |                                    |                     | To                            | From |                               |                 | Yes             | No | Yes                                 | No | Yes                    | No |
| (1)                           |                                    |                     |                               |      |                               |                 |                 |    |                                     |    |                        |    |
| (2)                           |                                    |                     |                               |      |                               |                 |                 |    |                                     |    |                        |    |
| (3)                           |                                    |                     |                               |      |                               |                 |                 |    |                                     |    |                        |    |
| (4)                           |                                    |                     |                               |      |                               |                 |                 |    |                                     |    |                        |    |
| (5)                           |                                    |                     |                               |      |                               |                 |                 |    |                                     |    |                        |    |
| (6)                           |                                    |                     |                               |      |                               |                 |                 |    |                                     |    |                        |    |
| (7)                           |                                    |                     |                               |      |                               |                 |                 |    |                                     |    |                        |    |
| (8)                           |                                    |                     |                               |      |                               |                 |                 |    |                                     |    |                        |    |
| (9)                           |                                    |                     |                               |      |                               |                 |                 |    |                                     |    |                        |    |
| (10)                          |                                    |                     |                               |      |                               |                 |                 |    |                                     |    |                        |    |

Total ..... \$ \_\_\_\_\_

**Part III****Grants or Assistance Benefiting Interested Persons**

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

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of assistance | (d) Type of assistance | (e) Purpose of assistance |
|-------------------------------|---|--------------------------|------------------------|---------------------------|
| (1)                           |   |                          |                        |                           |
| (2)                           |   |                          |                        |                           |
| (3)                           |   |                          |                        |                           |
| (4)                           |   |                          |                        |                           |
| (5)                           |   |                          |                        |                           |
| (6)                           |   |                          |                        |                           |
| (7)                           |   |                          |                        |                           |
| (8)                           |   |                          |                        |                           |
| (9)                           |   |                          |                        |                           |
| (10)                          |   |                          |                        |                           |

Part IV

Business Transactions Involving Interested Persons

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

| (a) Name of interested person         | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of org. revenues? |    |
|---------------------------------------|---|---------------------------|--------------------------------|-------------------------------|----|
|                                       |   |                           |                                | Yes                           | No |
| (1) COPPER HOUND PICTURES LLC         | PARTNER   | 28,288                    | PHOTOGRAPHER/VIDEO             |                               | X  |
| (2) SUZANNE B. LOWELL LIGHTING DESIGN | OWNER   | 45,000                    | LIGHTING DESIGN                |                               | X  |
| (3)                                   |   |                           |                                |                               |    |
| (4)                                   |   |                           |                                |                               |    |
| (5)                                   |   |                           |                                |                               |    |
| (6)                                   |   |                           |                                |                               |    |
| (7)                                   |   |                           |                                |                               |    |
| (8)                                   |   |                           |                                |                               |    |
| (9)                                   |   |                           |                                |                               |    |
| (10)                                  |   |                           |                                |                               |    |

Part V

Supplemental Information

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

Schedule L, Part V - Additional Information

TIM LLEWELLYN, WHO IS A BOARD MEMBER OF RUNWAY FOR RECOVERY, INC., IS A PARTNER AT COPPER HOUND PICTURES, LLC. COPPER HOUND PICTURES LLC DONATED SERVICES IN THE AMOUNT OF \$28,288.

SUZANNE LOWELL, WHO IS A BOARD MEMBER OF RUNWAY FOR RECOVERY, INC, IS THE OWNER OF SUSANNE B. LOWELL LIGHTING DESIGN WHICH DONATED SERVICES IN THE THE AMOUNT \$45,0000.

SCHEDULE M  
(Form 990)

Noncash Contributions

OMB No. 1545-0047

2023

Open To Public  
Inspection

Department of the Treasury  
Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

Employer identification number

RUNWAY FOR RECOVERY, INC

11-3822037

| Part I |   | Types of Property                                      |  |  |  |
|--------|---|--|--|--|--|
|        | (a)<br>Check if<br>applicable   | (b)<br>Number of contributions or<br>items contributed | (c)<br>Noncash contribution<br>amounts reported on<br>Form 990, Part VIII, line 1g | (d)<br>Method of determining<br>noncash contribution amounts |  |
| 1      | Art — Works of art  |  |  |  |  |
| 2      | Art — Historical treasures  |  |  |  |  |
| 3      | Art — Fractional interests  |  |  |  |  |
| 4      | Books and publications  |  |  |  |  |
| 5      | Clothing and household<br>goods   |  |  |  |  |
| 6      | Cars and other vehicles   |  |  |  |  |
| 7      | Boats and planes  |  |  |  |  |
| 8      | Intellectual property   |  |  |  |  |
| 9      | Securities — Publicly traded  |  |  |  |  |
| 10     | Securities — Closely held stock   |  |  |  |  |
| 11     | Securities — Partnership, LLC,<br>or trust interests  |  |  |  |  |
| 12     | Securities — Miscellaneous  |  |  |  |  |
| 13     | Qualified conservation<br>contribution — Historic<br>structures   |  |  |  |  |
| 14     | Qualified conservation<br>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 6  | 78,648   |  |  |
| 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 V, Donee Acknowledgement   |  |  | 29   |  |
| 30a    | During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? |  |  | Yes No   |  |
| 30a    |   |  |  | X  |  |
| b      | If "Yes," describe the arrangement in Part II.  |  |  |  |  |
| 31     | Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?  |  |  | Yes No   |  |
| 31     |   |  |  | X  |  |
| 32a    | Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?  |  |  | Yes No   |  |
| 32a    |   |  |  | X  |  |
| b      | If "Yes," describe in Part II.  |  |  |  |  |
| 33     | If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.  |  |  |  |  |

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

SCHEDULE O  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

2023

Open to Public  
Inspection

Name of the organization

RUNWAY FOR RECOVERY, INC

Employer identification number

11-3822037

Form 990 - Organization's Mission

RUNWAY FOR RECOVERY PROVIDES FAMILIES WITH A CONTINUUM OF SUPPORT ALONG  
THEIR JOURNEY WITH BREAST CANCER. WE CREATE COMMUNITY BY HOSTING EVENTS  
AND PROVIDING SERVICES THAT CREATE JOY AND INSPIRE HOPE. WITH SHARED  
UNDERSTANDING WE CELEBRATE SURVIVORS, HONOR LEGACIES, AND FUND FAMILIES WHO  
HAVE EXPERIENCED LOSS.

Form 990, Part III, Line 4d - All Other Accomplishments

ALL OTHER EXPENSES NEEDED TO OPERATE THE NONPROFIT PROGRAM SERVICES.

Form 990, Part VI, Line 2 - Related Party Information Among Officers

WILLIAM ACHTMEYER

OLIVIA ACHTMEYER BOGER

CHAIR

KEY EMPLOYEE

FATHER/DAUGHTER

LINDSAY BOGER

OLIVIA ACHTMEYER BOGER

BOARD MEMBER

KEY EMPLOYEE

SISTERS-IN-LAW

WILLIAM ACHTMEYER

LINDSAY BOGER

CHAIR

BOARD MEMBER

FATHER-IN-LAW/DAUGHTER-IN-LAW

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

THE CHAIR OF THE BOARD AND CHAIR OF THE FINANCE COMMITTEE REVIEW AND

|                          |                                |
|--------------------------|--------------------------------|
| Name of the organization | Employer identification number |
| RUNWAY FOR RECOVERY, INC | 11-3822037                     |

APPROVE THE FORM 990 WITH THE FINANCE COMMITTEE BEFORE IT IS FILED.

Form 990, Part VI, Line 15a - Compensation Process for Top Official

THE GOVERNANCE COMMITTEE MEETS TO DISCUSS AND OUTLINE A PERFORMANCE REVIEW THAT WILL OCCUR FOR THE EXECUTIVE DIRECTOR EVERY THREE YEARS. IN THE INTERIM YEARS OF THAT REVIEW, IF MAJOR ORGANIZATIONAL KEY PERFORMANCE INDICATORS ARE MET (AS SET AND VOTED ON BY THE BOARD IN THE JUNE MEETING), THEN A SALARY RAISE IN LINE WITH INFLATION WILL OCCUR UNLESS VOTED ON DIFFERENTLY BY THE FULL BOARD.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

AVAILABLE UPON REQUEST AND ON THE ORGANIZATION'S WEBSITE.

Form 990, Part XI, Line 9 - Other Changes in Net Assets Explanation

|                  |    |        |
|------------------|----|--------|
| PRIOR PERIOD ADJ | \$ | 15,000 |
|------------------|----|--------|

Form **4562**Department of the Treasury  
Internal Revenue Service

Name(s) shown on return

**Depreciation and Amortization**  
(Including Information on Listed Property)

Attach to your tax return.

Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

OMB No. 1545-0172

**2023**Attachment  
Sequence No. **179****RUNWAY FOR RECOVERY, INC**Identifying number  
**11-3822037**

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.

|           |   |                              |                  |
|-----------|---|------------------------------|------------------|
| <b>1</b>  | Maximum amount (see instructions)   | <b>1</b>                     | <b>1,160,000</b> |
| <b>2</b>  | Total cost of section 179 property placed in service (see instructions)   | <b>2</b>                     |                  |
| <b>3</b>  | Threshold cost of section 179 property before reduction in limitation (see instructions)  | <b>3</b>                     | <b>2,890,000</b> |
| <b>4</b>  | Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-  | <b>4</b>                     |                  |
| <b>5</b>  | Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions | <b>5</b>                     |                  |
| <b>6</b>  | (a) Description of property   | (b) Cost (business use only) | (c) Elected cost |
| <b>7</b>  | Listed property. Enter the amount from line 29  | <b>7</b>                     |                  |
| <b>8</b>  | Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7  | <b>8</b>                     |                  |
| <b>9</b>  | Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8   | <b>9</b>                     |                  |
| <b>10</b> | Carryover of disallowed deduction from line 13 of your 2022 Form 4562   | <b>10</b>                    |                  |
| <b>11</b> | Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions                       | <b>11</b>                    |                  |
| <b>12</b> | Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11  | <b>12</b>                    |                  |
| <b>13</b> | Carryover of disallowed deduction to 2024. Add lines 9 and 10, less line 12   | <b>13</b>                    |                  |

**Note:** Don't use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

|           |  |           |           |
|-----------|--|-----------|-----------|
| <b>14</b> | Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions | <b>14</b> |           |
| <b>15</b> | Property subject to section 168(f)(1) election   | <b>15</b> |           |
| <b>16</b> | Other depreciation (including ACRS)  | <b>16</b> | <b>92</b> |

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

|           |  |           |          |
|-----------|--|-----------|----------|
| <b>17</b> | MACRS deductions for assets placed in service in tax years beginning before 2023   | <b>17</b> | <b>0</b> |
| <b>18</b> | 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 2023 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 |
|---------------------------------------|--------------------------------------|--|---------------------|----------------|------------|----------------------------|
| <b>19a</b> 3-year property            |                                      |  |                     |                |            |                            |
| <b>b</b> 5-year property              |                                      |  |                     |                |            |                            |
| <b>c</b> 7-year property              |                                      |  |                     |                |            |                            |
| <b>d</b> 10-year property             |                                      |  |                     |                |            |                            |
| <b>e</b> 15-year property             |                                      |  |                     |                |            |                            |
| <b>f</b> 20-year property             |                                      |  |                     |                |            |                            |
| <b>g</b> 25-year property             |                                      |  | 25 yrs.             |                | S/L        |                            |
| <b>h</b> Residential rental property  |                                      |  | 27.5 yrs.           | MM             | S/L        |                            |
| <b>i</b> Nonresidential real property |                                      |  | 39 yrs.             | MM             | S/L        |                            |
|                                       |                                      |  |                     | MM             | S/L        |                            |

**Section C—Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System**

|                       |  |  |         |    |     |  |
|-----------------------|--|--|---------|----|-----|--|
| <b>20a</b> Class life |  |  |         |    | S/L |  |
| <b>b</b> 12-year      |  |  | 12 yrs. |    | S/L |  |
| <b>c</b> 30-year      |  |  | 30 yrs. | MM | S/L |  |
| <b>d</b> 40-year      |  |  | 40 yrs. | MM | S/L |  |

**Part IV Summary (See instructions.)**

|           |   |           |           |
|-----------|---|-----------|-----------|
| <b>21</b> | Listed property. Enter amount from line 28  | <b>21</b> |           |
| <b>22</b> | <b>Total.</b> 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 | <b>22</b> | <b>92</b> |
| <b>23</b> | For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs   | <b>23</b> |           |

For Paperwork Reduction Act Notice, see separate instructions.

DAA

Form **4562** (2023)  
**There are no amounts for Page 2**

|  |   |   |
|--|---|---|
| Form <b>990</b>                                | <b>Event Income and Deduction Worksheet</b> | <b>2023</b>   |
| Description <b>ANNUAL EVENT-RUNWAY SHOW NE</b> |   |   |
| Name<br><b>RUNWAY FOR RECOVERY, INC</b>        |   | Taxpayer Identification Number<br><b>11-3822037</b> |

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:

|  |     |         |
|--|-----|---------|
| 1. Gross receipts or sales                 | 1.  | 86,682  |
| 2. Advertising income                      | 2.  |         |
| 3. Circulation income                      | 3.  |         |
| 4. Other income                            | 4.  |         |
| 5. Returns and allowances                  | 5.  |         |
| 6. Contributions received                  | 6.  | 304,614 |
| 7. Total revenue. Add lines 1 through 6    | 7.  | 391,296 |
| 8. Cost of Goods Sold                      | 8.  |         |
| 9. Employment Expense                      | 9.  |         |
| 10. Fees for services                      | 10. |         |
| 11. Indirect Expense                       | 11. |         |
| 12. Depreciation Expense                   | 12. |         |
| 13. Exempt Activity Expense                | 13. |         |
| 14. Fundraising Expense                    | 14. | 229,018 |
| 15. Total expenses. Add lines 8 through 14 | 15. | 229,018 |
| 16. Net Income/Loss. Line 7 minus Line 15  | 16. | 162,278 |

Expense Details - Cost of Goods Sold:

|                          |  |
|--------------------------|--|
| Beginning inventory      |  |
| Purchases                |  |
| Labor                    |  |
| Section 263A costs       |  |
| Other costs              |  |
| Ending inventory         |  |
| Total Cost of Goods Sold |  |

Expense Details - Employment Expense:

|                            |  |
|----------------------------|--|
| Compensation of officers   |  |
| Other salaries and wages   |  |
| Pension plan contributions |  |
| Other employee benefits    |  |
| Payroll taxes              |  |
| Total Employment Expense   |  |

Expense Details - Fees for Services:

|                          |  |
|--------------------------|--|
| Management               |  |
| Legal                    |  |
| Accounting               |  |
| Lobbying                 |  |
| Professional fundraising |  |
| Investment management    |  |
| Other                    |  |
| Total Fees for Services  |  |

Information is indicated for use on Form 990-T, Schedule A:

|  |       |
|--|-------|
| Schedule A, UBIT Activity Code                                 | Seq # |
| <input type="checkbox"/> Part V, Debt Financing                |       |
| <input type="checkbox"/> Part VI, Controlled Org Income        |       |
| <input type="checkbox"/> Part VII, Investments for C(7)(9)(17) |       |
| <input type="checkbox"/> Part VIII, Exploited Activities       |       |
| <input type="checkbox"/> Part IX, Advertising Income           |       |

Expense Details - Indirect Expense:

|                                  |  |
|----------------------------------|--|
| Advertising and promotion        |  |
| Office                           |  |
| Printing/publication/postage     |  |
| Info technology/Maintenance      |  |
| Royalties & License Fees         |  |
| Occupancy/Real Estate Taxes      |  |
| Travel & Repairs                 |  |
| Travel/entertainment (officials) |  |
| Conferences/meetings             |  |
| Interest                         |  |
| Insurance                        |  |
| Total Indirect Expense           |  |

Expense Details - Depreciation Expense:

|                            |  |
|----------------------------|--|
| On investment property     |  |
| On non-investment property |  |
| Amortization               |  |
| Depletion                  |  |
| Total Depreciation Expense |  |

Expense Details - Exempt Activity Expense:

|                               |  |
|-------------------------------|--|
| Repairs and Maintenance       |  |
| Bad debts                     |  |
| Taxes/licenses                |  |
| Charitable contributions      |  |
| Dividend recd deductions      |  |
| Readership costs              |  |
| Other expenses                |  |
| Total Exempt Activity Expense |  |

Expense Details - Fundraising Expense:

|                                 |         |
|---------------------------------|---------|
| Cash prizes                     |         |
| Non-cash prizes                 |         |
| Rent and facility costs         | 112,335 |
| Food & beverages (Part II only) |         |
| Entertainment (Part II only)    |         |
| Other direct expenses           | 116,683 |
| Total Fundraising Expense       | 229,018 |

Allocation of Expense to Program Service Accomplishments:

|           |  |
|-----------|--|
| First     |  |
| Second    |  |
| Third     |  |
| All other |  |

|   |   |   |
|---|---|---|
| Form <b>990</b>                         | <b>Event Income and Deduction Worksheet</b> | <b>2023</b>   |
| Description <b>RUNWAY SHOW NC</b>       |   | Taxpayer Identification Number<br><b>11-3822037</b> |
| Name<br><b>RUNWAY FOR RECOVERY, INC</b> |   |   |

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:

|  |     |         |
|--|-----|---------|
| 1. Gross receipts or sales                 | 1.  | 30,760  |
| 2. Advertising income                      | 2.  |         |
| 3. Circulation income                      | 3.  |         |
| 4. Other income                            | 4.  |         |
| 5. Returns and allowances                  | 5.  |         |
| 6. Contributions received                  | 6.  | 131,319 |
| 7. Total revenue. Add lines 1 through 6    | 7.  | 162,079 |
| 8. Cost of Goods Sold                      | 8.  |         |
| 9. Employment Expense                      | 9.  |         |
| 10. Fees for services                      | 10. |         |
| 11. Indirect Expense                       | 11. |         |
| 12. Depreciation Expense                   | 12. |         |
| 13. Exempt Activity Expense                | 13. |         |
| 14. Fundraising Expense                    | 14. | 78,812  |
| 15. Total expenses. Add lines 8 through 14 | 15. | 78,812  |
| 16. Net Income/Loss. Line 7 minus Line 15  | 16. | 83,267  |

Expense Details - Cost of Goods Sold:

|                                 |  |
|---------------------------------|--|
| Beginning inventory             |  |
| Purchases                       |  |
| Labor                           |  |
| Section 263A costs              |  |
| Other costs                     |  |
| Ending inventory                |  |
| <b>Total Cost of Goods Sold</b> |  |

Expense Details - Employment Expense:

|                                 |  |
|---------------------------------|--|
| Compensation of officers        |  |
| Other salaries and wages        |  |
| Pension plan contributions      |  |
| Other employee benefits         |  |
| Payroll taxes                   |  |
| <b>Total Employment Expense</b> |  |

Expense Details - Fees for Services:

|                                |  |
|--------------------------------|--|
| Management                     |  |
| Legal                          |  |
| Accounting                     |  |
| Lobbying                       |  |
| Professional fundraising       |  |
| Investment management          |  |
| Other                          |  |
| <b>Total Fees for Services</b> |  |

Information is indicated for use on Form 990-T, Schedule A:

|  |       |
|--|-------|
| Schedule A, UBIT Activity Code                                 | Seq # |
| <input type="checkbox"/> Part V, Debt Financing                |       |
| <input type="checkbox"/> Part VI, Controlled Org Income        |       |
| <input type="checkbox"/> Part VII, Investments for C(7)(9)(17) |       |
| <input type="checkbox"/> Part VIII, Exploited Activities       |       |
| <input type="checkbox"/> Part IX, Advertising Income           |       |

Expense Details - Indirect Expense:

|                                  |  |
|----------------------------------|--|
| Advertising and promotion        |  |
| Office                           |  |
| Printing/publication/postage     |  |
| Info technology/Maintenance      |  |
| Royalties & License Fees         |  |
| Occupancy/Real Estate Taxes      |  |
| Travel & Repairs                 |  |
| Travel/entertainment (officials) |  |
| Conferences/meetings             |  |
| Interest                         |  |
| Insurance                        |  |
| <b>Total Indirect Expense</b>    |  |

Expense Details - Depreciation Expense:

|                                   |  |
|-----------------------------------|--|
| On investment property            |  |
| On non-investment property        |  |
| Amortization                      |  |
| Depletion                         |  |
| <b>Total Depreciation Expense</b> |  |

Expense Details - Exempt Activity Expense:

|                                      |  |
|--------------------------------------|--|
| Repairs and Maintenance              |  |
| Bad debts                            |  |
| Taxes/licenses                       |  |
| Charitable contributions             |  |
| Dividend recd deductions             |  |
| Readership costs                     |  |
| Other expenses                       |  |
| <b>Total Exempt Activity Expense</b> |  |

Expense Details - Fundraising Expense:

|                                  |        |
|----------------------------------|--------|
| Cash prizes                      |        |
| Non-cash prizes                  |        |
| Rent and facility costs          | 29,060 |
| Food & beverages (Part II only)  | 20,125 |
| Entertainment (Part II only)     |        |
| Other direct expenses            | 29,627 |
| <b>Total Fundraising Expense</b> | 78,812 |

Allocation of Expense to Program Service Accomplishments:

|           |  |
|-----------|--|
| First     |  |
| Second    |  |
| Third     |  |
| All other |  |

| Form <b>990</b>                 |  | <b>Two Year Comparison Report</b>  |             | <b>2022 &amp; 2023</b>         |                    |
|---------------------------------|--|--|-------------|--------------------------------|--------------------|
| Name                            |  | For calendar year 2023, or tax year beginning <b>07/01/23</b> , ending <b>06/30/24</b> |             | Taxpayer Identification Number |                    |
| <b>RUNWAY FOR RECOVERY, INC</b> |  |  |             | <b>11-3822037</b>              |                    |
|                                 |  |  | <b>2022</b> | <b>2023</b>                    | <b>Differences</b> |
| <b>Revenue</b>                  | 1. Contributions, gifts, grants                                | 1.   | 1,229,226   | 1,318,736                      | 89,510             |
|                                 | 2. Membership dues and assessments                             | 2.   |             |                                |                    |
|                                 | 3. Government contributions and grants                         | 3.   |             |                                |                    |
|                                 | 4. Program service revenue                                     | 4.   |             |                                |                    |
|                                 | 5. Investment income   | 5.   |             |                                |                    |
|                                 | 6. Proceeds from tax exempt bonds                              | 6.   |             |                                |                    |
|                                 | 7. Net gain or (loss) from sale of assets other than inventory | 7.   |             |                                |                    |
|                                 | 8. Net income or (loss) from fundraising events                | 8.   | -295,924    | -190,388                       | 105,536            |
|                                 | 9. Net income or (loss) from gaming                            | 9.   |             |                                |                    |
|                                 | 10. Net gain or (loss) on sales of inventory                   | 10.  |             |                                |                    |
|                                 | 11. Other revenue  | 11.  |             |                                |                    |
|                                 | 12. <b>Total revenue.</b> Add lines 1 through 11               | 12.  | 933,302     | 1,128,348                      | 195,046            |
| <b>Expenses</b>                 | 13. Grants and similar amounts paid                            | 13.  | 276,346     | 307,161                        | 30,815             |
|                                 | 14. Benefits paid to or for members                            | 14.  |             |                                |                    |
|                                 | 15. Compensation of officers, directors, trustees, etc.        | 15.  |             |                                |                    |
|                                 | 16. Salaries, other compensation, and employee benefits        | 16.  | 256,909     | 287,569                        | 30,660             |
|                                 | 17. Professional fundraising fees                              | 17.  |             |                                |                    |
|                                 | 18. Other professional fees                                    | 18.  | 117,071     | 128,529                        | 11,458             |
|                                 | 19. Occupancy, rent, utilities, and maintenance                | 19.  | 17,230      | 17,766                         | 536                |
|                                 | 20. Depreciation and Depletion                                 | 20.  | 336         |                                | -336               |
|                                 | 21. Other expenses   | 21.  | 199,435     | 241,937                        | 42,502             |
|                                 | 22. <b>Total expenses.</b> Add lines 13 through 21             | 22.  | 867,327     | 982,962                        | 115,635            |
|                                 | 23. <b>Excess or (Deficit).</b> Subtract line 22 from line 12  | 23.  | 65,975      | 145,386                        | 79,411             |
| <b>Other Information</b>        | 24. Total exempt revenue                                       | 24.  | 933,302     | 1,128,348                      | 195,046            |
|                                 | 25. Total unrelated revenue                                    | 25.  |             |                                |                    |
|                                 | 26. Total excludable revenue                                   | 26.  |             |                                |                    |
|                                 | 27. Total assets   | 27.  | 115,295     | 286,923                        | 171,628            |
|                                 | 28. Total liabilities  | 28.  | 182,236     | 193,478                        | 11,242             |
|                                 | 29. Retained earnings  | 29.  | -66,941     | 93,445                         | 160,386            |
|                                 | 30. Number of voting members of governing body                 | 30.  | 21          | 22                             |                    |
|                                 | 31. Number of independent voting members of governing body     | 31.  | 21          | 22                             |                    |
|                                 | 32. Number of employees  | 32.  | 2           | 2                              |                    |
| 33. Number of volunteers        | 33.  | 34   | 34          |                                |                    |

Form **990**

Tax Return History

2023

Name

RUNWAY FOR RECOVERY, INC

Employer Identification Number  
11-3822037

|   | 2019 | 2020    | 2021     | 2022      | 2023      | 2024 |
|---|------|---------|----------|-----------|-----------|------|
| Contributions, gifts, grants .....      |      | 418,195 | 733,296  | 1,229,226 | 1,318,736 |      |
| Membership dues .....                   |      |         |          |           |           |      |
| Program service revenue .....           |      |         |          |           |           |      |
| Capital gain or loss .....              |      |         |          |           |           |      |
| Investment income .....                 |      |         |          |           |           |      |
| Fundraising revenue (income/loss) ..... |      | 41,661  | -174,018 | -295,924  | -190,388  |      |
| Gaming revenue (income/loss) .....      |      |         |          |           |           |      |
| Other revenue .....                     |      |         |          |           |           |      |
| <b>Total revenue</b> .....              |      | 459,856 | 559,278  | 933,302   | 1,128,348 |      |
| Grants and similar amounts paid .....   |      | 120,163 | 203,054  | 276,346   | 307,161   |      |
| Benefits paid to or for members .....   |      |         |          |           |           |      |
| Compensation of officers, etc. ....     |      |         |          |           |           |      |
| Other compensation .....                |      | 157,223 | 235,704  | 256,909   | 287,569   |      |
| Professional fees .....                 |      | 46,945  | 200,871  | 117,071   | 128,529   |      |
| Occupancy costs .....                   |      | 4,966   | 14,635   | 17,230    | 17,766    |      |
| Depreciation and depletion .....        |      | 752     | 643      | 336       |           |      |
| Other expenses .....                    |      | 151,859 | 165,475  | 199,435   | 241,937   |      |
| <b>Total expenses</b> .....             |      | 481,908 | 820,382  | 867,327   | 982,962   |      |
| <b>Excess or (Deficit)</b> .....        |      | -22,052 | -261,104 | 65,975    | 145,386   |      |
|   |      |         |          |           |           |      |
| Total exempt revenue .....              |      | 459,856 | 559,278  | 933,302   | 1,128,348 |      |
| Total unrelated revenue .....           |      |         |          |           |           |      |
| Total excludable revenue .....          |      |         |          |           |           |      |
| Total Assets .....                      |      | 206,254 | 46,461   | 115,295   | 286,923   |      |
| Total Liabilities .....                 |      | 78,067  | 179,377  | 182,236   | 193,478   |      |
| Net Fund Balances .....                 |      | 128,187 | -132,916 | -66,941   | 93,445    |      |

Federal Statements

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

| Description      | Total<br>Expenses | Program<br>Service | Management &<br>General | Fund<br>Raising |
|------------------|-------------------|--------------------|-------------------------|-----------------|
| OUTSIDE SERVICES | \$ 93,504         | \$ 21,212          | \$ 49,697               | \$ 22,595       |
| Total            | \$ 93,504         | \$ 21,212          | \$ 49,697               | \$ 22,595       |

Federal Statements

Schedule A, Part III, Line 1(e)

| Description                 | Amount       |
|-----------------------------|--------------|
| MERCHANDISE SALES           | \$ 7,527     |
| GRANTS                      | 272,467      |
| CONTRIBUTIONS               | 419,309      |
| REWARD POINTS               | 206          |
| TICKET SALES                | 31,929       |
| OTHER INCOME                | 1,365        |
| RESTRICTED GRANT INCOME     | 150,000      |
| ANNUAL EVENT-RUNWAY SHOW NE |              |
| Cash Contribution           | 304,614      |
| FLOWERS                     |              |
| LIGHTING                    |              |
| VIDEO/PICTURES              |              |
| PHOTOSHOOT                  |              |
| RUNWAY SHOW NC              |              |
| Cash Contribution           | 131,319      |
| Total                       | \$ 1,318,736 |

Schedule A, Part III, Line 7a - Support from Disqualified Persons

| Donor Name                          | 2019       | 2020       | 2021       | 2022       | 2023       |
|-------------------------------------|------------|------------|------------|------------|------------|
| LANDRY FAMILY FOUNDATION            | \$         | \$         |            |            | \$ 225,000 |
| LESLIE S T FANG RESEARCH FOUNDATION |            |            |            |            | 28,288     |
| TIM LLEWELLYN                       |            |            |            |            | 10,000     |
| MAGGIE & JOSEPH SEDWICK SOLLERS     |            |            |            |            | 45,000     |
| SUZANNE LOWELL                      | 201,914    | 139,833    | 194,435    | 248,400    |            |
|                                     | \$ 201,914 | \$ 139,833 | \$ 194,435 | \$ 248,400 | \$ 308,288 |
| Total                               |            |            |            |            |            |

ANNUAL EVENT-RUNWAY SHOW NE

Other Direct Fundraising or Gaming Expenses

| Description      | Amount     |
|------------------|------------|
| AUCTION EXPENSES | \$ 975     |
| SUPPLIES         | 1,319      |
| AUDIO SYSTEM     | 71,670     |
| INVITATIONS      | 6,326      |
| DECORATIONS      | 5,987      |
| VIDEOGRAPHER     | 28,288     |
| MODELS           | 2,118      |
| Total            | \$ 116,683 |

RUNWAY SHOW NC

Other Direct Fundraising or Gaming Expenses

| Description | Amount    |
|-------------|-----------|
| TRAVEL      | \$ 10,761 |
| SUPPLIES    | 1,013     |
| MODELS      | 2,045     |
| INVITATIONS | 3,606     |
| PHOTO/VIDEO | 10,430    |
| MERCHANDISE | 1,772     |
| Total       | \$ 29,627 |

Form 199 Return Summary

For calendar year 2023, or tax year beginning 07/01/2023 , and ending 06/30/2024

11-3822037

RUNWAY FOR RECOVERY, INC

|                        |           |         |
|------------------------|-----------|---------|
| Gross sales / receipts | 117,442   |         |
| Dues from members      |           |         |
| Contributions / grants | 1,318,736 |         |
| Total costs            |           |         |
| Expenses               | 1,290,884 |         |
| Excess / (deficit)     |           | 145,294 |
| Total payments         |           |         |
| Penalties and interest |           |         |
| Use tax                |           |         |
| Balance due            |           |         |
| Refund                 |           |         |

| Balance Sheet |           |         |             |
|---------------|-----------|---------|-------------|
|               | Beginning | Ending  | Differences |
| Assets        | 115,295   | 286,923 |             |
| Liabilities   | 182,236   | 193,478 |             |
| Net assets    | -66,941   | 93,445  | 160,386     |

Miscellaneous Information

Amended return  
Return / extended due date 05/15/25

MAIL TO:  
Registry of Charities and Fundraisers  
P.O. Box 903447  
Sacramento, CA 94203-4470

STREET ADDRESS:  
1300 I Street  
Sacramento, CA 95814

WEBSITE ADDRESS:  
[www.oag.ca.gov/charities](http://www.oag.ca.gov/charities)

## ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code  
11 Cal. Code Regs. sections 301-307, and 310

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

(For Registry Use Only)

### RUNWAY FOR RECOVERY, INC

Name of Organization

List all DBAs and names the organization uses or has used

29 WATER ST SUITE 216

Address (Number and Street)

NEWBURYPORT MA 01950

City or Town, State, and ZIP Code

978-255-4730

Telephone Number

OLIVIA@RUNWAYFORRECOVERY.ORG

E-mail Address

Check if:

- ☐ Change of address  
☐ Amended report  
☐ Organization requests email notifications

State Charity Registration Number

Corporation or Organization No.

Federal Employer ID No. 11-3822037

### ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, and 310)

Make Check Payable to Department of Justice

| Total Revenue                   | Fee  | Total Revenue                        | Fee   | Total Revenue                           | Fee     |
|---------------------------------|------|--------------------------------------|-------|---|---------|
| Less than \$50,000              | \$25 | Between \$250,001 and \$1 million    | \$100 | Between \$20,000,001 and \$100 million  | \$800   |
| Between \$50,000 and \$100,000  | \$50 | Between \$1,000,001 and \$5 million  | \$200 | Between \$100,000,001 and \$500 million | \$1,000 |
| Between \$100,001 and \$250,000 | \$75 | Between \$5,000,001 and \$20 million | \$400 | Greater than \$500 million              | \$1,200 |

### PART A - ACTIVITIES

For your most recent full accounting period (beginning 07/01/23 ending 06/30/24 ) list:

Total Revenue \$ (including noncash contributions) 1,128,348 Noncash Contributions \$ 78,648 Total Assets \$ 286,923  
Program Expenses \$ 558,871 Total Expenses \$ 982,962

### PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: All questions must be answered. If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

|   | Yes | No |
|---|-----|----|
| 1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest? STMT 1 | X   |    |
| 2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?   |     | X  |
| 3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment?   |     | X  |
| 4. During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?  |     | X  |
| 5. During this reporting period, did the organization receive any governmental funding?   |     | X  |
| 6. During this reporting period, did the organization hold a raffle for charitable purposes?  |     | X  |
| 7. Does the organization conduct a vehicle donation program?  |     | X  |
| 8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?  | X   |    |
| 9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets? STMT 2   | X   |    |

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign.

MAGGIE DEMONT

CHAIR

Signature of Authorized Agent

Printed Name

Title

Date

**Statement 1 - Form RRF-1, Part B, Line 1 - Financial Transactions****Description**

TIM LLEWELLYN, WHO IS A BOARD MEMBER OF RUNWAY FOR RECOVERY, INC., IS A PARTNER AT COPPER HOUND PICTURES, LLC. COPPER HOUND PICTURES LLC DONATED SERVICES IN THE AMOUNT OF \$28,288.

SUZANNE LOWELL, WHO IS A BOARD MEMBER OF RUNWAY FOR RECOVERY, INC, IS THE OWNER OF SUSANNE B. LOWELL LIGHTING DESIGN WHICH DONATED SERVICES IN THE AMOUNT OF \$45,000.

**Statement 2 - Form RRF-1, Part B, Line 9 - Restricted Net Assets****Description**

|  |             |
|--|-------------|
| NET DEFICIT WITHOUT DONOR RESTRICTIONS | \$ (71,555) |
| NEW ASSETS WITH DONOR RESTRICTIONS     | \$ 165,000  |
| TOTAL EQUITY                           | \$93,445    |

Form **990**  
Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
Do not enter social security numbers on this form as it may be made public.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**  
**Open to Public Inspection****A** For the 2023 calendar year, or tax year beginning **07/01/23**, and ending **06/30/24**

|  |  |   |   |
|--|--|---|---|
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return/terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization<br><b>RUNWAY FOR RECOVERY, INC</b>   |   | <b>D</b> Employer identification number<br><b>11-3822037</b>  |
|  | Doing business as  |   | <b>E</b> Telephone number<br><b>978-255-4730</b>  |
|  | Number and street (or P.O. box if mail is not delivered to street address)<br><b>29 WATER ST SUITE 216</b>                             |   | Room/suite  |
|  | City or town, state or province, country, and ZIP or foreign postal code<br><b>NEWBURYPORT MA 01950</b>                                |   | <b>G</b> Gross receipts \$ <b>1,436,178</b>   |
|  | <b>F</b> Name and address of principal officer:<br><b>OLIVIA ACHTMEYER BOGER</b><br><b>65 MIDDLE ST</b><br><b>NEWBURYPORT MA 01950</b> |   | <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list. See instructions |
| <b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527   |  |   |   |
| <b>J</b> Website: <b>WWW.RUNWAYFORRECOVERY.ORG</b>   |  |   |   |
| <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other  |  | <b>L</b> Year of formation: <b>2011</b> | <b>M</b> State of legal domicile: <b>MA</b>   |

**Part I Summary**

|  |  |                                  |                     |
|--|--|----------------------------------|---------------------|
| <b>Activities &amp; Governance</b>   | <b>1</b> Briefly describe the organization's mission or most significant activities:<br><b>See Schedule O</b>                                    |                                  |                     |
|  | <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. |                                  |                     |
|  | <b>3</b> Number of voting members of the governing body (Part VI, line 1a)   | <b>3</b>                         | <b>22</b>           |
|  | <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)   | <b>4</b>                         | <b>22</b>           |
|  | <b>5</b> Total number of individuals employed in calendar year 2023 (Part V, line 2a)  | <b>5</b>                         | <b>2</b>            |
|  | <b>6</b> Total number of volunteers (estimate if necessary)  | <b>6</b>                         | <b>34</b>           |
|  | <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12   | <b>7a</b>                        | <b>0</b>            |
| <b>7b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11 | <b>7b</b>  | <b>0</b>                         |                     |
| <b>Revenue</b>   | <b>8</b> Contributions and grants (Part VIII, line 1h)   | <b>Prior Year</b>                | <b>Current Year</b> |
|  | <b>9</b> Program service revenue (Part VIII, line 2g)  | <b>1,229,226</b>                 | <b>1,318,736</b>    |
|  | <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)  |                                  | <b>0</b>            |
|  | <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   | <b>-295,924</b>                  | <b>-190,388</b>     |
|  | <b>12</b> Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)   | <b>933,302</b>                   | <b>1,128,348</b>    |
|  | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)   | <b>276,346</b>                   | <b>307,161</b>      |
| <b>Expenses</b>  | <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)  |                                  | <b>0</b>            |
|  | <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)  | <b>256,909</b>                   | <b>287,569</b>      |
|  | <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)   |                                  | <b>0</b>            |
|  | <b>b</b> Total fundraising expenses (Part IX, column (D), line 25)   | <b>260,325</b>                   |                     |
|  | <b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)   | <b>334,072</b>                   | <b>388,232</b>      |
|  | <b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)  | <b>867,327</b>                   | <b>982,962</b>      |
|  | <b>19</b> Revenue less expenses. Subtract line 18 from line 12   | <b>65,975</b>                    | <b>145,386</b>      |
| <b>Net Assets or Fund Balances</b>   | <b>20</b> Total assets (Part X, line 16)   | <b>Beginning of Current Year</b> | <b>End of Year</b>  |
|  | <b>21</b> Total liabilities (Part X, line 26)  | <b>115,295</b>                   | <b>286,923</b>      |
|  | <b>22</b> Net assets or fund balances. Subtract line 21 from line 20   | <b>182,236</b>                   | <b>193,478</b>      |
|  |  | <b>-66,941</b>                   | <b>93,445</b>       |

**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.

|                               |  |                                  |                         |  |
|-------------------------------|--|----------------------------------|-------------------------|--|
| <b>Sign Here</b>              | Signature of officer<br><b>MAGGIE DEMONT</b>                             |                                  | Date<br><b>CHAIR</b>    |  |
|                               | Type or print name and title   |                                  |                         |  |
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name<br><b>David Deignan, CPA</b>                  | Preparer's signature             | Date<br><b>04/23/25</b> | Check <input type="checkbox"/> if self-employed PTIN<br><b>P01721685</b> |
|                               | Firm's name<br><b>Scheid Deignan Brown, PC</b>                           | Firm's EIN<br><b>84-3998573</b>  |                         |  |
|                               | Firm's address<br><b>101 Commonwealth Ave<br/>Concord, MA 01742-2903</b> | Phone no.<br><b>978-318-9600</b> |                         |  |

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2023)

**Part III Statement of Program Service Accomplishments**

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



**1** Briefly describe the organization's mission:

**See Schedule O**

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

**WE ANNOUNCED PLANS TO EXPAND OUR PROGRAM TO NEW YORK AND NEW JERSEY IN FY25 AND OUR EVENTS WERE PLANNED STARTING IN AUGUST 2025. FURTHER, WE ANNOUNCED THAT WE WOULD ACCEPT APPLICATIONS FOR FUNDING FROM FAMILIES IN NY/NJ STARTING ON JULY 1, 2025**

**4b** (Code: ) (Expenses \$ **307,161** including grants of \$ **307,161** ) (Revenue \$ )

**WE FUNDED 53 FAMILIES WITH GRANTS BETWEEN \$10K-\$30K PER FAMILY, AND WE CONTINUED TO INCLUDE ORANGE AND LA COUNTY FAMILIES IN OUR PROGRAM ALONG WITH OUR NEW ENGLAND FAMILIES.**

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

**WE HAD OUR MOST SUCCESSFUL RUNWAY SHOW, NEW ENGLAND ALONG WITH A FULL CALENDAR OF EVENTS ACROSS THE COUNTRY IN OUR PLAYING FOR PINK, RALLY FOR RUNWAY, AND LOVE LOCAL EVENTS.**

**4d** Other program services (Describe on Schedule O.)

(Expenses \$ **251,710** including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses **558,871**

**Part IV Checklist of Required Schedules**

|  | Yes      | No       |
|--|----------|----------|
| <b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A   | <b>X</b> |          |
| <b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors? See instructions   | <b>X</b> |          |
| <b>3</b> 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  |          | <b>X</b> |
| <b>4 Section 501(c)(3) organizations.</b> 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  |          | <b>X</b> |
| <b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III  |          | <b>X</b> |
| <b>6</b> 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  |          | <b>X</b> |
| <b>7</b> 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  |          | <b>X</b> |
| <b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III   |          | <b>X</b> |
| <b>9</b> 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            |          | <b>X</b> |
| <b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V   |          | <b>X</b> |
| <b>11</b> 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.   |          |          |
| <b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI   | <b>X</b> |          |
| <b>b</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  |          | <b>X</b> |
| <b>c</b> 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  |          | <b>X</b> |
| <b>d</b> 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   | <b>X</b> |          |
| <b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X   | <b>X</b> |          |
| <b>f</b> 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  | <b>X</b> |          |
| <b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII  | <b>X</b> |          |
| <b>b</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   |          | <b>X</b> |
| <b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  |          | <b>X</b> |
| <b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?   |          | <b>X</b> |
| <b>b</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 |          | <b>X</b> |
| <b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV   |          | <b>X</b> |
| <b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV   |          | <b>X</b> |
| <b>17</b> 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   |          | <b>X</b> |
| <b>18</b> 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   | <b>X</b> |          |
| <b>19</b> 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   |          | <b>X</b> |
| <b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H   |          | <b>X</b> |
| <b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  |          |          |
| <b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II  |          | <b>X</b> |

**Part IV Checklist of Required Schedules** *(continued)*

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

|   | Yes       | No |
|---|-----------|----|
| <b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  | <b>11</b> |    |
| <b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  | <b>0</b>  |    |
| <b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? |           |    |

| Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) |  | Yes        | No       |
|--|--|------------|----------|
| <b>2a</b>  | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  | <b>2a</b>  | <b>2</b> |
| <b>b</b>   | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?   | <b>2b</b>  | <b>X</b> |
| <b>3a</b>  | Did the organization have unrelated business gross income of \$1,000 or more during the year?  | <b>3a</b>  | <b>X</b> |
| <b>b</b>   | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O  | <b>3b</b>  |          |
| <b>4a</b>  | 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)? | <b>4a</b>  | <b>X</b> |
| <b>b</b>   | If "Yes," enter the name of the foreign country<br>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).   |            |          |
| <b>5a</b>  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  | <b>5a</b>  | <b>X</b> |
| <b>b</b>   | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   | <b>5b</b>  | <b>X</b> |
| <b>c</b>   | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  | <b>5c</b>  |          |
| <b>6a</b>  | 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?                                    | <b>6a</b>  | <b>X</b> |
| <b>b</b>   | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  | <b>6b</b>  |          |
| <b>7</b>   | <b>Organizations that may receive deductible contributions under section 170(c).</b>   |            |          |
| <b>a</b>   | 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?  | <b>7a</b>  |          |
| <b>b</b>   | If "Yes," did the organization notify the donor of the value of the goods or services provided?  | <b>7b</b>  |          |
| <b>c</b>   | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?   | <b>7c</b>  |          |
| <b>d</b>   | If "Yes," indicate the number of Forms 8282 filed during the year  | <b>7d</b>  |          |
| <b>e</b>   | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  | <b>7e</b>  |          |
| <b>f</b>   | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   | <b>7f</b>  |          |
| <b>g</b>   | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?   | <b>7g</b>  |          |
| <b>h</b>   | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?   | <b>7h</b>  |          |
| <b>8</b>   | <b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?   | <b>8</b>   |          |
| <b>9</b>   | <b>Sponsoring organizations maintaining donor advised funds.</b>   |            |          |
| <b>a</b>   | Did the sponsoring organization make any taxable distributions under section 4966?   | <b>9a</b>  |          |
| <b>b</b>   | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  | <b>9b</b>  |          |
| <b>10</b>  | <b>Section 501(c)(7) organizations.</b> Enter:   |            |          |
| <b>a</b>   | Initiation fees and capital contributions included on Part VIII, line 12   | <b>10a</b> |          |
| <b>b</b>   | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  | <b>10b</b> |          |
| <b>11</b>  | <b>Section 501(c)(12) organizations.</b> Enter:  |            |          |
| <b>a</b>   | Gross income from members or shareholders  | <b>11a</b> |          |
| <b>b</b>   | Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)  | <b>11b</b> |          |
| <b>12a</b>   | <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?  | <b>12a</b> |          |
| <b>b</b>   | If "Yes," enter the amount of tax-exempt interest received or accrued during the year  | <b>12b</b> |          |
| <b>13</b>  | <b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>  |            |          |
| <b>a</b>   | Is the organization licensed to issue qualified health plans in more than one state?<br><b>Note:</b> See the instructions for additional information the organization must report on Schedule O.   | <b>13a</b> |          |
| <b>b</b>   | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  | <b>13b</b> |          |
| <b>c</b>   | Enter the amount of reserves on hand   | <b>13c</b> |          |
| <b>14a</b>   | Did the organization receive any payments for indoor tanning services during the tax year?   | <b>14a</b> | <b>X</b> |
| <b>b</b>   | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  | <b>14b</b> |          |
| <b>15</b>  | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?<br>If "Yes," see instructions and file Form 4720, Schedule N.                   | <b>15</b>  | <b>X</b> |
| <b>16</b>  | Is the organization an educational institution subject to the section 4968 excise tax on net investment income?<br>If "Yes," complete Form 4720, Schedule O.   | <b>16</b>  | <b>X</b> |
| <b>17</b>  | <b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?<br>If "Yes," complete Form 6069.  | <b>17</b>  |          |

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

**Section A. Governing Body and Management**

|  |                     | Yes      | No       |
|--|---------------------|----------|----------|
| <b>1a</b> Enter the number of voting members of the governing body at the end of the tax year  | <b>1a</b> <b>22</b> |          |          |
| If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.          |                     |          |          |
| <b>b</b> Enter the number of voting members included on line 1a, above, who are independent  | <b>1b</b> <b>22</b> |          |          |
| <b>2</b> 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?   | <b>2</b>            | <b>X</b> |          |
| <b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? | <b>3</b>            |          | <b>X</b> |
| <b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  | <b>4</b>            |          | <b>X</b> |
| <b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?  | <b>5</b>            |          | <b>X</b> |
| <b>6</b> Did the organization have members or stockholders?  | <b>6</b>            |          | <b>X</b> |
| <b>7a</b> 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?   | <b>7a</b>           |          | <b>X</b> |
| <b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?   | <b>7b</b>           |          | <b>X</b> |
| <b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:   |                     |          |          |
| <b>a</b> The governing body?   | <b>8a</b>           | <b>X</b> |          |
| <b>b</b> Each committee with authority to act on behalf of the governing body?   | <b>8b</b>           | <b>X</b> |          |
| <b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O      | <b>9</b>            |          | <b>X</b> |

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

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

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed **MA, CA**

**18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, 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 on Schedule O)

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

**20** State the name, address, and telephone number of the person who possesses the organization's books and records.

**OLIVIA ACHTMEYER BOGER**  
**NEWBURYPORT**

**65 MIDDLE ST**

**MA 01950**

**978-255-4730**

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

| (A)<br>Name and title        | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC) | (F)<br>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) <b>WILLIAM ACHTMEYER</b> |  |  |                       |         |              |                              |        |   |  |   |
| <b>CHAIR</b>                 | 3.00<br>0.00   | X  |                       | X       |              |                              |        | 0   | 0  | 0   |
| (2) <b>LINDSAY BOGER</b>     |  |  |                       |         |              |                              |        |   |  |   |
| <b>DIRECTOR</b>              | 6.00<br>0.00   | X  |                       |         |              |                              |        | 0   | 0  | 0   |
| (3) <b>SUSAN BURKE</b>       |  |  |                       |         |              |                              |        |   |  |   |
| <b>DIRECTOR</b>              | 3.00<br>0.00   | X  |                       |         |              |                              |        | 0   | 0  | 0   |
| (4) <b>JENNY CLAYTON</b>     |  |  |                       |         |              |                              |        |   |  |   |
| <b>DIRECTOR</b>              | 3.00<br>0.00   | X  |                       |         |              |                              |        | 0   | 0  | 0   |
| (5) <b>EMILY COHEN</b>       |  |  |                       |         |              |                              |        |   |  |   |
| <b>DIRECTOR</b>              | 3.00<br>0.00   | X  |                       |         |              |                              |        | 0   | 0  | 0   |
| (6) <b>CRYSTAL DAVIS</b>     |  |  |                       |         |              |                              |        |   |  |   |
| <b>DIRECTOR</b>              | 3.00<br>0.00   | X  |                       |         |              |                              |        | 0   | 0  | 0   |
| (7) <b>MAGGIE DEMONT</b>     |  |  |                       |         |              |                              |        |   |  |   |
| <b>CHAIR</b>                 | 6.00<br>0.00   | X  |                       | X       |              |                              |        | 0   | 0  | 0   |
| (8) <b>LESLIE FANG</b>       |  |  |                       |         |              |                              |        |   |  |   |
| <b>DIRECTOR</b>              | 3.00<br>0.00   | X  |                       |         |              |                              |        | 0   | 0  | 0   |
| (9) <b>KRISTIN FERARRI</b>   |  |  |                       |         |              |                              |        |   |  |   |
| <b>DIRECTOR</b>              | 3.00<br>0.00   | X  |                       |         |              |                              |        | 0   | 0  | 0   |
| (10) <b>RANDALL KENNEDY</b>  |  |  |                       |         |              |                              |        |   |  |   |
| <b>DIRECTOR</b>              | 1.00<br>0.00   | X  |                       |         |              |                              |        | 0   | 0  | 0   |
| (11) <b>TIM LLEWELLYN</b>    |  |  |                       |         |              |                              |        |   |  |   |
| <b>DIRECTOR</b>              | 3.00<br>0.00   | X  |                       |         |              |                              |        | 0   | 0  | 0   |

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

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC) | (F)<br>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) <b>SUZANNE LOWELL</b>                                     |  |  |                       |         |              |                              |        |   |  |   |
| (12) <b>VICE CHAIR</b>   | 6.00<br>0.00   | X  |                       | X       |              |                              |        | 0   | 0  | 0   |
| (13) <b>LINDA MATZKIN</b>                                      |  |  |                       |         |              |                              |        |   |  |   |
| (13) <b>DIRECTOR</b>   | 5.00<br>0.00   | X  |                       |         |              |                              |        | 0   | 0  | 0   |
| (14) <b>HENRY MCNAMARA</b>                                     |  |  |                       |         |              |                              |        |   |  |   |
| (14) <b>DIRECTOR</b>   | 1.00<br>0.00   | X  |                       |         |              |                              |        | 0   | 0  | 0   |
| (15) <b>AMI MEHR</b>   |  |  |                       |         |              |                              |        |   |  |   |
| (15) <b>DIRECTOR</b>   | 3.00<br>0.00   | X  |                       |         |              |                              |        | 0   | 0  | 0   |
| (16) <b>NICOLE MERHILL</b>                                     |  |  |                       |         |              |                              |        |   |  |   |
| (16) <b>CLERK</b>  | 4.00<br>0.00   | X  |                       | X       |              |                              |        | 0   | 0  | 0   |
| (17) <b>DAN MURPHY</b>   |  |  |                       |         |              |                              |        |   |  |   |
| (17) <b>TREASURER</b>  | 6.00<br>0.00   | X  |                       | X       |              |                              |        | 0   | 0  | 0   |
| (18) <b>CHRISTINA PARDY</b>                                    |  |  |                       |         |              |                              |        |   |  |   |
| (18) <b>DIRECTOR</b>   | 1.00<br>0.00   | X  |                       |         |              |                              |        | 0   | 0  | 0   |
| (19) <b>MAX PINTO</b>  |  |  |                       |         |              |                              |        |   |  |   |
| (19) <b>DIRECTOR</b>   | 3.00<br>0.00   | X  |                       |         |              |                              |        | 0   | 0  | 0   |
| <b>1b Subtotal</b>   |  |  |                       |         |              |                              |        |   |  |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> |  |  |                       |         |              |                              |        |   |  |   |
| <b>d Total (add lines 1b and 1c)</b>                           |  |  |                       |         |              |                              |        |   |  |   |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

|  | Yes | No       |
|--|-----|----------|
| <b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>  |     | <b>X</b> |
| <b>4</b> 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? <i>If "Yes," complete Schedule J for such individual</i> |     | <b>X</b> |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>                       |     | <b>X</b> |

**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)<br>Name and business address | (B)<br>Description of services | (C)<br>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 VIII Statement of Revenue**

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

|   |   |           |                | (A)<br>Total revenue | (B)<br>Related or exempt<br>function revenue | (C)<br>Unrelated<br>business revenue | (D)<br>Revenue excluded<br>from tax under<br>sections 512-514 |           |
|---|---|-----------|----------------|----------------------|--|--------------------------------------|---|-----------|
| <b>Contributions, Gifts, Grants<br/>and Other Similar Amounts</b>   | <b>1a</b> Federated campaigns   | <b>1a</b> |                |                      |  |                                      |   |           |
|   | <b>b</b> Membership dues  | <b>1b</b> |                |                      |  |                                      |   |           |
|   | <b>c</b> Fundraising events   | <b>1c</b> | 435,933        |                      |  |                                      |   |           |
|   | <b>d</b> Related organizations  | <b>1d</b> |                |                      |  |                                      |   |           |
|   | <b>e</b> Government grants (contributions)  | <b>1e</b> |                |                      |  |                                      |   |           |
|   | <b>f</b> All other contributions, gifts, grants,<br>and similar amounts not included above  | <b>1f</b> | 882,803        |                      |  |                                      |   |           |
|   | <b>g</b> Noncash contributions included in<br>lines 1a-1f   | <b>1g</b> | \$ 78,648      |                      |  |                                      |   |           |
|   | <b>h Total.</b> Add lines 1a-1f   |           |                |                      |  |                                      |   | 1,318,736 |
| <b>Program Service<br/>Revenue</b>                                  |   |           | Business Code  |                      |  |                                      |   |           |
|   | <b>2a</b>   |           |                |                      |  |                                      |   |           |
|   | <b>b</b>  |           |                |                      |  |                                      |   |           |
|   | <b>c</b>  |           |                |                      |  |                                      |   |           |
|   | <b>d</b>  |           |                |                      |  |                                      |   |           |
|   | <b>e</b>  |           |                |                      |  |                                      |   |           |
|   | <b>f</b> All other program service revenue  |           |                |                      |  |                                      |   |           |
|   | <b>g Total.</b> Add lines 2a-2f   |           |                |                      |  |                                      |   |           |
| <b>Other Revenue</b>  | <b>3</b> Investment income (including dividends, interest, and<br>other similar amounts)  |           |                |                      |  |                                      |   |           |
|   | <b>4</b> Income from investment of tax-exempt bond proceeds   |           |                |                      |  |                                      |   |           |
|   | <b>5</b> Royalties  |           |                |                      |  |                                      |   |           |
|   | <b>6a</b> Gross rents   |           | (i) Real       | (ii) Personal        |  |                                      |   |           |
|   |   | <b>6a</b> |                |                      |  |                                      |   |           |
|   | <b>b</b> Less: rental expenses  | <b>6b</b> |                |                      |  |                                      |   |           |
|   | <b>c</b> Rental inc. or (loss)  | <b>6c</b> |                |                      |  |                                      |   |           |
|   | <b>d</b> Net rental income or (loss)  |           |                |                      |  |                                      |   |           |
|   | <b>7a</b> Gross amount from<br>sales of assets<br>other than inventory  |           | (i) Securities | (ii) Other           |  |                                      |   |           |
|   |   | <b>7a</b> |                |                      |  |                                      |   |           |
|   | <b>b</b> Less: cost or other<br>basis and sales exps.   | <b>7b</b> |                |                      |  |                                      |   |           |
|   | <b>c</b> Gain or (loss)   | <b>7c</b> |                |                      |  |                                      |   |           |
|   | <b>d</b> Net gain or (loss)   |           |                |                      |  |                                      |   |           |
|   | <b>8a</b> Gross income from fundraising events<br>(not including \$ 435,933<br>of contributions reported on line<br>1c). See Part IV, line 18 |           |                |                      |  |                                      |   |           |
|   |   | <b>8a</b> | 117,442        |                      |  |                                      |   |           |
|   | <b>b</b> Less: direct expenses  | <b>8b</b> | 307,830        |                      |  |                                      |   |           |
|   | <b>c</b> Net income or (loss) from fundraising events   |           |                | -190,388             |  |                                      |   |           |
|   | <b>9a</b> Gross income from gaming<br>activities. See Part IV, line 19  |           |                |                      |  |                                      |   |           |
| <b>9a</b>   |   |           |                |                      |  |                                      |   |           |
| <b>b</b> Less: direct expenses                                      | <b>9b</b>   |           |                |                      |  |                                      |   |           |
| <b>c</b> Net income or (loss) from gaming activities                |   |           |                |                      |  |                                      |   |           |
| <b>10a</b> Gross sales of inventory, less<br>returns and allowances |   |           |                |                      |  |                                      |   |           |
|   | <b>10a</b>  |           |                |                      |  |                                      |   |           |
| <b>b</b> Less: cost of goods sold                                   | <b>10b</b>  |           |                |                      |  |                                      |   |           |
| <b>c</b> Net income or (loss) from sales of inventory               |   |           |                |                      |  |                                      |   |           |
| <b>Miscellaneous<br/>Revenue</b>                                    |   |           | Business Code  |                      |  |                                      |   |           |
|   | <b>11a</b>  |           |                |                      |  |                                      |   |           |
|   | <b>b</b>  |           |                |                      |  |                                      |   |           |
|   | <b>c</b>  |           |                |                      |  |                                      |   |           |
|   | <b>d</b> All other revenue  |           |                |                      |  |                                      |   |           |
|   | <b>e Total.</b> Add lines 11a-11d   |           |                |                      |  |                                      |   |           |
| <b>12 Total revenue.</b> See instructions                           |   |           | 1,128,348      | 0                    | 0  | 0                                    |   |           |

**Part IX Statement of Functional Expenses**

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

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

**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

|  | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21  |                       |                                 |  |                             |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22   | <b>307,161</b>        | <b>307,161</b>                  |  |                             |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16  |                       |                                 |  |                             |
| <b>4</b> Benefits paid to or for members   |                       |                                 |  |                             |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees  |                       |                                 |  |                             |
| <b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)  |                       |                                 |  |                             |
| <b>7</b> Other salaries and wages  | <b>213,268</b>        | <b>147,009</b>                  | <b>6,024</b>                           | <b>60,235</b>               |
| <b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)  |                       |                                 |  |                             |
| <b>9</b> Other employee benefits   | <b>53,821</b>         | <b>5,382</b>                    | <b>13,455</b>                          | <b>34,984</b>               |
| <b>10</b> Payroll taxes  | <b>20,480</b>         | <b>2,048</b>                    | <b>5,120</b>                           | <b>13,312</b>               |
| <b>11</b> Fees for services (nonemployees):  |                       |                                 |  |                             |
| <b>a</b> Management  |                       |                                 |  |                             |
| <b>b</b> Legal   |                       |                                 |  |                             |
| <b>c</b> Accounting  | <b>35,025</b>         | <b>7,946</b>                    | <b>18,616</b>                          | <b>8,463</b>                |
| <b>d</b> Lobbying  |                       |                                 |  |                             |
| <b>e</b> Professional fundraising services. See Part IV, line 17   |                       |                                 |  |                             |
| <b>f</b> Investment management fees  |                       |                                 |  |                             |
| <b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)  | <b>93,504</b>         | <b>21,212</b>                   | <b>49,697</b>                          | <b>22,595</b>               |
| <b>12</b> Advertising and promotion  | <b>3,656</b>          |                                 | <b>3,656</b>                           |                             |
| <b>13</b> Office expenses  | <b>19,256</b>         |                                 | <b>17,774</b>                          | <b>1,482</b>                |
| <b>14</b> Information technology   | <b>25,533</b>         |                                 | <b>21,613</b>                          | <b>3,920</b>                |
| <b>15</b> Royalties  |                       |                                 |  |                             |
| <b>16</b> Occupancy  | <b>17,766</b>         |                                 | <b>17,766</b>                          |                             |
| <b>17</b> Travel   | <b>10,078</b>         | <b>189</b>                      | <b>2,572</b>                           | <b>7,317</b>                |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials   |                       |                                 |  |                             |
| <b>19</b> Conferences, conventions, and meetings   |                       |                                 |  |                             |
| <b>20</b> Interest   | <b>1,005</b>          |                                 | <b>1,005</b>                           |                             |
| <b>21</b> Payments to affiliates   |                       |                                 |  |                             |
| <b>22</b> Depreciation, depletion, and amortization  |                       |                                 |  |                             |
| <b>23</b> Insurance  | <b>2,072</b>          |                                 | <b>1,645</b>                           | <b>427</b>                  |
| <b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)                                     |                       |                                 |  |                             |
| <b>a PROGRAM EXPENSES</b>  | <b>142,488</b>        | <b>67,924</b>                   | <b>232</b>                             | <b>74,332</b>               |
| <b>b SERVICE FEES</b>  | <b>34,294</b>         |                                 | <b>1,036</b>                           | <b>33,258</b>               |
| <b>c MEMBERSHIP DUES</b>   | <b>2,000</b>          |                                 | <b>2,000</b>                           |                             |
| <b>d FEES</b>  | <b>1,555</b>          |                                 | <b>1,555</b>                           |                             |
| <b>e All other expenses</b>  |                       |                                 |  |                             |
| <b>25 Total functional expenses.</b> Add lines 1 through 24e   | <b>982,962</b>        | <b>558,871</b>                  | <b>163,766</b>                         | <b>260,325</b>              |
| <b>26 Joint costs.</b> 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 or note to any line in this Part X ☐

|  |  | (A)<br>Beginning of year  |                | (B)<br>End of year |
|--|--|---|----------------|--------------------|
| <b>Assets</b>  | <b>1</b> Cash—non-interest-bearing .....   | <b>87,854</b>   | <b>1</b>       | <b>51,437</b>      |
|  | <b>2</b> Savings and temporary cash investments .....  |   | <b>2</b>       |                    |
|  | <b>3</b> Pledges and grants receivable, net .....  |   | <b>3</b>       | <b>172,370</b>     |
|  | <b>4</b> Accounts receivable, net .....  |   | <b>4</b>       |                    |
|  | <b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons ..... |   | <b>5</b>       |                    |
|  | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....   |   | <b>6</b>       |                    |
|  | <b>7</b> Notes and loans receivable, net .....   | <b>3,441</b>  | <b>7</b>       | <b>2,480</b>       |
|  | <b>8</b> Inventories for sale or use .....   |   | <b>8</b>       |                    |
|  | <b>9</b> Prepaid expenses and deferred charges .....   |   | <b>9</b>       |                    |
|  | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....   | <b>10a</b> <b>14,901</b>  |                |                    |
|  | <b>b</b> Less: accumulated depreciation .....  | <b>10b</b> <b>14,901</b>  | <b>10c</b>     |                    |
|  | <b>11</b> Investments—publicly traded securities .....   |   | <b>11</b>      |                    |
|  | <b>12</b> Investments—other securities. See Part IV, line 11 .....   |   | <b>12</b>      |                    |
|  | <b>13</b> Investments—program-related. See Part IV, line 11 .....  |   | <b>13</b>      |                    |
|  | <b>14</b> Intangible assets .....  |   | <b>14</b>      |                    |
|  | <b>15</b> Other assets. See Part IV, line 11 .....   | <b>24,000</b>   | <b>15</b>      | <b>60,636</b>      |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....  | <b>115,295</b>   | <b>16</b>   | <b>286,923</b> |                    |
| <b>Liabilities</b>   | <b>17</b> Accounts payable and accrued expenses .....  | <b>17,040</b>   | <b>17</b>      | <b>46,556</b>      |
|  | <b>18</b> Grants payable .....   | <b>108,720</b>  | <b>18</b>      |                    |
|  | <b>19</b> Deferred revenue .....   |   | <b>19</b>      |                    |
|  | <b>20</b> Tax-exempt bond liabilities .....  |   | <b>20</b>      |                    |
|  | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....  |   | <b>21</b>      |                    |
|  | <b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....     |   | <b>22</b>      |                    |
|  | <b>23</b> Secured mortgages and notes payable to unrelated third parties .....   |   | <b>23</b>      |                    |
|  | <b>24</b> Unsecured notes and loans payable to unrelated third parties .....   |   | <b>24</b>      |                    |
|  | <b>25</b> 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 .....  | <b>56,476</b>   | <b>25</b>      | <b>146,922</b>     |
|  | <b>26 Total liabilities.</b> Add lines 17 through 25 .....   | <b>182,236</b>  | <b>26</b>      | <b>193,478</b>     |
|  | <b>Net Assets or Fund Balances</b>   | <b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b> |                |                    |
| <b>27</b> Net assets without donor restrictions .....  |  | <b>-66,941</b>  | <b>27</b>      | <b>-71,555</b>     |
| <b>28</b> Net assets with donor restrictions .....   |  |   | <b>28</b>      | <b>165,000</b>     |
| <b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b> |  |   |                |                    |
| <b>29</b> Capital stock or trust principal, or current funds .....   |  |   | <b>29</b>      |                    |
| <b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....   |  |   | <b>30</b>      |                    |
| <b>31</b> Retained earnings, endowment, accumulated income, or other funds .....   |  |   | <b>31</b>      |                    |
| <b>32</b> Total net assets or fund balances .....  |  | <b>-66,941</b>  | <b>32</b>      | <b>93,445</b>      |
| <b>33</b> Total liabilities and net assets/fund balances .....   |  | <b>115,295</b>  | <b>33</b>      | <b>286,923</b>     |

**Part XI Reconciliation of Net Assets**

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

|           |  |           |                  |
|-----------|--|-----------|------------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)  | <b>1</b>  | <b>1,128,348</b> |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)   | <b>2</b>  | <b>982,962</b>   |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1   | <b>3</b>  | <b>145,386</b>   |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                      | <b>4</b>  | <b>-66,941</b>   |
| <b>5</b>  | Net unrealized gains (losses) on investments   | <b>5</b>  |                  |
| <b>6</b>  | Donated services and use of facilities   | <b>6</b>  |                  |
| <b>7</b>  | Investment expenses  | <b>7</b>  |                  |
| <b>8</b>  | Prior period adjustments   | <b>8</b>  |                  |
| <b>9</b>  | Other changes in net assets or fund balances (explain on Schedule O)   | <b>9</b>  | <b>15,000</b>    |
| <b>10</b> | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | <b>10</b> | <b>93,445</b>    |

**Part XII Financial Statements and Reporting**

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

|   | Yes      | No       |
|---|----------|----------|
| <b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.  |          |          |
| <b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant?<br>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.<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |          | <b>X</b> |
| <b>b</b> Were the organization's financial statements audited by an independent accountant?<br>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.<br><input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                 | <b>X</b> |          |
| <b>c</b> 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?<br>If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.  |          | <b>X</b> |
| <b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?   |          | <b>X</b> |
| <b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits   |          |          |

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

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|--|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|  |  | Individual trustee or director   | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| (20) <b>JOSEPH SOLLERS</b>                                     |  |  |                       |         |              |                              |        |   |  |   |
| (12) <b>DIRECTOR</b>   | 1.00<br>0.00   | X  |                       |         |              |                              |        | 0   | 0  | 0   |
| (21) <b>ERICA TREMBLAY</b>                                     |  |  |                       |         |              |                              |        |   |  |   |
| (13) <b>DIRECTOR</b>   | 3.00<br>0.00   | X  |                       |         |              |                              |        | 0   | 0  | 0   |
| (22) <b>SARA WEISS</b>   |  |  |                       |         |              |                              |        |   |  |   |
| (14) <b>DIRECTOR</b>   | 3.00<br>0.00   | X  |                       |         |              |                              |        | 0   | 0  | 0   |
| (15)   |  |  |                       |         |              |                              |        |   |  |   |
| (16)   |  |  |                       |         |              |                              |        |   |  |   |
| (17)   |  |  |                       |         |              |                              |        |   |  |   |
| (18)   |  |  |                       |         |              |                              |        |   |  |   |
| (19)   |  |  |                       |         |              |                              |        |   |  |   |
| <b>1b Subtotal</b>   |  |  |                       |         |              |                              |        |   |  |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> |  |  |                       |         |              |                              |        |   |  |   |
| <b>d Total (add lines 1b and 1c)</b>                           |  |  |                       |         |              |                              |        |   |  |   |

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

|  | Yes | No |
|--|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>  |     |    |
| <b>4</b> 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? <i>If "Yes," complete Schedule J for such individual</i> |     |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>                       |     |    |

**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)<br>Name and business address | (B)<br>Description of services | (C)<br>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

SCHEDULE A  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public  
Inspection

Name of the organization  
RUNWAY FOR RECOVERY, INC

Employer identification number  
11-3822037

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

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

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9

☐

An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10

☒

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11

☐

An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a

☐

**Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b

☐

**Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c

☐

**Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d

☐

**Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f

Enter the number of supported organizations
- g

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

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

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)  
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

| Calendar year (or fiscal year beginning in)   | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")  |          |          |          |          |          |           |
| 2 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  |          |          |          |          |          |           |
| 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   |          |          |          |          |          |           |

Section B. Total Support

| Calendar year (or fiscal year beginning in)   | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 7 Amounts from line 4   |          |          |          |          |          |           |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources |          |          |          |          |          |           |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on                              |          |          |          |          |          |           |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)                                |          |          |          |          |          |           |
| 11 Total support. Add lines 7 through 10  |          |          |          |          |          |           |

12 Gross receipts from related activities, etc. (see instructions)12

13 First 5 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 2023 (line 6, column (f) divided by line 11, column (f))14%

15 Public support percentage from 2022 Schedule A, Part II, line 1415%

16a 33 1/3% support test — 2023. 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 — 2022. 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 — 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test — 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

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 10 of Part I or if the organization failed to qualify under Part II.  
If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in)   | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022  | (e) 2023  | (f) Total |
|---|----------|----------|----------|-----------|-----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")   | 493,798  | 418,195  | 733,296  | 1,229,226 | 1,318,736 | 4,193,251 |
| <b>2</b> 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 | 138,636  | 65,790   | 30,481   | 10,000    | -190,388  | 54,519    |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513   |          |          |          |           |           |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  |          |          |          |           |           |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge  |          |          |          |           |           |           |
| <b>6 Total.</b> Add lines 1 through 5   | 632,434  | 483,985  | 763,777  | 1,239,226 | 1,128,348 | 4,247,770 |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons  | 201,914  | 139,833  | 194,435  | 248,400   | 308,288   | 1,092,870 |
| <b>b</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           |          |          |          |           |           |           |
| <b>c</b> Add lines 7a and 7b  | 201,914  | 139,833  | 194,435  | 248,400   | 308,288   | 1,092,870 |
| <b>8 Public support.</b> (Subtract line 7c from line 6.)  |          |          |          |           |           | 3,154,900 |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in)  | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022  | (e) 2023  | (f) Total |
|--|----------|----------|----------|-----------|-----------|-----------|
| <b>9</b> Amounts from line 6   | 632,434  | 483,985  | 763,777  | 1,239,226 | 1,128,348 | 4,247,770 |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources |          |          |          |           |           |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975                           |          |          |          |           |           |           |
| <b>c</b> Add lines 10a and 10b   |          |          |          |           |           |           |
| <b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on      |          |          |          |           |           |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)                                  |          |          |          |           |           |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)   | 632,434  | 483,985  | 763,777  | 1,239,226 | 1,128,348 | 4,247,770 |

**14 First 5 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**

|   |           |         |
|---|-----------|---------|
| <b>15</b> Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) | <b>15</b> | 74.27 % |
| <b>16</b> Public support percentage from 2022 Schedule A, Part III, line 15                       | <b>16</b> | 75.75 % |

**Section D. Computation of Investment Income Percentage**

|   |           |   |
|---|-----------|---|
| <b>17</b> Investment income percentage for <b>2023</b> (line 10c, column (f), divided by line 13, column (f)) | <b>17</b> | % |
| <b>18</b> Investment income percentage from <b>2022</b> Schedule A, Part III, line 17                         | <b>18</b> | % |

**19a 33 1/3% support tests — 2023.** 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 — 2022.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** *(continued)*

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally Integrated Supporting Organizations**

|   |     |    |  |
|---|-----|----|--|
| <b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <i>see instructions</i> ).   |     |    |  |
| <b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>   |     |    |  |
| <b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>  |     |    |  |
| <b>c</b> <input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a governmental entity (see instructions).</i>  |     |    |  |
| <b>2</b> Activities Test. <b>Answer lines 2a and 2b below.</b>  |     |    |  |
| <b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i> | Yes | No |  |
| <b>2a</b>   |     |    |  |
| <b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>  |     |    |  |
| <b>2b</b>   |     |    |  |
| <b>3</b> Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b>  |     |    |  |
| <b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>  |     |    |  |
| <b>3a</b>   |     |    |  |
| <b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>   |     |    |  |
| <b>3b</b>   |     |    |  |

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

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

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

| Section B – Minimum Asset Amount |   | (A) Prior Year | (B) Current Year<br>(optional) |
|----------------------------------|---|----------------|--------------------------------|
| 1                                | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): |                |                                |
| a                                | Average monthly value of securities   | 1a             |                                |
| b                                | Average monthly cash balances   | 1b             |                                |
| c                                | Fair market value of other non-exempt-use assets  | 1c             |                                |
| d                                | <b>Total</b> (add lines 1a, 1b, and 1c)   | 1d             |                                |
| e                                | <b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):                                  |                |                                |
| 2                                | Acquisition indebtedness applicable to non-exempt-use assets  | 2              |                                |
| 3                                | Subtract line 2 from line 1d.   | 3              |                                |
| 4                                | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).                                  | 4              |                                |
| 5                                | Net value of non-exempt-use assets (subtract line 4 from line 3)  | 5              |                                |
| 6                                | Multiply line 5 by 0.035.   | 6              |                                |
| 7                                | Recoveries of prior-year distributions  | 7              |                                |
| 8                                | <b>Minimum Asset Amount</b> (add line 7 to line 6)  | 8              |                                |

| Section C – Distributable Amount |   |   | Current Year |
|----------------------------------|---|---|--------------|
| 1                                | Adjusted net income for prior year (from Section A, line 8, column A)   | 1 |              |
| 2                                | Enter 0.85 of line 1.   | 2 |              |
| 3                                | Minimum asset amount for prior year (from Section B, line 8, column A)  | 3 |              |
| 4                                | Enter greater of line 2 or line 3.  | 4 |              |
| 5                                | Income tax imposed in prior year  | 5 |              |
| 6                                | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).   | 6 |              |
| 7                                | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). |   |              |

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

| <b>Section D – Distributions</b> |   | <b>Current Year</b> |
|----------------------------------|---|---------------------|
| <b>1</b>                         | Amounts paid to supported organizations to accomplish exempt purposes   | <b>1</b>            |
| <b>2</b>                         | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity               | <b>2</b>            |
| <b>3</b>                         | Administrative expenses paid to accomplish exempt purposes of supported organizations   | <b>3</b>            |
| <b>4</b>                         | Amounts paid to acquire exempt-use assets   | <b>4</b>            |
| <b>5</b>                         | Qualified set-aside amounts (prior IRS approval required— <i>provide details in Part VI</i> )   | <b>5</b>            |
| <b>6</b>                         | Other distributions ( <i>describe in Part VI</i> ). See instructions.   | <b>6</b>            |
| <b>7</b>                         | <b>Total annual distributions.</b> Add lines 1 through 6.   | <b>7</b>            |
| <b>8</b>                         | Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions. | <b>8</b>            |
| <b>9</b>                         | Distributable amount for 2022 from Section C, line 6  | <b>9</b>            |
| <b>10</b>                        | Line 8 amount divided by line 9 amount  | <b>10</b>           |

| <b>Section E – Distribution Allocations</b> (see instructions)   | <b>(i)<br/>Excess Distributions</b> | <b>(ii)<br/>Underdistributions<br/>Pre-2023</b> | <b>(iii)<br/>Distributable<br/>Amount for 2023</b> |
|--|-------------------------------------|---|--|
| <b>1</b> Distributable amount for 2023 from Section C, line 6  |                                     |   |  |
| <b>2</b> Underdistributions, if any, for years prior to 2023 (reasonable cause required— <i>explain in Part VI</i> ). See instructions.  |                                     |   |  |
| <b>3</b> Excess distributions carryover, if any, to 2023   |                                     |   |  |
| <b>a</b> From 2018 .....   |                                     |   |  |
| <b>b</b> From 2019 .....   |                                     |   |  |
| <b>c</b> From 2020 .....   |                                     |   |  |
| <b>d</b> From 2021 .....   |                                     |   |  |
| <b>e</b> From 2022 .....   |                                     |   |  |
| <b>f</b> <b>Total</b> of lines 3a through 3e   |                                     |   |  |
| <b>g</b> Applied to underdistributions of prior years  |                                     |   |  |
| <b>h</b> Applied to 2023 distributable amount  |                                     |   |  |
| <b>i</b> Carryover from 2018 not applied (see instructions)  |                                     |   |  |
| <b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.  |                                     |   |  |
| <b>4</b> Distributions for 2023 from<br>Section D, line 7: \$  |                                     |   |  |
| <b>a</b> Applied to underdistributions of prior years  |                                     |   |  |
| <b>b</b> Applied to 2023 distributable amount  |                                     |   |  |
| <b>c</b> Remainder. Subtract lines 4a and 4b from line 4.  |                                     |   |  |
| <b>5</b> Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions. |                                     |   |  |
| <b>6</b> Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.                        |                                     |   |  |
| <b>7</b> <b>Excess distributions carryover to 2024.</b> Add lines 3j and 4c.   |                                     |   |  |
| <b>8</b> Breakdown of line 7:  |                                     |   |  |
| <b>a</b> Excess from 2019 .....  |                                     |   |  |
| <b>b</b> Excess from 2020 .....  |                                     |   |  |
| <b>c</b> Excess from 2021 .....  |                                     |   |  |
| <b>d</b> Excess from 2022 .....  |                                     |   |  |
| <b>e</b> Excess from 2023 .....  |                                     |   |  |

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

**Schedule B  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**Attach to Form 990, 990-EZ, or 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Name of the organization

Employer identification number

**RUNWAY FOR RECOVERY, INC****11-3822037**

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

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

**Special Rules**

- ☐
- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33
- <sup>1</sup>
- /
- <sub>3</sub>
- % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of
- (1)**
- \$5,000; or
- (2)**
- 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

- ☐
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000
- exclusively*
- for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

- ☐
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions
- exclusively*
- for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an
- exclusively*
- religious, charitable, etc., purpose. Don't complete any of the parts unless the
- General Rule**
- applies to this organization because it received
- nonexclusively*
- religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... \$ .....

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2023)

Name of organization

**RUNWAY FOR RECOVERY, INC**

Employer identification number

**11-3822037****Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 1          |                                   | \$ 225,000                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 2          |                                   | \$ 25,000                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 3          |                                   | \$ 20,000                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 4          |                                   | \$ 10,000                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 5          |                                   | \$ 5,000                   | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 6          |                                   | \$ 28,288                  | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |

Name of organization

**RUNWAY FOR RECOVERY, INC**

Employer identification number

**11-3822037****Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 7          |                                   | \$ 15,000                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 8          |                                   | \$ 10,000                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 9          |                                   | \$ 10,000                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 10         |                                   | \$ 5,000                   | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 11         |                                   | \$ 20,500                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 12         |                                   | \$ 15,250                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

Name of organization

**RUNWAY FOR RECOVERY, INC**

Employer identification number

**11-3822037**

**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 13         |                                   | \$ 15,000                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 14         |                                   | \$ 20,000                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 15         |                                   | \$ 10,000                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 16         |                                   | \$ 45,000                  | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 17         |                                   | \$ 25,000                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 18         |                                   | \$ 25,000                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

Name of organization

**RUNWAY FOR RECOVERY, INC**

Employer identification number

**11-3822037**

**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 19         |                                   | \$ 10,000                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 20         |                                   | \$ 10,000                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 21         |                                   | \$ 10,000                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 22         |                                   | \$ 10,000                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 23         |                                   | \$ 10,000                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 24         |                                   | \$ 10,000                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

Name of organization

**RUNWAY FOR RECOVERY, INC**

Employer identification number

**11-3822037**

**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 25         |                                   | \$ 10,000                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 26         |                                   | \$ 7,200                   | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 27         |                                   | \$ 6,431                   | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 28         |                                   | \$ 6,225                   | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 29         |                                   | \$ 5,000                   | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 30         |                                   | \$ 5,000                   | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

|                          |                                |
|--------------------------|--------------------------------|
| Name of organization     | Employer identification number |
| RUNWAY FOR RECOVERY, INC | 11-3822037                     |

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 31         |                                   | \$ 5,000                   | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
|            |                                   | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            |                                   | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            |                                   | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            |                                   | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            |                                   | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            |                                   | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            |                                   | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            |                                   | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            |                                   | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |



SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public  
Inspection

Name of the organization

RUNWAY FOR RECOVERY, INC

Employer identification number

11-3822037

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

Part II Conservation Easements

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

|   |   |
|---|---|
| 1 Purpose(s) of conservation easements held by the organization (check all that apply).   |   |
| <input type="checkbox"/> Preservation of land for public use (for example, recreation or education)   | <input type="checkbox"/> Preservation of a historically important land area |
| <input type="checkbox"/> Protection of natural habitat  | <input type="checkbox"/> Preservation of a certified historic structure     |
| <input type="checkbox"/> Preservation of open space   |   |
| 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.   |   |
| a Total number of conservation easements  | 2a  |
| b Total acreage restricted by conservation easements  | 2b  |
| c Number of conservation easements on a certified historic structure included on line 2a  | 2c  |
| d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register  | 2d  |
| 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year   |   |
| 4 Number of states where property subject to conservation easement is located   |   |
| 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  | <input type="checkbox"/> Yes <input type="checkbox"/> No                    |
| 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year   |   |
| 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year   |   |
| 8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?   | <input type="checkbox"/> Yes <input type="checkbox"/> No                    |
| 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. |   |

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

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

|  |    |
|--|----|
| 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. |    |
| b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.   |    |
| (i) Revenue included on Form 990, Part VIII, line 1  | \$ |
| (ii) Assets included in Form 990, Part X   | \$ |
| 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items.   |    |
| a Revenue included on Form 990, Part VIII, line 1  | \$ |
| b Assets included in Form 990, Part X  | \$ |

**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 make 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 program  
 e ☐ Other .....

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

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

**Part IV Escrow and Custodial Arrangements**

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

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

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

- c Beginning balance .....  
 d Additions during the year .....  
 e Distributions during the year .....  
 f Ending balance .....

|           | Amount |
|-----------|--------|
| <b>1c</b> |        |
| <b>1d</b> |        |
| <b>1e</b> |        |
| <b>1f</b> |        |

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

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

**Part V Endowment Funds**

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

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

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

- a Board designated or quasi-endowment ..... %  
 b Permanent endowment ..... %  
 c Term endowment ..... %

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

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

- (i) Unrelated organizations? .....  
 (ii) Related organizations? .....

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? .....

|               | Yes | No |
|---------------|-----|----|
| <b>3a(i)</b>  |     |    |
| <b>3a(ii)</b> |     |    |
| <b>3b</b>     |     |    |

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

**Part VI Land, Buildings, and Equipment**

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

| Description of property               | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---------------------------------------|--------------------------------------|---------------------------------|------------------------------|----------------|
| <b>1a</b> Land .....                  |                                      |                                 |                              |                |
| <b>b</b> Buildings .....              |                                      |                                 |                              |                |
| <b>c</b> Leasehold improvements ..... |                                      |                                 |                              |                |
| <b>d</b> Equipment .....              |                                      |                                 |                              |                |
| <b>e</b> Other .....                  |                                      | 14,901                          | 14,901                       |                |

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) .....

Part VII Investments – Other Securities

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

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

Part VIII Investments – Program Related

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

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

Part IX Other Assets

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

| (a) Description   | (b) Book value |
|---|----------------|
| (1) <b>EVENT DEPOSITS</b>   | <b>60,636</b>  |
| (2)   |                |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B)) | <b>60,636</b>  |

Part X Other Liabilities

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

| 1.  | (a) Description of liability   | (b) Book value |
|---|--------------------------------|----------------|
| (1)   | Federal income taxes           |                |
| (2)   | <b>FUTURE SUPPORT PAYMENTS</b> | <b>146,922</b> |
| (3)   |                                |                |
| (4)   |                                |                |
| (5)   |                                |                |
| (6)   |                                |                |
| (7)   |                                |                |
| (8)   |                                |                |
| (9)   |                                |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B)) |                                | <b>146,922</b> |

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

Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

|   |   |    |           |
|---|---|----|-----------|
| 1 | Total revenue, gains, and other support per audited financial statements        | 1  | 1,128,348 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12:             |    |           |
| a | Net unrealized gains (losses) on investments                                    | 2a |           |
| b | Donated services and use of facilities  | 2b |           |
| c | Recoveries of prior year grants   | 2c |           |
| d | Other (Describe in Part XIII.)  | 2d |           |
| e | Add lines 2a through 2d   | 2e |           |
| 3 | Subtract line 2e from line 1  | 3  | 1,128,348 |
| 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  | 1,128,348 |

Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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

|   |  |    |         |
|---|--|----|---------|
| 1 | Total expenses and losses per audited financial statements                       | 1  | 982,962 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25:                |    |         |
| a | Donated services and use of facilities   | 2a |         |
| b | Prior year adjustments   | 2b |         |
| c | Other losses   | 2c |         |
| d | Other (Describe in Part XIII.)   | 2d |         |
| e | Add lines 2a through 2d  | 2e |         |
| 3 | Subtract line 2e from line 1   | 3  | 982,962 |
| 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  | 982,962 |

Part XIII

Supplemental Information

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

Part X - FIN 48 Footnote

THE ORGANIZATION FOLLOWS THE PROVISIONS OF FASB ASC 740-10, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, AND THE ORGANIZATION BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN, AND, AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS OR ANY UNRELATED PENALTIES AND INTEREST TO ACCRUE THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED JUNE 30, 2024.

## Part XIII Supplemental Information (continued)

DAA

SCHEDULE G  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization

Supplemental Information Regarding Fundraising or Gaming Activities

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public  
Inspection

RUNWAY FOR RECOVERY, INC

Employer identification number

11-3822037

Part I Fundraising Activities. Complete if the organization answered "Yes" on 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 10 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<br>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" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

|                 |   | (a) Event #1                    | (b) Event #2                   | (c) Other events    | (d) Total events                   |
|-----------------|---|---------------------------------|--------------------------------|---------------------|------------------------------------|
|                 |   | ANNUAL EVENT-RU<br>(event type) | RUNWAY SHOW NC<br>(event type) | 1<br>(total number) | (add col. (a) through<br>col. (c)) |
| Revenue         | 1 Gross receipts .....  | 391,296                         | 162,079                        |                     | 553,375                            |
|                 | 2 Less: Contributions .....   | 304,614                         | 131,319                        |                     | 435,933                            |
|                 | 3 Gross income (line 1 minus<br>line 2) .....                         | 86,682                          | 30,760                         |                     | 117,442                            |
| Direct Expenses | 4 Cash prizes .....   |                                 |                                |                     |                                    |
|                 | 5 Noncash prizes .....  |                                 |                                |                     |                                    |
|                 | 6 Rent/facility costs .....   | 112,335                         | 29,060                         |                     | 141,395                            |
|                 | 7 Food and beverages .....  |                                 | 20,125                         |                     | 20,125                             |
|                 | 8 Entertainment .....   |                                 |                                |                     |                                    |
|                 | 9 Other direct expenses .....   | 116,683                         | 29,627                         |                     | 146,310                            |
|                 | 10 Direct expense summary. Add lines 4 through 9 in column (d) .....  |                                 |                                |                     | 307,830                            |
|                 | 11 Net income summary. Subtract line 10 from line 3, column (d) ..... |                                 |                                |                     | -190,388                           |

Part III

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

|                 |  | (a) Bingo   | (b) Pull tabs/instant<br>bingo/progressive bingo                                | (c) Other gaming  | (d) Total gaming (add<br>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 .....  | <div><input type="checkbox"/> Yes ..... %<br/><input type="checkbox"/> No</div> | <div><input type="checkbox"/> Yes ..... %<br/><input type="checkbox"/> No</div> | <div><input type="checkbox"/> Yes ..... %<br/><input type="checkbox"/> No</div> |   |
|                 | 7 Direct expense summary. Add lines 2 through 5 in column (d) .....        |   |   |   |   |
|                 | 8 Net gaming income summary. Subtract line 7 from line 1, column (d) ..... |   |   |   |   |

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

a Is the organization licensed to conduct 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: .....

11

Does the organization conduct gaming activities with nonmembers?

☐ Yes ☐ No

12

Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?

☐ Yes ☐ No

13

Indicate the percentage of gaming activity conducted in:

a

The organization's facility

13a

%

b

An outside facility

13b

%

14

Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name

Address

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐ Yes ☐ No

b

If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$

c

If "Yes," enter name and address of the third party:

Name

Address

16

Gaming manager information:

Name

Gaming manager compensation \$

Description of services provided

☐ Director/officer

☐ Employee

☐ Independent contractor

17

Mandatory distributions:

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ Yes ☐ No

b

Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

Part IV

Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE I  
(Form 990)

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

Department of the Treasury  
Internal Revenue Service

Go to [www.irs.gov/Form990](https://www.irs.gov/Form990) for the latest information.

Name of the organization

RUNWAY FOR RECOVERY, INC

Employer identification number

11-3822037

OMB No. 1545-0047

2023

Open to Public  
Inspection

Part I General Information on Grants and Assistance

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

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

| 1   | (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|-----|--|---------|---------------------------------|--------------------------|----------------------------------|---|---------------------------------------|------------------------------------|
| (1) |  |         |                                 |                          |                                  |   |                                       |                                    |
| (2) |  |         |                                 |                          |                                  |   |                                       |                                    |
| (3) |  |         |                                 |                          |                                  |   |                                       |                                    |
| (4) |  |         |                                 |                          |                                  |   |                                       |                                    |
| (5) |  |         |                                 |                          |                                  |   |                                       |                                    |
| (6) |  |         |                                 |                          |                                  |   |                                       |                                    |
| (7) |  |         |                                 |                          |                                  |   |                                       |                                    |
| (8) |  |         |                                 |                          |                                  |   |                                       |                                    |
| (9) |  |         |                                 |                          |                                  |   |                                       |                                    |

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

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

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



|   |  |                          |  |                                |  |
|---|--|--------------------------|--|--------------------------------|--|
| SCHEDULE I<br>(Form 990)                      |  | Supplemental Information |  | 2023                           |  |
| For calendar year 2023, or tax year beginning |  | 07/01/23                 |  | , and ending 06/30/24          |  |
| Name of the organization                      |  |                          |  | Employer identification number |  |
| RUNWAY FOR RECOVERY, INC                      |  |                          |  | 11-3822037                     |  |

Part I, Line 2 - Procedures for Monitoring the Use of Grant Funds

A TEAM OF SOCIAL WORKERS ASSESSES EACH FAMILY'S APPLICATION AND PROVIDES RECOMMENDATIONS TO VOLUNTEER READERS. THE VOLUNTEER READERS REVIEW AND SCORE THE APPLICATIONS. FINALLY, 4 REPRESENTATIVES FROM THE BOARD REVIEW THE SCORED APPLICATIONS FOR FUNDING AND VOTE WITH THE EXECUTIVE DIRECTOR ON THE AMOUNT TO BE AWARDED TO EACH FAMILY.

Part IV - Additional Information

OUR ORGANIZATION SEEKS TO PROVIDE WRAP-AROUND SERVICES TO BREAST CANCER PATIENTS (MODELS), THEIR CHILDREN AND THEIR SPOUSES. OUR BELIEF IS THAT NO ONE EXPERIENCES BREAST CANCER ALONE, AND IN GOING THROUGH TREATMENT OR IN EXPERIENCING THE LOSS OF SOMEONE TO THE DISEASE, THERE ARE ALWAYS GROUPS OF PEOPLE WHO ARE IMPACTED. OUR FOCUS AT RUNWAY IS TO PROVIDE THINGS, SUCH AS, GROCERIES, CLOTHING, TUTORING, CLEANING SERVICES, AND THERAPY FOR THOSE MODELS AND THEIR FAMILIES WHO ARE EXPERIENCING ECONOMIC HARDSHIP BECAUSE OF BREAST CANCER. WE ASSIGN VOLUNTEERS TO THESE PEOOPLE AND THEY WORK CLOSELY WITH THE MODELS TO DETERMINE THE MOST PRESSING AREA OF NEED.

SCHEDULE L
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Employer identification number

11-3822037

RUNWAY FOR RECOVERY, INC

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

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

Table with 5 columns: (1) Line number, (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No). Rows 1-6.

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

Part II Loans to and/or From Interested Persons

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

Table with 10 columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the org.? (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No). Rows 1-10.

Total \$

Part III Grants or Assistance Benefiting Interested Persons

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

Table with 5 columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance. Rows 1-10.

Part IV

Business Transactions Involving Interested Persons

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

| (a) Name of interested person         | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of org. revenues? |    |
|---------------------------------------|---|---------------------------|--------------------------------|-------------------------------|----|
|                                       |   |                           |                                | Yes                           | No |
| (1) COPPER HOUND PICTURES LLC         | PARTNER   | 28,288                    | PHOTOGRAPHER/VIDEO             |                               | X  |
| (2) SUZANNE B. LOWELL LIGHTING DESIGN | OWNER   | 45,000                    | LIGHTING DESIGN                |                               | X  |
| (3)                                   |   |                           |                                |                               |    |
| (4)                                   |   |                           |                                |                               |    |
| (5)                                   |   |                           |                                |                               |    |
| (6)                                   |   |                           |                                |                               |    |
| (7)                                   |   |                           |                                |                               |    |
| (8)                                   |   |                           |                                |                               |    |
| (9)                                   |   |                           |                                |                               |    |
| (10)                                  |   |                           |                                |                               |    |

Part V

Supplemental Information

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

Schedule L, Part V - Additional Information

TIM LLEWELLYN, WHO IS A BOARD MEMBER OF RUNWAY FOR RECOVERY, INC., IS A

PARTNER AT COPPER HOUND PICTURES, LLC. COPPER HOUND PICTURES LLC DONATED

SERVICES IN THE AMOUNT OF \$28,288.

SUZANNE LOWELL, WHO IS A BOARD MEMBER OF RUNWAY FOR RECOVERY, INC, IS THE

OWNER OF SUSANNE B. LOWELL LIGHTING DESIGN WHICH DONATED SERVICES IN THE

THE AMOUNT \$45,0000.

SCHEDULE M  
(Form 990)

Noncash Contributions

OMB No. 1545-0047

2023

Open To Public  
Inspection

Department of the Treasury  
Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

Employer identification number

RUNWAY FOR RECOVERY, INC

11-3822037

| Part I |   | Types of Property                                      |  |  |  |
|--------|---|--|--|--|--|
|        | (a)<br>Check if<br>applicable   | (b)<br>Number of contributions or<br>items contributed | (c)<br>Noncash contribution<br>amounts reported on<br>Form 990, Part VIII, line 1g | (d)<br>Method of determining<br>noncash contribution amounts |  |
| 1      | Art — Works of art  |  |  |  |  |
| 2      | Art — Historical treasures  |  |  |  |  |
| 3      | Art — Fractional interests  |  |  |  |  |
| 4      | Books and publications  |  |  |  |  |
| 5      | Clothing and household<br>goods   |  |  |  |  |
| 6      | Cars and other vehicles   |  |  |  |  |
| 7      | Boats and planes  |  |  |  |  |
| 8      | Intellectual property   |  |  |  |  |
| 9      | Securities — Publicly traded  |  |  |  |  |
| 10     | Securities — Closely held stock   |  |  |  |  |
| 11     | Securities — Partnership, LLC,<br>or trust interests  |  |  |  |  |
| 12     | Securities — Miscellaneous  |  |  |  |  |
| 13     | Qualified conservation<br>contribution — Historic<br>structures   |  |  |  |  |
| 14     | Qualified conservation<br>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 6  | 78,648   |  |  |
| 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 V, Donee Acknowledgement   |  |  | 29   |  |
| 30a    | During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? |  |  | Yes No   |  |
| 30a    |   |  |  | X  |  |
| b      | If "Yes," describe the arrangement in Part II.  |  |  |  |  |
| 31     | Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?  |  |  | Yes No   |  |
| 31     |   |  |  | X  |  |
| 32a    | Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?  |  |  | Yes No   |  |
| 32a    |   |  |  | X  |  |
| b      | If "Yes," describe in Part II.  |  |  |  |  |
| 33     | If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.  |  |  |  |  |

## Part II

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

SCHEDULE O  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

2023

Open to Public  
Inspection

Name of the organization

RUNWAY FOR RECOVERY, INC

Employer identification number

11-3822037

Form 990 - Organization's Mission

RUNWAY FOR RECOVERY PROVIDES FAMILIES WITH A CONTINUUM OF SUPPORT ALONG  
THEIR JOURNEY WITH BREAST CANCER. WE CREATE COMMUNITY BY HOSTING EVENTS  
AND PROVIDING SERVICES THAT CREATE JOY AND INSPIRE HOPE. WITH SHARED  
UNDERSTANDING WE CELEBRATE SURVIVORS, HONOR LEGACIES, AND FUND FAMILIES WHO  
HAVE EXPERIENCED LOSS.

Form 990, Part III, Line 4d - All Other Accomplishments

ALL OTHER EXPENSES NEEDED TO OPERATE THE NONPROFIT PROGRAM SERVICES.

Form 990, Part VI, Line 2 - Related Party Information Among Officers

WILLIAM ACHTMEYER

OLIVIA ACHTMEYER BOGER

CHAIR

KEY EMPLOYEE

FATHER/DAUGHTER

LINDSAY BOGER

OLIVIA ACHTMEYER BOGER

BOARD MEMBER

KEY EMPLOYEE

SISTERS-IN-LAW

WILLIAM ACHTMEYER

LINDSAY BOGER

CHAIR

BOARD MEMBER

FATHER-IN-LAW/DAUGHTER-IN-LAW

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

THE CHAIR OF THE BOARD AND CHAIR OF THE FINANCE COMMITTEE REVIEW AND

|                          |                                |
|--------------------------|--------------------------------|
| Name of the organization | Employer identification number |
| RUNWAY FOR RECOVERY, INC | 11-3822037                     |

APPROVE THE FORM 990 WITH THE FINANCE COMMITTEE BEFORE IT IS FILED.

Form 990, Part VI, Line 15a - Compensation Process for Top Official

THE GOVERNANCE COMMITTEE MEETS TO DISCUSS AND OUTLINE A PERFORMANCE REVIEW THAT WILL OCCUR FOR THE EXECUTIVE DIRECTOR EVERY THREE YEARS. IN THE INTERIM YEARS OF THAT REVIEW, IF MAJOR ORGANIZATIONAL KEY PERFORMANCE INDICATORS ARE MET (AS SET AND VOTED ON BY THE BOARD IN THE JUNE MEETING), THEN A SALARY RAISE IN LINE WITH INFLATION WILL OCCUR UNLESS VOTED ON DIFFERENTLY BY THE FULL BOARD.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

AVAILABLE UPON REQUEST AND ON THE ORGANIZATION'S WEBSITE.

Form 990, Part XI, Line 9 - Other Changes in Net Assets Explanation

|                  |    |        |
|------------------|----|--------|
| PRIOR PERIOD ADJ | \$ | 15,000 |
|------------------|----|--------|

TAXABLE YEAR
2023

California e-file Return Authorization for Exempt Organizations

FORM
8453-EO

Exempt Organization name
RUNWAY FOR RECOVERY, INC

Identifying number
11-3822037

| Part I Electronic Return Information (whole dollars only) |  |   |           |  |
|---|--|---|-----------|--|
| 1   | Total gross receipts or unrelated business taxable income (Form 199, line 4 or Form 109, line 5) | 1 | 1,436,178 |  |
| 2   | Total gross income or total tax (Form 199, line 8 or Form 109, line 14)                          | 2 | 1,436,178 |  |
| 3   | Total expenses and disbursements (Form 199, line 9)  | 3 | 1,290,884 |  |
| 4   | Tax due (Form 109, line 23)  | 4 |           |  |
| 5   | Overpayment (Form 109, line 24)  | 5 |           |  |

Part II Settle Your Account Electronically for Taxable Year 2023

6
☐
Direct Deposit of refund (Form 109 only.)

7
☐
Electronic funds withdrawal
7a Amount
7b Withdrawal date (mm/dd/yyyy)

| Part III Schedule of Estimated Tax Payments for Taxable Year 2024 (These are NOT installment payments for the current amount the exempt organization owes.) |               |                |               |                |
|---|---------------|----------------|---------------|----------------|
|   | First Payment | Second Payment | Third Payment | Fourth Payment |
| 8 Amount  |               |                |               |                |
| 9 Withdrawal Date   |               |                |               |                |

Part IV Banking Information (Have you verified the exempt organization's banking information?)

10 Routing number

11 Account number

12 Type of account:
☐ Checking
☐ Savings

Part V Declaration of Officer

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, box 6, I declare that the bank account specified in Part IV for the direct deposit refund agrees with the authorization stated on my return. If I check Part II, box 7, I authorize an electronic funds withdrawal for the amount listed on line 7a and any estimated payment amounts listed on Part III, line 8 from the bank account specified in Part IV.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2023 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's tax liability, the exempt organization will remain liable for the tax liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay or the date when the refund was sent.**

Sign Here

04/23/25

CHAIR

Signature of officer

Date

Title

Part VI Declaration of Electronic Return Originator (ERO) and Paid Preparer. See instructions.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2023 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO Must Sign

ERO's signature

Date

Check if also paid preparer
☒

Check if self-employed
☐

ERO's PTIN
P01721685

Firm's name (or yours if self-employed) and address

Firm's FEIN
84-3998573

ZIP code
01742-2903

SCHEID DEIGNAN BROWN, PC
101 COMMONWEALTH AVE
CONCORD
MA

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Paid Preparer Must Sign

Paid preparer's signature

Date

Check if self-employed
☐

Paid preparer's PTIN

Firm's name (or yours if self-employed) and address

Firm's FEIN

ZIP code

FTB 8453-EO
2023

TAXABLE YEAR

2023

California Exempt Organization  
Annual Information Return

FORM

199

Calendar Year 2023 or fiscal year beginning (mm/dd/yyyy) 07/01/2023, and ending (mm/dd/yyyy) 06/30/2024

Corporation/Organization name

RUNWAY FOR RECOVERY, INC

California corporation number

APPLIED

Additional information. See instructions.

FEIN

11-3822037

Street address (suite or room)

29 WATER ST SUITE 216

PMB no.

City

NEWBURYPORT

State

MA

ZIP code

01950

Foreign country name

Foreign province/state/county

Foreign postal code

|  |   |   |   |
|--|---|---|---|
| <b>A</b> First return  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <b>I</b> Did the organization have any changes to its guidelines not reported to the FTB? See instructions.           | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>B</b> Amended return  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <b>J</b> If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>C</b> IRC Section 4947(a)(1) trust  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <b>K</b> Is the organization exempt under R&TC Section 23701g?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>D</b> Final information return?   |   | If "Yes," enter the gross receipts from nonmember sources \$  |   |
| <input type="checkbox"/> Dissolved <input type="checkbox"/> Surrendered (Withdrawn) <input type="checkbox"/> Merged/Reorganized  |   | <b>L</b> Is the organization a limited liability company?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>E</b> Check accounting method: (1) <input type="checkbox"/> Cash (2) <input checked="" type="checkbox"/> Accrual (3) <input type="checkbox"/> Other                                     |   | <b>M</b> Did the organization file Form 100 or Form 109 to report taxable income?                                     | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>F</b> Federal return filed? (1) <input type="checkbox"/> 990T (2) <input type="checkbox"/> 990PF (3) <input type="checkbox"/> Sch H (990) (4) <input type="checkbox"/> Other 990 series |   | <b>N</b> Is the organization under audit by the IRS or has the IRS audited in a prior year?                           | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>G</b> Is this a group filing? See instructions  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <b>O</b> Is federal Form 1023/1024 pending?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>H</b> Is this organization in a group exemption   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Date filed with IRS   |   |
| If "Yes," what is the parent's name?   |   |   |   |

**Part I** Complete Part I unless not required to file this form. See General Information B and C.

|   |  |  |                          |                        |   |
|---|--|--|--------------------------|------------------------|---|
| Receipts and Revenues   | 1  | Gross sales or receipts from other sources. From Side 2, Part II, line 8   | 1                        | 117,442                | 00  |
|   | 2  | Gross dues and assessments from members and affiliates   | 2                        |                        | 00  |
|   | 3  | Gross contributions, gifts, grants, and similar amounts received   | 3                        | 1,318,736              | 00  |
|   | 4  | Total gross receipts for filing requirement test. Add line 1 through line 3.   |                          |                        |   |
|   |  | <b>This line must be completed.</b> If the result is less than \$50,000, see General Information B ...   | 4                        | 1,436,178              | 00  |
|   | 5  | Cost of goods sold   | 5                        |                        | 00  |
|   | 6  | Cost or other basis, and sales expenses of assets sold   | 6                        |                        | 00  |
|   | 7  | Total costs. Add line 5 and line 6   | 7                        |                        | 00  |
| Expenses  | 8  | Total gross income. Subtract line 7 from line 4  | 8                        | 1,436,178              | 00  |
|   | 9  | Total expenses and disbursements. From Side 2, Part II, line 18  | 9                        | 1,290,884              | 00  |
| Payments  | 10   | Excess of receipts over expenses and disbursements. Subtract line 9 from line 8  | 10                       | 145,294                | 00  |
|   | 11   | Total payments   | 11                       |                        | 00  |
|   | 12   | Use tax. See General Information K   | 12                       |                        | 00  |
|   | 13   | Payments balance. If line 11 is more than line 12, subtract line 12 from line 11   | 13                       |                        | 00  |
|   | 14   | Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12  | 14                       |                        | 00  |
|   | 15   | Penalties and interest. See General Information J  | 15                       |                        | 00  |
|   | 16   | Balance due. Add line 12 and line 15. Then subtract line 11 from the result  | 16                       |                        | 00  |
|   | 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  |  | Title  | Date                     | Telephone              |   |
|   |  | CHAIR  |                          | 978-255-4730           |   |
| Paid Preparer's Use Only  |  | Preparer's signature   | Date                     | Check if self-employed | PTIN  |
|   |  | 04/23/2025   | <input type="checkbox"/> | P01721685              |   |
|   | Firm's name (or yours, if self-employed) and address                       | Firm's FEIN  |                          |                        |   |
|   | SCHEID DEIGNAN BROWN, PC<br>101 COMMONWEALTH AVE<br>CONCORD, MA 01742-2903 | 84-3998573   |                          |                        |   |
| May the FTB discuss this return with the preparer shown above? See instructions |  |  |                          |                        | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

**RUNWAY FOR RECOVERY, INC**

11-3822037

**Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts — complete Part II or furnish substitute information.**

|                                    |    |  |   |    |           |    |
|------------------------------------|----|--|---|----|-----------|----|
| <b>Receipts from Other Sources</b> | 1  | Gross sales or receipts from all business activities. See instructions   | • | 1  |           | 00 |
|                                    | 2  | Interest   | • | 2  |           | 00 |
|                                    | 3  | Dividends  | • | 3  |           | 00 |
|                                    | 4  | Gross rents  | • | 4  |           | 00 |
|                                    | 5  | Gross royalties  | • | 5  |           | 00 |
|                                    | 6  | Gross amount received from sale of assets (See instructions)   | • | 6  |           | 00 |
|                                    | 7  | Other income. Attach schedule <b>SEE STATEMENT 1</b>   | • | 7  | 117,442   | 00 |
|                                    | 8  | <b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1 |   | 8  | 117,442   | 00 |
|                                    | 9  | Contributions, gifts, grants, and similar amounts paid. Attach schedule <b>SEE STATEMENT 2</b>                               | • | 9  | 307,161   | 00 |
|                                    | 10 | Disbursements to or for members  | • | 10 |           | 00 |
|                                    | 11 | Compensation of officers, directors, and trustees. Attach schedule <b>SEE STATEMENT 3</b>                                    | • | 11 |           | 00 |
|                                    | 12 | Other salaries and wages   | • | 12 | 213,268   | 00 |
|                                    | 13 | Interest   | • | 13 | 1,005     | 00 |
|                                    | 14 | Taxes  | • | 14 |           | 00 |
|                                    | 15 | Rents  | • | 15 | 17,766    | 00 |
|                                    | 16 | Depreciation and depletion (See instructions)  | • | 16 | 92        | 00 |
|                                    | 17 | Other expenses and disbursements. Attach schedule <b>SEE STATEMENT 4</b>   | • | 17 | 751,592   | 00 |
|                                    | 18 | <b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9                |   | 18 | 1,290,884 | 00 |

**Schedule L Balance Sheet**

|                                  |   | Beginning of taxable year |         | End of taxable year |         |
|----------------------------------|---|---------------------------|---------|---------------------|---------|
|                                  |   | (a)                       | (b)     | (c)                 | (d)     |
| <b>Assets</b>                    |   |                           |         |                     |         |
| 1                                | Cash  |                           | 87,854  | •                   | 51,437  |
| 2                                | Net accounts receivable                           |                           |         | •                   | 172,370 |
| 3                                | Net notes receivable <b>STMT 5</b>                |                           | 3,441   | •                   | 2,480   |
| 4                                | Inventories                                       |                           |         | •                   |         |
| 5                                | Federal and state government obligations          |                           |         | •                   |         |
| 6                                | Investments in other bonds                        |                           |         | •                   |         |
| 7                                | Investments in stock                              |                           |         | •                   |         |
| 8                                | Mortgage loans                                    |                           |         | •                   |         |
| 9                                | Other investments. Attach schedule                |                           |         | •                   |         |
| 10                               | <b>a</b> Depreciable assets                       | 6,576                     |         | 14,901              |         |
|                                  | <b>b</b> Less accumulated depreciation            | 6,576                     |         | 14,901              |         |
| 11                               | Land  |                           |         | •                   |         |
| 12                               | Other assets. Attach schedule <b>STMT 6</b>       |                           | 24,000  | •                   | 60,636  |
| 13                               | <b>Total assets</b>                               |                           | 115,295 |                     | 286,923 |
| <b>Liabilities and net worth</b> |   |                           |         |                     |         |
| 14                               | Accounts payable                                  |                           | 17,040  | •                   | 46,556  |
| 15                               | Contributions, gifts, or grants payable           |                           | 108,720 | •                   |         |
| 16                               | Bonds and notes payable                           |                           |         | •                   |         |
| 17                               | Mortgages payable                                 |                           |         | •                   |         |
| 18                               | Other liabilities. Attach schedule <b>STMT 7</b>  |                           | 56,476  |                     | 146,922 |
| 19                               | Capital stock or principal fund                   |                           |         | •                   |         |
| 20                               | Paid-in or capital surplus. Attach reconciliation |                           |         | •                   |         |
| 21                               | Retained earnings or income fund                  |                           | -66,941 | •                   | 93,445  |
| 22                               | <b>Total liabilities and net worth</b>            |                           | 115,295 |                     | 286,923 |

**Schedule M-1 Reconciliation of income per books with income per return**

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.

|   |   |   |         |    |  |   |         |
|---|---|---|---------|----|--|---|---------|
| 1 | Net income per books  | • | 145,294 | 7  | Income recorded on books this year not included in this return. Attach schedule      | • |         |
| 2 | Federal income tax  | • |         | 8  | Deductions in this return not charged against book income this year. Attach schedule | • |         |
| 3 | Excess of capital losses over capital gains                                       | • |         | 9  | <b>Total.</b> Add line 7 and line 8  |   |         |
| 4 | Income not recorded on books this year. Attach schedule                           | • |         | 10 | Net income per return. Subtract line 9 from line 6                                   |   | 145,294 |
| 5 | Expenses recorded on books this year not deducted in this return. Attach schedule | • |         |    |  |   |         |
| 6 | <b>Total.</b> Add line 1 through line 5   |   | 145,294 |    |  |   |         |

**Schedule B  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**Attach to Form 990, 990-EZ, or 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Name of the organization

Employer identification number

**RUNWAY FOR RECOVERY, INC****11-3822037**

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

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

**Special Rules**

- ☐
- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33
- <sup>1</sup>
- /
- <sub>3</sub>
- % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of
- (1)**
- \$5,000; or
- (2)**
- 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

- ☐
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000
- exclusively*
- for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

- ☐
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions
- exclusively*
- for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an
- exclusively*
- religious, charitable, etc., purpose. Don't complete any of the parts unless the
- General Rule**
- applies to this organization because it received
- nonexclusively*
- religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... \$ .....

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2023)

Name of organization

**RUNWAY FOR RECOVERY, INC**

Employer identification number

**11-3822037**

**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 1          |                                   | \$ 225,000                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 2          |                                   | \$ 25,000                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 3          |                                   | \$ 20,000                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 4          |                                   | \$ 10,000                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 5          |                                   | \$ 5,000                   | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 6          |                                   | \$ 28,288                  | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |

Name of organization

**RUNWAY FOR RECOVERY, INC**

Employer identification number

**11-3822037****Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 7          |                                   | \$ 15,000                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 8          |                                   | \$ 10,000                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 9          |                                   | \$ 10,000                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 10         |                                   | \$ 5,000                   | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 11         |                                   | \$ 20,500                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 12         |                                   | \$ 15,250                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

Name of organization

**RUNWAY FOR RECOVERY, INC**

Employer identification number

**11-3822037**

**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 13         |                                   | \$ 15,000                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 14         |                                   | \$ 20,000                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 15         |                                   | \$ 10,000                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 16         |                                   | \$ 45,000                  | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 17         |                                   | \$ 25,000                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 18         |                                   | \$ 25,000                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

Name of organization

**RUNWAY FOR RECOVERY, INC**

Employer identification number

**11-3822037**

**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 19         |                                   | \$ 10,000                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 20         |                                   | \$ 10,000                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 21         |                                   | \$ 10,000                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 22         |                                   | \$ 10,000                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 23         |                                   | \$ 10,000                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 24         |                                   | \$ 10,000                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

Name of organization

**RUNWAY FOR RECOVERY, INC**

Employer identification number

**11-3822037**

**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 25         |                                   | \$ 10,000                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 26         |                                   | \$ 7,200                   | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 27         |                                   | \$ 6,431                   | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 28         |                                   | \$ 6,225                   | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 29         |                                   | \$ 5,000                   | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 30         |                                   | \$ 5,000                   | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

|                          |                                |
|--------------------------|--------------------------------|
| Name of organization     | Employer identification number |
| RUNWAY FOR RECOVERY, INC | 11-3822037                     |

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 31         |                                   | \$ 5,000                   | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
|            |                                   | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            |                                   | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            |                                   | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            |                                   | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            |                                   | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            |                                   | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            |                                   | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            |                                   | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            |                                   | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |



Statement 1 - Form 199, Part II, Line 7 - Other Income

| Description                 | Amount     |
|-----------------------------|------------|
| ANNUAL EVENT-RUNWAY SHOW NE | \$ 86,682  |
| RUNWAY SHOW NC              | 30,760     |
| Total                       | \$ 117,442 |

California Statements

Statement 2 - Form 199, Part II, Line 9 - Contributions, Gifts, Grants, and Similar Amounts

| PSA          | Class                | Name    | Address | City                | State           | Zip               |
|--------------|----------------------|---------|---------|---------------------|-----------------|-------------------|
| Relationship | Status               | Purpose | Amount  | Noncash Description | FMV Explanation | Book Value Amount |
| 2            | WRAP AROUND SERVICES |         | 307,161 |                     |                 |                   |

Statement 3 - Form 199, Part II, Line 11 - Officer Compensation

| Name                                  | City | State                                  | Zip | Address    | Title    | Avg Hrs | Compensation Amount |
|---------------------------------------|------|--|-----|------------|----------|---------|---------------------|
| OLIVIA ACHTMEYER BOGER<br>NEWBURYPORT |      | 65 MIDDLE ST<br>MA 01950               |     | EXECUTIVE  | DIRECTOR | 50.00   |                     |
| WILLIAM ACHTMEYER<br>BOSTON           |      | 34 1/2 BEACON ST<br>MA 02108           |     | CHAIR      |          | 3.00    |                     |
| MAGGIE DEMONT<br>WEST NEWTON          |      | 51 PICKWICK RD<br>MA 02465             |     | CHAIR      |          | 6.00    |                     |
| LINDSAY BOGER<br>CONCORD              |      | 121 BAKER AVE<br>MA 01742              |     | DIRECTOR   |          | 6.00    |                     |
| CHRISTINA PARDY<br>BOSTON             |      | 49 CHESTNUT ST<br>MA 02108             |     | DIRECTOR   |          | 1.00    |                     |
| SUZANNE LOWELL<br>WALTHAM             |      | 144 MOODY ST BLDG 18<br>MA 02453       |     | VICE CHAIR |          | 6.00    |                     |
| HENRY MCNAMARA<br>NEW YORK            |      | 660 MADISON AVE SUITE 1600<br>NY 10065 |     | DIRECTOR   |          | 1.00    |                     |
| JOSEPH SOLLIERS<br>LUTHERVILLE        |      | 11129 FALLS RD<br>MD 21093             |     | DIRECTOR   |          | 1.00    |                     |
| RANDALL KENNEDY<br>DEDHAM             |      | 58 VILLAGE AVE<br>MA 02026             |     | DIRECTOR   |          | 1.00    |                     |
| CRYSTAL DAVIS<br>BROCKTON             |      | 27 LIVOLI RD<br>MA 02302               |     | DIRECTOR   |          | 3.00    |                     |
| TIM LLEWELLYN<br>TOPSFIELD            |      | 83 ASBURY ST<br>MA 01983               |     | DIRECTOR   |          | 3.00    |                     |
| LESLIE FANG<br>BOSTON                 |      | 151 MERRIMAC ST<br>MA 02114            |     | DIRECTOR   |          | 3.00    |                     |
| KRISTIN FERARRI<br>BEDFORD            |      | 3 FLINTLOCK DR<br>MA 01730             |     | DIRECTOR   |          | 3.00    |                     |

California Statements

Statement 3 - Form 199, Part II, Line 11 - Officer Compensation (continued)

| Name           |               | Address                      |  | Title     | Avg<br>Hrs | Compensation<br>Amount |
|----------------|---------------|------------------------------|--|-----------|------------|------------------------|
| City           | State         | Zip                          |  |           |            |                        |
| NICOLE MERHILL | HINGHAM       | 14 COLBY RD<br>MA 02043      |  | CLERK     | 4.00       |                        |
| SARA WEISS     | ANDOVER       | 344 APPPLETON ST<br>MA 01845 |  | DIRECTOR  | 3.00       |                        |
| JENNY CLAYTON  | HINGHAM       | 25 COLE RD<br>MA 02043       |  | DIRECTOR  | 3.00       |                        |
| LINDA MATZKIN  | CHESTNUT HILL | 99 FLORENCE ST<br>MA 02467   |  | DIRECTOR  | 5.00       |                        |
| EMILY COHEN    | NEWTON        | 30 RICKER RD #1<br>MA 02458  |  | DIRECTOR  | 3.00       |                        |
| AMI MEHR       | UPTON         | 36 HOWARTH DR<br>MA 01568    |  | DIRECTOR  | 3.00       |                        |
| SUSAN BURKE    | BOSTON        | 22 MT. VERNON ST<br>MA 02129 |  | DIRECTOR  | 3.00       |                        |
| ERICA TREMBLAY | HARVARD       | 10 MADIGAN LANE<br>MA 01451  |  | DIRECTOR  | 3.00       |                        |
| DAN MURPHY     | SOMERVILLE    | 3 CAMERON AVE<br>MA 02144    |  | TREASURER | 6.00       |                        |
| MAX PINTO      | BOSTON        | 596 TREMONT ST<br>MA 02118   |  | DIRECTOR  | 3.00       |                        |
| Total          |               |                              |  |           |            | 0                      |

11-3822037

**California Statements**

FYE: 6/30/2024

**Statement 4 - Form 199, Part II, Line 17 - Other Expenses**

| Description                 | Amount     |
|-----------------------------|------------|
|                             | \$         |
| ANNUAL EVENT-RUNWAY SHOW NE |            |
| Rent and Facility Costs     | 112,335    |
| AUCTION EXPENSES            | 975        |
| SUPPLIES                    | 1,319      |
| AUDIO SYSTEM                | 71,670     |
| INVITATIONS                 | 6,326      |
| DECORATIONS                 | 5,987      |
| VIDEOGRAPHER                | 28,288     |
| MODELS                      | 2,118      |
| RUNWAY SHOW NC              |            |
| Rent and Facility Costs     | 29,060     |
| Food and Beverages          | 20,125     |
| TRAVEL                      | 10,761     |
| SUPPLIES                    | 1,013      |
| MODELS                      | 2,045      |
| INVITATIONS                 | 3,606      |
| PHOTO/VIDEO                 | 10,430     |
| MERCHANDISE                 | 1,772      |
| OUTSIDE SERVICES            | 93,504     |
| PROGRAM EXPENSES            | 142,488    |
| FEES                        | 1,555      |
| MEMBERSHIP DUES             | 2,000      |
| Other Employee Benefits     | 53,821     |
| Payroll Taxes               | 20,480     |
| Accounting                  | 35,025     |
| Travel                      | 10,078     |
| SERVICE FEES                | 34,294     |
| Advertising, Promotion      | 3,656      |
| Office                      | 19,256     |
| Information Technology      | 25,533     |
| Insurance                   | 2,072      |
| Total                       | \$ 751,592 |

**Statement 5 - Form 199, Schedule L, Line 3 - Net Notes Receivable**

| Description     | Beginning<br>of Year | End of<br>Year |
|-----------------|----------------------|----------------|
| Other loans rec | \$ 3,441             | \$ 2,480       |
| Total           | \$ 3,441             | \$ 2,480       |

**Statement 6 - Form 199, Schedule L, Line 12 - Other Assets**

| Description       | Beginning<br>of Year | End of<br>Year |
|-------------------|----------------------|----------------|
| EVENT DEPOSITS    | \$ 24,000            | \$ 60,636      |
| Intangible Assets |                      |                |
| Total             | \$ 24,000            | \$ 60,636      |

**Statement 7 - Form 199, Schedule L, Line 18 - Other Liabilities**

| Description             | Beginning<br>of Year | End of<br>Year |
|-------------------------|----------------------|----------------|
| ACCRUED PAYROLL TAXES   | \$ 4,049             | \$             |
| CREDIT CARD PAYABLE     | 52,427               |                |
| ACCRUED EXPENSES        |                      | 146,922        |
| FUTURE SUPPORT PAYMENTS |                      |                |
| Total                   | \$ 56,476            | \$ 146,922     |

|                                 |                    |
|---------------------------------|--------------------|
| Exempt Organization name        | Identifying number |
| <b>RUNWAY FOR RECOVERY, INC</b> | <b>11-3822037</b>  |

**Part I**
**Electronic Return Information**
(whole dollars only)

|   |  |   |
|---|--|---|
| 1 | Total gross receipts or unrelated business taxable income (Form 199, line 4 or Form 109, line 5) | 1 |
| 2 | Total gross income or total tax (Form 199, line 8 or Form 109, line 14)                          | 2 |
| 3 | Total expenses and disbursements (Form 199, line 9)  | 3 |
| 4 | Tax due (Form 109, line 23)  | 4 |
| 5 | Overpayment (Form 109, line 24)  | 5 |

**Part II**
**Settle Your Account Electronically for Taxable Year 2023**

|   |   |
|---|---|
| 6 | <input type="checkbox"/> Direct Deposit of refund (Form 109 only.)  |
| 7 | <input type="checkbox"/> Electronic funds withdrawal <div> 7a Amount 7b Withdrawal date (mm/dd/yyyy) </div> |

**Part III**
**Schedule of Estimated Tax Payments for Taxable Year 2024**
(These are NOT installment payments for the current amount the exempt organization owes.)

|                   | First Payment | Second Payment | Third Payment | Fourth Payment |
|-------------------|---------------|----------------|---------------|----------------|
| 8 Amount          |               |                |               |                |
| 9 Withdrawal Date |               |                |               |                |

**Part IV**
**Banking Information**
(Have you verified the exempt organization's banking information?)

|                   |  |                     |                                   |                                  |
|-------------------|--|---------------------|-----------------------------------|----------------------------------|
| 10 Routing number |  | 12 Type of account: | <input type="checkbox"/> Checking | <input type="checkbox"/> Savings |
| 11 Account number |  |                     |                                   |                                  |

**Part V**
**Declaration of Officer**

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, box 6, I declare that the bank account specified in Part IV for the direct deposit refund agrees with the authorization stated on my return. If I check Part II, box 7, I authorize an electronic funds withdrawal for the amount listed on line 7a and any estimated payment amounts listed on Part III, line 8 from the bank account specified in Part IV.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2023 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's tax liability, the exempt organization will remain liable for the tax liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay or the date when the refund was sent.**

**Sign Here**

Signature of officer

Date

CHAIR

Title

**Part VI**
**Declaration of Electronic Return Originator (ERO) and Paid Preparer.**
See instructions.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2023 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

|                     |   |                                 |                             |                                     |                        |                          |             |                   |
|---------------------|---|---------------------------------|-----------------------------|-------------------------------------|------------------------|--------------------------|-------------|-------------------|
| ERO<br>Must<br>Sign | ERO's signature                                     | Date                            | Check if also paid preparer | <input checked="" type="checkbox"/> | Check if self-employed | <input type="checkbox"/> | ERO's PTIN  | <b>P01721685</b>  |
|                     | Firm's name (or yours if self-employed) and address | <b>SCHEID DEIGNAN BROWN, PC</b> |                             |                                     |                        |                          | Firm's FEIN | <b>84-3998573</b> |
|                     |   | <b>101 COMMONWEALTH AVE</b>     |                             |                                     |                        |                          | ZIP code    | <b>01742-2903</b> |
|                     |   | <b>CONCORD</b>                  |                             |                                     |                        |                          |             |                   |
|                     |   | <b>MA</b>                       |                             |                                     |                        |                          |             |                   |

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

|                               |   |      |                        |                          |                      |
|-------------------------------|---|------|------------------------|--------------------------|----------------------|
| Paid Preparer<br>Must<br>Sign | Paid preparer's signature                           | Date | Check if self-employed | <input type="checkbox"/> | Paid preparer's PTIN |
|                               | Firm's name (or yours if self-employed) and address |      |                        |                          | Firm's FEIN          |
|                               |   |      |                        |                          | ZIP code             |

TAXABLE YEAR

CALIFORNIA FORM

2023

Corporation Depreciation and Amortization

3885

Attach to Form 100 or Form 100W. FORM 199

|                          |                               |
|--------------------------|-------------------------------|
| Corporation name         | California corporation number |
| RUNWAY FOR RECOVERY, INC |                               |

Part I Election To Expense Certain Property Under IRC Section 179

|                             |   |                              |                  |
|-----------------------------|---|------------------------------|------------------|
| 1                           | Maximum deduction under IRC Section 179 for California  | 1                            |                  |
| 2                           | Total cost of IRC Section 179 property placed in service  | 2                            |                  |
| 3                           | Threshold cost of IRC Section 179 property before reduction in limitation                       | 3                            |                  |
| 4                           | Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-                | 4                            |                  |
| 5                           | Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-     | 5                            |                  |
| (a) Description of property |   | (b) Cost (business use only) | (c) Elected cost |
| 6                           |   |                              |                  |
| 7                           | Listed property (elected IRC Section 179 cost)  | 7                            |                  |
| 8                           | Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7    | 8                            |                  |
| 9                           | Tentative deduction. Enter the smaller of line 5 or line 8                                      | 9                            |                  |
| 10                          | Carryover of disallowed deduction from prior taxable years                                      | 10                           |                  |
| 11                          | Business income limitation. Enter the smaller of business income (not less than zero) or line 5 | 11                           |                  |
| 12                          | IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11   | 12                           |                  |
| 13                          | Carryover of disallowed deduction to 2024. Add line 9 and line 10, less line 12                 | 13                           |                  |

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

| (a)<br>Description<br>of property | (b)<br>Date acquired<br>(mm/dd/yyyy)  | (c)<br>Cost or other basis | (d)<br>Depreciation allowed<br>or allowable in<br>earlier years | (e)<br>Depreciation<br>method | (f)<br>Life or<br>rate | (g)<br>Depreciation for<br>this year | (h)<br>Additional first<br>year depreciation |
|-----------------------------------|---|----------------------------|---|-------------------------------|------------------------|--------------------------------------|--|
| 14<br>SEE STATEMENT 1             |   |                            |   |                               |                        | 92                                   |  |
|                                   |   |                            |   |                               |                        |                                      |  |
|                                   |   |                            |   |                               |                        |                                      |  |
|                                   |   |                            |   |                               |                        |                                      |  |
| 15                                | Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000.<br>See instructions for line 14, column (h) |                            |   |                               |                        | 15                                   | 92   |

Part III Summary

|    |   |    |    |
|----|---|----|----|
| 16 | Total: If the corporation is electing:<br>IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or<br>Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or<br>Depreciation (if no election is made), enter the amount from line 15, column (g)  | 16 | 92 |
| 17 | Total depreciation claimed for federal purposes from federal Form 4562, line 22   | 17 |    |
| 18 | Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6.<br>If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation<br>amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment<br>is necessary) | 18 |    |

Part IV Amortization

| (a)<br>Description of property | (b)<br>Date acquired<br>(mm/dd/yyyy)   | (c)<br>Cost or other basis | (d)<br>Amortization allowed or<br>allowable in earlier years | (e)<br>R&TC Section<br>(see instructions) | (f)<br>Period or<br>percentage | (g)<br>Amortization for this year |  |
|--------------------------------|--|----------------------------|--|---|--------------------------------|-----------------------------------|--|
| 19                             |  |                            |  |   |                                |                                   |  |
|                                |  |                            |  |   |                                |                                   |  |
|                                |  |                            |  |   |                                |                                   |  |
| 20                             | Total. Add the amounts in column (g)   |                            |  |   |                                | 20                                |  |
| 21                             | Total amortization claimed for federal purposes from federal Form 4562, line 44  |                            |  |   |                                | 21                                |  |
| 22                             | Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W,<br>Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12 |                            |  |   |                                | 22                                |  |

Indirect Depreciation

Statement 1 - Form 3885, Part II, Line 14 - Depreciation Detail Information

| Description      | Date<br>Acquired | Cost /<br>Basis | Accum<br>Depr | Method | Life /<br>Rate | Current<br>Depr | Add'l<br>1st Year |
|------------------|------------------|-----------------|---------------|--------|----------------|-----------------|-------------------|
| OFFICE FURNITURE | 3/01/19          | \$ 640          | \$ 396        | S/L    | 7.00           | \$ 92           | \$                |
| Total            |                  | \$ 640          | \$ 396        |        |                | \$ 92           | \$ 0              |

Form M-990T Return Summary

For calendar year 2023, or taxable period beginning 07/01/23 , and ending 06/30/24

11-3822037

RUNWAY FOR RECOVERY, INC

Income

|   |          |
|---|----------|
| Federal unrelated business income                     |          |
| Deductions / adjustments                              |          |
| Income subject to apportionment                       |          |
| Income apportionment percentage                       | 1.000000 |
| Apportioned income                                    |          |
| Income not subject to apportionment                   |          |
| Certified Massachusetts solar or wind power deduction |          |
| Loss carryover deduction                              |          |
| Taxable income  |          |

Tax Computation

|  |  |
|--|--|
| Excise tax before credits                    |  |
| Total credits                                |  |
| Voluntary contribution - endangered wildlife |  |
| Total excise tax                             |  |

Payments / Refundable Credits / Penalties

|                               |  |
|-------------------------------|--|
| Payments / refundable credits |  |
| M-2220 penalty                |  |
| Late filing interest          |  |
| Failure to file penalty       |  |
| Failure to pay penalty        |  |
| Total payments / penalties    |  |

Overpayment credited to next year's estimated tax

Refund

Tax due

Next Year's Estimates

|             |  |
|-------------|--|
| 1st quarter |  |
| 2nd quarter |  |
| 3rd quarter |  |
| 4th quarter |  |
| Total       |  |

Miscellaneous Information

Amended return ☐  
 Return / extended due date 09/16/24

Form PC / Short Form PC - Annual Report

Filing fee 500  
 Amended return ☐  
 Return / extended due date 11/15/24

**WORKSHEET ONLY - DO NOT FILE****THE COMMONWEALTH OF MASSACHUSETTS  
OFFICE OF THE ATTORNEY GENERAL****NON-PROFIT ORGANIZATIONS/PUBLIC CHARITIES DIVISION****ONE ASHBURTON PLACE  
BOSTON, MASSACHUSETTS 02108****MAURA HEALEY  
ATTORNEY GENERAL****(617) 727-2200, ext. 2101  
[www.mass.gov/ago/charities](http://www.mass.gov/ago/charities)****Worksheet PC****Report for the Fiscal Period:** 07/01/2023 to 06/30/2024**AG Account #:** 052887 **Federal ID #:** 11-3822037**Electronic Payment Confirmation #:** \_\_\_\_\_  
*Attach printout of electronic payment confirmation.***Electronic Payment Date:** \_\_\_\_\_When did the organization first engage in  
charitable work in Massachusetts? 08/24/2007Has the organization applied for or been  
granted IRS tax exempt status? ☒ Yes ☐ NoIf yes, date of application **OR** date of determination letter: 02/02/2011IRS Exemption under 501(c): 3If exempt under 501(c), are contributions to the organization  
tax deductible as charitable contributions? ☒ Yes ☐ No**Check all items attached  
(if applicable)**

- ☒ Filing Fee or Printout of  
Electronic Payment  
Confirmation
- ☒ Copy of IRS Return
- ☒ Audited Financial  
Statements/Review
- ☐ Amended Articles/  
By-Laws
- ☒ Schedule A-1
- ☒ Schedule A-2
- ☐ Schedule RO
- ☐ Schedule VCO
- ☐ Probate Account

**Organization Data****Name:** RUNWAY FOR RECOVERY, INC**Mailing Address:** 29 WATER ST SUITE 216**City:** NEWBURYPORT **State:** MA **Zip:** 01950**Phone Number:** 978-255-4730 **Fax Number:** \_\_\_\_\_**Email:** OLIVIA@RUNWAYFORRECOVERY.ORG **Website:** WWW.RUNWAYFORRECOVERY.ORG

In the table below, please enter the appropriate codes from the corresponding tables found in the instructions.

Enter **up to 2** codes from Table 3 for your organization's main purpose(s)

| Category                       | Code      | Category                    | Code      |
|--------------------------------|-----------|-----------------------------|-----------|
| County (Table 1)               | <u>5</u>  | Organization Purpose Code 1 | <u>20</u> |
| Type of Organization (Table 2) | <u>23</u> | Organization Purpose Code 2 | <u>60</u> |

**Please check box if final return prior to dissolution:** ☐

# WORKSHEET ONLY - DO NOT FILE

All questions must be completed in their entirety whether or not similar questions are answered in an attached federal form.  
See instructions and definition section for guidance.

1. On what date was the organization created? 08/24/2007

2. Where was the organization created? Massachusetts

3. What is the form of organization? (check one)

|   |   |
|---|---|
| Corporation <input checked="" type="checkbox"/>     | Testamentary Trust <input type="checkbox"/> |
| Unincorporated Association <input type="checkbox"/> | Inter Vivos Trust <input type="checkbox"/>  |

Other (please describe): \_\_\_\_\_

4. Was your organization related to any other organization(s) during the reporting year (see definition "Related Organization")? If yes, please complete the Schedule RO on pages 13 and 14. ☐ Yes ☒ No

5. Enter your summary of financial data:

|    | Financial Data   | Amounts   |
|----|--|-----------|
| A. | Contributions, gifts, grants, and similar amounts received | 1,318,736 |
| B. | Gross support and revenue                                  | 1,128,348 |
| C. | Program services and similar amounts paid out              | 558,871   |
| D. | Fundraising expenses                                       | 260,325   |
| E. | Management and general expenses                            | 163,766   |
| F. | Payments to affiliates                                     |           |
| G. | Total expenses   | 982,962   |
| H. | Net assets or fund balances at the end of the year         | 93,445    |

6. List the total compensation you provided to your five highest paid employees:

|    | Name/Title                              | Hrs/<br>Week | Salary and<br>Other Income | Benefit Plans | Other<br>Compensation |
|----|---|--------------|----------------------------|---------------|-----------------------|
| 1. | OLIVIA BOGER<br>EXECUTIVE DIRECTOR      | 50.00        | 114,507                    |               |                       |
| 2. | VALERIE CAMPBELL<br>FORMER ASST. TO DIR | 40.00        | 76,440                     |               |                       |
| 3. |   |              |                            |               |                       |
| 4. |   |              |                            |               |                       |
| 5. |   |              |                            |               |                       |

7. Was any compensation provided to any of the individuals listed in question 6 above which was not quantified in your response to 6? If yes, please provide explanation (attach separate sheet). ☐ Yes ☒ No

# WORKSHEET ONLY - DO NOT FILE

8. List the name, amount of compensation paid, and the nature of services rendered by each of the organization's five highest paid consultants providing professional services (e.g. attorneys, architects, accountants, management companies, investment advisors, professional solicitors, professional fundraising counsel).

|    | Name/Title              | Amount of Compensation | Type(s) of Service |
|----|-------------------------|------------------------|--------------------|
| 1. | CHRIS DEFILIPPI         | 28,029                 | DATA MANAGEMENT    |
| 2. | SCHEID DEIGNAN BROWN PC | 22,000                 | AUDIT AND TAX      |
| 3. | WHITNEY MOHLER          | 19,362                 | GRANT WRITER       |
| 4. | ANN MARKS               | 14,364                 | COMMUN. DIRECT.    |
| 5. | CAROLINE O'DONNELL      | 13,400                 | MARKET. DIRECT.    |

9. Bank(s) in which the organization's funds are deposited (include bank addresses and phone number):

| Bank            | Address                               | Phone Number |
|-----------------|---------------------------------------|--------------|
| EASTERN BANK    | 17 STOREY AVE<br>NEWBURYPORT MA 01950 | 978-462-6641 |
| BANK OF AMERICA | 2 STATE ST<br>NEWBURYPORT MA 01960    | 978-499-0183 |
|                 |                                       |              |

10. What is the organization's accounting method?

☐

Cash

☒

Accrual

☐

Other (specify):

---

11. If organization's mailing address is a P.O. Box, list the organization's full street address:

Address: 

---

City: 

---

 State: 

---

 Zip Code: 

---

12. Contact Person Name: OLIVIA ACHTMEYER BOGER

Street Address: 65 MIDDLE STCity: NEWBURYPORT State: MA Zip Code: 01950Phone Number: 

---

# WORKSHEET ONLY - DO NOT FILE

13. During the fiscal year reported here, did your organization solicit contributions or have funds solicited on its behalf?

☒ Yes

☐ No

14. At any time during the fiscal year following the year reported here, will your organization, or others acting on its behalf, solicit contributions?

☒ Yes

☐ No

***If you answered yes to Question 13 or 14, you must complete Schedule A-1 and/or Schedule A-2 unless you are exempt from the solicitation certificate requirement.***

15. If you are claiming an exemption from the solicitation certificate requirement, please indicate by checking the box to the right to identify which exemption applies to your organization.

a religious organization

☐

an organization which: (a) does not raise more than \$5,000 during a calendar year OR does not receive contributions from more than ten persons during a calendar year; AND (b) carries out all of its activities, including fundraising, through unpaid volunteers. [The conditions at both (a) and (b) must be met for your organization to qualify for this exemption.]

☐

16. Attach a list of names, addresses (street and/or mailing), and telephone numbers of other offices/chapters/branches/affiliates. **None**

17. Attach a list of names, titles, and addresses (street and/or mailing) of officers, directors, trustees, and the principal salaried executives of organization. **See Statement 1**

18. Attach a list of name, titles, and addresses (street and/or mailing) of any individual(s) authorized to sign checks, and any individual(s) responsible for: custody of funds; distribution of funds; fundraising; and custody of financial records. **See Statement 2**

19. Has this organization or any of its officers, directors, employees or fundraisers solicited funds in any other state? **See Statement 3**

☒ Yes

☐ No

***If you attach list of states where solicitation was conducted, including registered agency, dates of registration, registration numbers, any other names under which the organization was/is registered, and the dates and type (mail, telephone, door to door, special events, etc.) of the solicitation conducted.***

# WORKSHEET ONLY - DO NOT FILE

1022

20. Has this organization or any of its officers, directors, or employees:

*If yes, please attach an explanation.*

(a) Been enjoined or otherwise prohibited by a government agency/court from operating or soliciting contributions?

☐ Yes ☒ No

(b) Ever been refused registration or had its registration or tax exemption denied, suspended, modified or revoked by a governmental agency?

☐ Yes ☒ No

(c) Been the subject of a proceeding regarding any solicitation or registration?

☐ Yes ☒ No

(d) Entered into a voluntary agreement of compliance or consent judgment with, any government agency or in a case before a court or administrative agency?

☐ Yes ☒ No

21. Have any restrictions been removed during the year from donor-restricted funds?

*If yes, please attach an explanation.*

☐ Yes ☒ No

22. Have donor-restricted funds been loaned to unrestricted funds?

*If yes, please attach an explanation.*

☐ Yes ☒ No

23. This question involves "Termination of Employment or Changes of Control Compensatory Arrangements" with certain "Related Parties" (*see instructions and definition sections*). Report only if payments made or promised to any individual are in excess of four months salary or \$100,000, whichever dollar amount is less.

(a) Did you make actual payments or otherwise transfer value under such an arrangement to any individual described in Related Party definition, sections (a) or (b), which payments are not reported in Question 6 or 7 above?

☐ Yes ☒ No

(b) Do you have an agreement with any individual described in Related Party definition, sections (a) or (b), containing such an agreement?

☐ Yes ☒ No

*If you answered **yes** for Question 23(a) or 23(b) above, please attach an explanation identifying the individual(s) involved, stating the amount of any payments made or value transferred, and describing the terms of each agreement.*

# WORKSHEET ONLY - DO NOT FILE

24. This question applies to related party transactions, which include transactions with officers, directors, trustees, certain employees, relative, and organizations they own or control. Please consult the instructions and definition sections for the definition of a "Related Party" and "Indebtedness" before answering. Note that transactions involving related parties must be reported even when there is no accounting recognition (e.g. in-kind gifts, waiver or interest not otherwise reported).

*If the answer to any part of Question 24 is **yes**, attach a schedule stating the name and address of the related party, the nature of the transaction, the value or the amounts involved in the transaction, and the procedure followed in authorizing the transaction.*

| During the year: |  |   |
|------------------|--|---|
| A.               | Has your organization sold or transferred assets to or purchased assets from or exchanged assets with a related party?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| B.               | Has your organization leased assets to or leased assets from a related party?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| C.               | Has your organization been indebted to a related party?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| D.               | Has your organization allowed a related party to be indebted to it?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| E.               | Has your organization made or held an investment in a related party?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| F.               | Has your organization furnished goods, services, or facilities to a related party?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| G.               | Has your organization acquired goods, services, or facilities from a related party who received compensation or other value in return?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| H.               | Has your organization paid or became obligated to pay wages, salary, or other compensation to a related party?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| I.               | Has your organization transferred income or assets to or for use by a related party?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| J.               | Was your organization a party to any transaction in which any of its officers, directors, or trustees has a material financial interest, or did any officer, director or trustee receive anything of value not reported as compensation? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| K.               | Has your organization invested in any corporate stock of a company in which any officer, director, or trustee owns more than 10% of the outstanding shares?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| L.               | Is any property of the organization held in the name of or commingled with the property of any other person or organization?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| M.               | Did your organization make a grant award or contribution to any other organization in which any of this organization's officers, directors or trustees has a relationship?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

# WORKSHEET ONLY - DO NOT FILE

## Signature Required

Under penalty of perjury, I declare that the information furnished in this report, including all attachments, is true and correct to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: MAGGIE DEMONT

Title: CHAIR

Name of Preparer: Scheid Deignan Brown, PC

Address 101 Commonwealth Ave  
Concord, MA 01742-2903

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number 978-318-9600

# WORKSHEET ONLY - DO NOT FILE

## Schedule A-1

### Solicitation Activities During Fiscal Year Covered By This Report

List any names which will be used by the organization in connection with the solicitation of funds, other than the official name which appears on page 1.

---



---

Types of solicitation activities in which you expect to engage (*check all that apply*):

|  |                                     |                                       |                                     |
|--|-------------------------------------|---------------------------------------|-------------------------------------|
| Mass Mailing                               | <input checked="" type="checkbox"/> | Via the Internet                      | <input checked="" type="checkbox"/> |
| Door-to-door                               | <input type="checkbox"/>            | Raffle, beano, bingo or gaming event  | <input type="checkbox"/>            |
| Entertainment event                        | <input checked="" type="checkbox"/> | Sale of goods other than by telephone | <input checked="" type="checkbox"/> |
| Telemarketing without sale of goods or ads | <input type="checkbox"/>            | Individual Mailings                   | <input type="checkbox"/>            |
| Telemarketing with sale of goods           | <input type="checkbox"/>            | Corporate solicitations               | <input checked="" type="checkbox"/> |
| Telemarketing with sale of ads             | <input type="checkbox"/>            | Grant Proposals                       | <input checked="" type="checkbox"/> |

☐ Other (*specify*): \_\_\_\_\_

Identify the method or methods you expect to use for the fundraising (*check all that apply*):

|                                   |                          |               |                                     |
|-----------------------------------|--------------------------|---------------|-------------------------------------|
| Professional solicitor*           | <input type="checkbox"/> | Own employees | <input checked="" type="checkbox"/> |
| Professional fundraising counsel* | <input type="checkbox"/> | Volunteers    | <input checked="" type="checkbox"/> |
| Commercial co-venturer*           | <input type="checkbox"/> |               |                                     |

\* Provide applicable names and addresses:

Professional Solicitor Name: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Professional Fundraising Counsel Name: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Commercial Co-Venturer Name: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

# WORKSHEET ONLY - DO NOT FILE

## Schedule A-1 ctd.

### Solicitation Activities During Fiscal Year Covered By This Report

Identify the individuals who will have final responsibility for the charity's custody of contributions:

Name and Title: OLIVIA ACHTMEYER BOGER EXEC DIRECTOR

Address 65 MIDDLE ST

City NEWBURYPORT State MA Zip Code 01950

Name and Title: DAN MURPHY TREASURER

Address 3 CAMERON AVE

City SOMERVILLE State MA Zip Code 02144

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Identify the individuals who will have final responsibility for the charity's distribution of contributions:

Name and Title: See Statement 4

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

# WORKSHEET ONLY - DO NOT FILE

## Schedule A-2

### Solicitation Activities Planned for Fiscal Year Which Follows the Reporting Year

List any names which will be used by the organization in connection with the solicitation of funds, other than the official name which appears on page 1.

---



---

Types of solicitation activities in which you expect to engage (*check all that apply*):

|  |                                     |                                       |                                     |
|--|-------------------------------------|---------------------------------------|-------------------------------------|
| Mass Mailing                               | <input checked="" type="checkbox"/> | Via the Internet                      | <input checked="" type="checkbox"/> |
| Door-to-door                               | <input type="checkbox"/>            | Raffle, beano, bingo or gaming event  | <input type="checkbox"/>            |
| Entertainment event                        | <input checked="" type="checkbox"/> | Sale of goods other than by telephone | <input checked="" type="checkbox"/> |
| Telemarketing without sale of goods or ads | <input type="checkbox"/>            | Individual Mailings                   | <input type="checkbox"/>            |
| Telemarketing with sale of goods           | <input type="checkbox"/>            | Corporate solicitations               | <input checked="" type="checkbox"/> |
| Telemarketing with sale of ads             | <input type="checkbox"/>            | Grant Proposals                       | <input checked="" type="checkbox"/> |

☐ Other (*specify*): \_\_\_\_\_

Identify the method or methods you expect to use for the fundraising (*check all that apply*):

|                                   |                          |               |                                     |
|-----------------------------------|--------------------------|---------------|-------------------------------------|
| Professional solicitor*           | <input type="checkbox"/> | Own employees | <input checked="" type="checkbox"/> |
| Professional fundraising counsel* | <input type="checkbox"/> | Volunteers    | <input checked="" type="checkbox"/> |
| Commercial co-venturer*           | <input type="checkbox"/> |               |                                     |

\* Provide applicable names and addresses:

Professional Solicitor Name: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Professional Fundraising Counsel Name: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Commercial Co-Venturer Name: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

# WORKSHEET ONLY - DO NOT FILE

## Schedule A-2 ctd.

### Solicitation Activities Planned for Fiscal Year Which Follows the Reporting Year

Identify the individuals who will have final responsibility for the charity's custody of contributions:

Name and Title: OLIVIA ACHTMEYER BOGER EXEC DIRECTOR

Address 65 MIDDLE ST

City NEWBURYPORT State MA Zip Code 01950

Name and Title: DAN MURPHY TREASURER

Address 3 CAMERON AVE

City SOMERVILLE State MA Zip Code 02144

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Identify the individuals who will have final responsibility for the charity's distribution of contributions:

Name and Title: See Statement 5

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

WORKSHEET ONLY - DO NOT FILE

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Certification by Organization

*Two different signatures required.* Signers must be organization president or other authorized officer or trustee.

Under penalty of perjury, we declare that the information furnished in this report, including all attachments, is true and correct to the best of our knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: MAGGIE DEMONT

Title: CHAIR

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: OLIVIA ACHTMEYER BOGER

Title: EXECUTIVE DIRECTOR

Massachusetts Statements

Statement 1 - Form PC, Page 4, Line 17 - Officers, Directors, Trustees, and Principal  
Salaried Executives

| Name              |       | Title      | Address                    | City          | State | Zip Code |
|-------------------|-------|------------|----------------------------|---------------|-------|----------|
| OLIVIA ACHTMEYER  | BOGER | EXECUTIVE  | DI 65 MIDDLE ST            | NEWBURYPORT   | MA    | 01950    |
| WILLIAM ACHTMEYER |       | CHAIR      | 34 1/2 BEACON ST           | BOSTON        | MA    | 02108    |
| MAGGIE DEMONT     |       | CHAIR      | 51 PICKWICK RD             | WEST NEWTON   | MA    | 02465    |
| LINDSAY BOGER     |       | DIRECTOR   | 121 BAKER AVE              | CONCORD       | MA    | 01742    |
| CHRISTINA PARDY   |       | DIRECTOR   | 49 CHESTNUT ST             | BOSTON        | MA    | 02108    |
| SUZANNE LOWELL    |       | VICE CHAIR | 144 MOODY ST BLDG 18       | WALTHAM       | MA    | 02453    |
| HENRY MCNAMARA    |       | DIRECTOR   | 660 MADISON AVE SUITE 1600 | NEW YORK      | NY    | 10065    |
| JOSEPH SOLLIERS   |       | DIRECTOR   | 11129 FALLS RD             | LUTHERVILLE   | MD    | 21093    |
| RANDALL KENNEDY   |       | DIRECTOR   | 58 VILLAGE AVE             | DEDHAM        | MA    | 02026    |
| CRYSTAL DAVIS     |       | DIRECTOR   | 27 LIVOLI RD               | BROCKTON      | MA    | 02302    |
| TIM LLEWELLYN     |       | DIRECTOR   | 83 ASBURY ST               | TOPSFIELD     | MA    | 01983    |
| LESLIE FANG       |       | DIRECTOR   | 151 MERRIMAC ST            | BOSTON        | MA    | 02114    |
| KRISTIN FERARRI   |       | DIRECTOR   | 3 FLINTLOCK DR             | BEDFORD       | MA    | 01730    |
| NICOLE MERHILL    |       | CLERK      | 14 COLBY RD                | HINGHAM       | MA    | 02043    |
| SARA WEISS        |       | DIRECTOR   | 344 APPPLETON ST           | ANDOVER       | MA    | 01845    |
| JENNY CLAYTON     |       | DIRECTOR   | 25 COLE RD                 | HINGHAM       | MA    | 02043    |
| LINDA MATZKIN     |       | DIRECTOR   | 99 FLORENCE ST             | CHESTNUT HILL | MA    | 02467    |

Massachusetts Statements

Statement 1 - Form PC, Page 4, Line 17 - Officers, Directors, Trustees, and Principal Salaried Executives (continued)

| Name           | Title     | Address          | City       | State | Zip Code |
|----------------|-----------|------------------|------------|-------|----------|
| EMILY COHEN    | DIRECTOR  | 30 RICKER RD #1  | NEWTON     | MA    | 02458    |
| AMI MEHR       | DIRECTOR  | 36 HOWARTH DR    | UPTON      | MA    | 01568    |
| SUSAN BURKE    | DIRECTOR  | 22 MT. VERNON ST | BOSTON     | MA    | 02129    |
| ERICA TREMBLAY | DIRECTOR  | 10 MADIGAN LANE  | HARVARD    | MA    | 01451    |
| DAN MURPHY     | TREASURER | 3 CAMERON AVE    | SOMERVILLE | MA    | 02144    |
| MAX PINTO      | DIRECTOR  | 596 TREMONT ST   | BOSTON     | MA    | 02118    |

Statement 2 - Form PC, Page 4, Line 18 - Individuals Authorized to Sign Checks or Responsible for Funds

| Name                   | Title             | Address            | City        | State | Zip   |
|------------------------|-------------------|--------------------|-------------|-------|-------|
| OLIVIA ACHTMEYER BOGER | EXEC DIRECTOR     | 65 MIDDLE ST       | NEWBURYPORT | MA    | 01950 |
| VALERIE CAMPBELL       | ASSIST TO EXC DIR | 80 STRAWBERRY LANE | ABINGTON    | MA    | 02351 |

**Statement 3 - Form PC, Page 4, Line 19 - States Where Solicitation Conducted**

Description

CA, CT, FL, ME, NH, NJ, NY, PA, RI

Statement 4 - Form PC, Page 9, Schedule A-1 - Individuals Responsible for Distribution of Contributions

| Name             |       | Address           | City           | State | Zip Code   |
|------------------|-------|-------------------|----------------|-------|------------|
| Title            |       |                   |                |       |            |
| OLIVIA ACHTMEYER | BOGER | 65 MIDDLE ST      | NEWBURYPORT    | MA    | 01950      |
| EXEC DIRECTOR    |       |                   |                |       |            |
| LINDSAY BOGER    |       | 121 BAKER AVE     | CONCORD        | MA    | 01742-2510 |
| BOARD MEMBER     |       |                   |                |       |            |
| EMILY COHEN      |       | 30 RICKER RD      | NEWTON         | MA    | 02458      |
| BOARD MEMBER     |       |                   |                |       |            |
| SUSAN BURKE      |       | 22 MT VERNON ST   | BOSTON         | MA    | 02129      |
| BOARD MEMBER     |       |                   |                |       |            |
| RACHEL ASSELIN   |       | 180 WATCH HILL DR | EAST GREENWICH | RI    | 02818      |
| VOLUNTEER        |       |                   |                |       |            |

Statement 5 - Form PC, Page 11, Schedule A-2 - Individuals Responsible for Distribution of Contributions

| Name             |       | Address           | City           | State | Zip Code   |
|------------------|-------|-------------------|----------------|-------|------------|
| Title            |       |                   |                |       |            |
| OLIVIA ACHTMEYER | BOGER | 65 MIDDLE ST      | NEWBURYPORT    | MA    | 01950      |
| EXEC DIRECTOR    |       |                   |                |       |            |
| LINDSAY BOGER    |       | 121 BAKER AVE     | CONCORD        | MA    | 01742-2510 |
| BOARD MEMBER     |       |                   |                |       |            |
| EMILY COHEN      |       | 30 RICKER RD      | NEWTON         | MA    | 02458      |
| BOARD MEMBER     |       |                   |                |       |            |
| SUSAN BURKE      |       | 22 MT VERNON ST   | BOSTON         | MA    | 02129      |
| BOARD MEMBER     |       |                   |                |       |            |
| RACHEL ASSELIN   |       | 180 WATCH HILL DR | EAST GREENWICH | RI    | 02818      |
| VOLUNTEER        |       |                   |                |       |            |

Form **990**  
Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
Do not enter social security numbers on this form as it may be made public.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**  
**Open to Public Inspection****A** For the 2023 calendar year, or tax year beginning **07/01/23**, and ending **06/30/24**

|  |  |   |   |
|--|--|---|---|
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return/terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization<br><b>RUNWAY FOR RECOVERY, INC</b>   |   | <b>D</b> Employer identification number<br><b>11-3822037</b>  |
|  | Doing business as  |   | <b>E</b> Telephone number<br><b>978-255-4730</b>  |
|  | Number and street (or P.O. box if mail is not delivered to street address)<br><b>29 WATER ST SUITE 216</b>                             |   | Room/suite  |
|  | City or town, state or province, country, and ZIP or foreign postal code<br><b>NEWBURYPORT MA 01950</b>                                |   | <b>G</b> Gross receipts \$ <b>1,436,178</b>   |
|  | <b>F</b> Name and address of principal officer:<br><b>OLIVIA ACHTMEYER BOGER</b><br><b>65 MIDDLE ST</b><br><b>NEWBURYPORT MA 01950</b> |   | <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list. See instructions |
| <b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527   |  |   |   |
| <b>J</b> Website: <b>WWW.RUNWAYFORRECOVERY.ORG</b>   |  |   |   |
| <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other  |  | <b>L</b> Year of formation: <b>2011</b> | <b>M</b> State of legal domicile: <b>MA</b>   |

**Part I Summary**

|  |  |                                  |                     |
|--|--|----------------------------------|---------------------|
| <b>Activities &amp; Governance</b>   | <b>1</b> Briefly describe the organization's mission or most significant activities:<br><b>See Schedule O</b>                                    |                                  |                     |
|  | <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. |                                  |                     |
|  | <b>3</b> Number of voting members of the governing body (Part VI, line 1a)   | <b>3</b>                         | <b>22</b>           |
|  | <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)   | <b>4</b>                         | <b>22</b>           |
|  | <b>5</b> Total number of individuals employed in calendar year 2023 (Part V, line 2a)  | <b>5</b>                         | <b>2</b>            |
|  | <b>6</b> Total number of volunteers (estimate if necessary)  | <b>6</b>                         | <b>34</b>           |
|  | <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12   | <b>7a</b>                        | <b>0</b>            |
| <b>7b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11 | <b>7b</b>  | <b>0</b>                         |                     |
| <b>Revenue</b>   | <b>8</b> Contributions and grants (Part VIII, line 1h)   | <b>Prior Year</b>                | <b>Current Year</b> |
|  | <b>9</b> Program service revenue (Part VIII, line 2g)  | <b>1,229,226</b>                 | <b>1,318,736</b>    |
|  | <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)  |                                  | <b>0</b>            |
|  | <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   | <b>-295,924</b>                  | <b>-190,388</b>     |
|  | <b>12</b> Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)   | <b>933,302</b>                   | <b>1,128,348</b>    |
|  | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)   | <b>276,346</b>                   | <b>307,161</b>      |
| <b>Expenses</b>  | <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)  |                                  | <b>0</b>            |
|  | <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)  | <b>256,909</b>                   | <b>287,569</b>      |
|  | <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)   |                                  | <b>0</b>            |
|  | <b>b</b> Total fundraising expenses (Part IX, column (D), line 25)   | <b>260,325</b>                   |                     |
|  | <b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)   | <b>334,072</b>                   | <b>388,232</b>      |
|  | <b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)  | <b>867,327</b>                   | <b>982,962</b>      |
|  | <b>19</b> Revenue less expenses. Subtract line 18 from line 12   | <b>65,975</b>                    | <b>145,386</b>      |
| <b>Net Assets or Fund Balances</b>   | <b>20</b> Total assets (Part X, line 16)   | <b>Beginning of Current Year</b> | <b>End of Year</b>  |
|  | <b>21</b> Total liabilities (Part X, line 26)  | <b>115,295</b>                   | <b>286,923</b>      |
|  | <b>22</b> Net assets or fund balances. Subtract line 21 from line 20   | <b>182,236</b>                   | <b>193,478</b>      |
|  |  | <b>-66,941</b>                   | <b>93,445</b>       |

**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.

|                               |  |                                  |                         |  |
|-------------------------------|--|----------------------------------|-------------------------|--|
| <b>Sign Here</b>              | Signature of officer<br><b>MAGGIE DEMONT</b>                             |                                  | Date<br><b>CHAIR</b>    |  |
|                               | Type or print name and title   |                                  |                         |  |
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name<br><b>David Deignan, CPA</b>                  | Preparer's signature             | Date<br><b>04/23/25</b> | Check <input type="checkbox"/> if self-employed PTIN<br><b>P01721685</b> |
|                               | Firm's name<br><b>Scheid Deignan Brown, PC</b>                           | Firm's EIN<br><b>84-3998573</b>  |                         |  |
|                               | Firm's address<br><b>101 Commonwealth Ave<br/>Concord, MA 01742-2903</b> | Phone no.<br><b>978-318-9600</b> |                         |  |

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2023)

**Part III Statement of Program Service Accomplishments**

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



**1** Briefly describe the organization's mission:

**See Schedule O**

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

**WE ANNOUNCED PLANS TO EXPAND OUR PROGRAM TO NEW YORK AND NEW JERSEY IN FY25 AND OUR EVENTS WERE PLANNED STARTING IN AUGUST 2025. FURTHER, WE ANNOUNCED THAT WE WOULD ACCEPT APPLICATIONS FOR FUNDING FROM FAMILIES IN NY/NJ STARTING ON JULY 1, 2025**

**4b** (Code: ) (Expenses \$ **307,161** including grants of \$ **307,161** ) (Revenue \$ )

**WE FUNDED 53 FAMILIES WITH GRANTS BETWEEN \$10K-\$30K PER FAMILY, AND WE CONTINUED TO INCLUDE ORANGE AND LA COUNTY FAMILIES IN OUR PROGRAM ALONG WITH OUR NEW ENGLAND FAMILIES.**

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

**WE HAD OUR MOST SUCCESSFUL RUNWAY SHOW, NEW ENGLAND ALONG WITH A FULL CALENDAR OF EVENTS ACROSS THE COUNTRY IN OUR PLAYING FOR PINK, RALLY FOR RUNWAY, AND LOVE LOCAL EVENTS.**

**4d** Other program services (Describe on Schedule O.)

(Expenses \$ **251,710** including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses **558,871**

**Part IV Checklist of Required Schedules**

|  | Yes      | No       |
|--|----------|----------|
| <b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A   | <b>X</b> |          |
| <b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors? See instructions   | <b>X</b> |          |
| <b>3</b> 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  |          | <b>X</b> |
| <b>4 Section 501(c)(3) organizations.</b> 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  |          | <b>X</b> |
| <b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III  |          | <b>X</b> |
| <b>6</b> 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  |          | <b>X</b> |
| <b>7</b> 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  |          | <b>X</b> |
| <b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III   |          | <b>X</b> |
| <b>9</b> 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            |          | <b>X</b> |
| <b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V   |          | <b>X</b> |
| <b>11</b> 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.   |          |          |
| <b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI   | <b>X</b> |          |
| <b>b</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  |          | <b>X</b> |
| <b>c</b> 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  |          | <b>X</b> |
| <b>d</b> 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   | <b>X</b> |          |
| <b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X   | <b>X</b> |          |
| <b>f</b> 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  | <b>X</b> |          |
| <b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII  | <b>X</b> |          |
| <b>b</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   |          | <b>X</b> |
| <b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  |          | <b>X</b> |
| <b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?   |          | <b>X</b> |
| <b>b</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 |          | <b>X</b> |
| <b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV   |          | <b>X</b> |
| <b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV   |          | <b>X</b> |
| <b>17</b> 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   |          | <b>X</b> |
| <b>18</b> 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   | <b>X</b> |          |
| <b>19</b> 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   |          | <b>X</b> |
| <b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H   |          | <b>X</b> |
| <b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  |          |          |
| <b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II  |          | <b>X</b> |

**Part IV Checklist of Required Schedules** *(continued)*

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

|   | Yes       | No |
|---|-----------|----|
| <b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  | <b>11</b> |    |
| <b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  | <b>0</b>  |    |
| <b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? |           |    |

| Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) |  | Yes        | No       |
|--|--|------------|----------|
| <b>2a</b>  | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  | <b>2a</b>  | <b>2</b> |
| <b>b</b>   | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?   | <b>2b</b>  | <b>X</b> |
| <b>3a</b>  | Did the organization have unrelated business gross income of \$1,000 or more during the year?  | <b>3a</b>  | <b>X</b> |
| <b>b</b>   | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O  | <b>3b</b>  |          |
| <b>4a</b>  | 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)? | <b>4a</b>  | <b>X</b> |
| <b>b</b>   | If "Yes," enter the name of the foreign country<br>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).   |            |          |
| <b>5a</b>  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  | <b>5a</b>  | <b>X</b> |
| <b>b</b>   | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   | <b>5b</b>  | <b>X</b> |
| <b>c</b>   | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  | <b>5c</b>  |          |
| <b>6a</b>  | 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?                                    | <b>6a</b>  | <b>X</b> |
| <b>b</b>   | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  | <b>6b</b>  |          |
| <b>7</b>   | <b>Organizations that may receive deductible contributions under section 170(c).</b>   |            |          |
| <b>a</b>   | 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?  | <b>7a</b>  |          |
| <b>b</b>   | If "Yes," did the organization notify the donor of the value of the goods or services provided?  | <b>7b</b>  |          |
| <b>c</b>   | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?   | <b>7c</b>  |          |
| <b>d</b>   | If "Yes," indicate the number of Forms 8282 filed during the year  | <b>7d</b>  |          |
| <b>e</b>   | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  | <b>7e</b>  |          |
| <b>f</b>   | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   | <b>7f</b>  |          |
| <b>g</b>   | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?   | <b>7g</b>  |          |
| <b>h</b>   | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?   | <b>7h</b>  |          |
| <b>8</b>   | <b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?   | <b>8</b>   |          |
| <b>9</b>   | <b>Sponsoring organizations maintaining donor advised funds.</b>   |            |          |
| <b>a</b>   | Did the sponsoring organization make any taxable distributions under section 4966?   | <b>9a</b>  |          |
| <b>b</b>   | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  | <b>9b</b>  |          |
| <b>10</b>  | <b>Section 501(c)(7) organizations.</b> Enter:   |            |          |
| <b>a</b>   | Initiation fees and capital contributions included on Part VIII, line 12   | <b>10a</b> |          |
| <b>b</b>   | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  | <b>10b</b> |          |
| <b>11</b>  | <b>Section 501(c)(12) organizations.</b> Enter:  |            |          |
| <b>a</b>   | Gross income from members or shareholders  | <b>11a</b> |          |
| <b>b</b>   | Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)  | <b>11b</b> |          |
| <b>12a</b>   | <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?  | <b>12a</b> |          |
| <b>b</b>   | If "Yes," enter the amount of tax-exempt interest received or accrued during the year  | <b>12b</b> |          |
| <b>13</b>  | <b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>  |            |          |
| <b>a</b>   | Is the organization licensed to issue qualified health plans in more than one state?<br><b>Note:</b> See the instructions for additional information the organization must report on Schedule O.   | <b>13a</b> |          |
| <b>b</b>   | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  | <b>13b</b> |          |
| <b>c</b>   | Enter the amount of reserves on hand   | <b>13c</b> |          |
| <b>14a</b>   | Did the organization receive any payments for indoor tanning services during the tax year?   | <b>14a</b> | <b>X</b> |
| <b>b</b>   | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  | <b>14b</b> |          |
| <b>15</b>  | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?<br>If "Yes," see instructions and file Form 4720, Schedule N.                   | <b>15</b>  | <b>X</b> |
| <b>16</b>  | Is the organization an educational institution subject to the section 4968 excise tax on net investment income?<br>If "Yes," complete Form 4720, Schedule O.   | <b>16</b>  | <b>X</b> |
| <b>17</b>  | <b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?<br>If "Yes," complete Form 6069.  | <b>17</b>  |          |

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

**Section A. Governing Body and Management**

|  | 1a | 22 | Yes | No |
|--|----|----|-----|----|
| <b>1a</b> Enter the number of voting members of the governing body at the end of the tax year<br>If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. |    | 22 |     |    |
| <b>b</b> Enter the number of voting members included on line 1a, above, who are independent  | 1b | 22 |     |    |
| <b>2</b> 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?   | 2  |    | X   |    |
| <b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?   | 3  |    |     | X  |
| <b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  | 4  |    |     | X  |
| <b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?  | 5  |    |     | X  |
| <b>6</b> Did the organization have members or stockholders?  | 6  |    |     | X  |
| <b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?   | 7a |    |     | X  |
| <b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?   | 7b |    |     | X  |
| <b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:   |    |    |     |    |
| <b>a</b> The governing body?   | 8a |    | X   |    |
| <b>b</b> Each committee with authority to act on behalf of the governing body?   | 8b |    | X   |    |
| <b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O  | 9  |    |     | X  |

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

|   | Yes | No |
|---|-----|----|
| <b>10a</b> Did the organization have local chapters, branches, or affiliates?   | 10a | X  |
| <b>b</b> 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?   | 10b |    |
| <b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  | 11a | X  |
| <b>b</b> Describe on Schedule O the process, if any, used by the organization to review this Form 990.  |     |    |
| <b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13  | 12a | X  |
| <b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  | 12b |    |
| <b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done   | 12c |    |
| <b>13</b> Did the organization have a written whistleblower policy?   | 13  | X  |
| <b>14</b> Did the organization have a written document retention and destruction policy?  | 14  | X  |
| <b>15</b> 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?  |     |    |
| <b>a</b> The organization's CEO, Executive Director, or top management official   | 15a | X  |
| <b>b</b> Other officers or key employees of the organization<br>If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.  | 15b | X  |
| <b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  | 16a | X  |
| <b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | 16b |    |

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed **MA, CA**

**18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, 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 on Schedule O)

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

**20** State the name, address, and telephone number of the person who possesses the organization's books and records.

**OLIVIA ACHTMEYER BOGER**  
**NEWBURYPORT**

**65 MIDDLE ST**

**MA 01950**

**978-255-4730**

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

| (A)<br>Name and title        | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC) | (F)<br>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) <b>WILLIAM ACHTMEYER</b> |  |  |                       |         |              |                              |        |   |  |   |
| <b>CHAIR</b>                 | 3.00<br>0.00   | X  |                       | X       |              |                              |        | 0   | 0  | 0   |
| (2) <b>LINDSAY BOGER</b>     |  |  |                       |         |              |                              |        |   |  |   |
| <b>DIRECTOR</b>              | 6.00<br>0.00   | X  |                       |         |              |                              |        | 0   | 0  | 0   |
| (3) <b>SUSAN BURKE</b>       |  |  |                       |         |              |                              |        |   |  |   |
| <b>DIRECTOR</b>              | 3.00<br>0.00   | X  |                       |         |              |                              |        | 0   | 0  | 0   |
| (4) <b>JENNY CLAYTON</b>     |  |  |                       |         |              |                              |        |   |  |   |
| <b>DIRECTOR</b>              | 3.00<br>0.00   | X  |                       |         |              |                              |        | 0   | 0  | 0   |
| (5) <b>EMILY COHEN</b>       |  |  |                       |         |              |                              |        |   |  |   |
| <b>DIRECTOR</b>              | 3.00<br>0.00   | X  |                       |         |              |                              |        | 0   | 0  | 0   |
| (6) <b>CRYSTAL DAVIS</b>     |  |  |                       |         |              |                              |        |   |  |   |
| <b>DIRECTOR</b>              | 3.00<br>0.00   | X  |                       |         |              |                              |        | 0   | 0  | 0   |
| (7) <b>MAGGIE DEMONT</b>     |  |  |                       |         |              |                              |        |   |  |   |
| <b>CHAIR</b>                 | 6.00<br>0.00   | X  |                       | X       |              |                              |        | 0   | 0  | 0   |
| (8) <b>LESLIE FANG</b>       |  |  |                       |         |              |                              |        |   |  |   |
| <b>DIRECTOR</b>              | 3.00<br>0.00   | X  |                       |         |              |                              |        | 0   | 0  | 0   |
| (9) <b>KRISTIN FERARRI</b>   |  |  |                       |         |              |                              |        |   |  |   |
| <b>DIRECTOR</b>              | 3.00<br>0.00   | X  |                       |         |              |                              |        | 0   | 0  | 0   |
| (10) <b>RANDALL KENNEDY</b>  |  |  |                       |         |              |                              |        |   |  |   |
| <b>DIRECTOR</b>              | 1.00<br>0.00   | X  |                       |         |              |                              |        | 0   | 0  | 0   |
| (11) <b>TIM LLEWELLYN</b>    |  |  |                       |         |              |                              |        |   |  |   |
| <b>DIRECTOR</b>              | 3.00<br>0.00   | X  |                       |         |              |                              |        | 0   | 0  | 0   |

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

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC) | (F)<br>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) <b>SUZANNE LOWELL</b>                                     |  |  |                       |         |              |                              |        |   |  |   |
| (12) <b>VICE CHAIR</b>   | 6.00<br>0.00   | X  |                       | X       |              |                              |        | 0   | 0  | 0   |
| (13) <b>LINDA MATZKIN</b>                                      |  |  |                       |         |              |                              |        |   |  |   |
| (13) <b>DIRECTOR</b>   | 5.00<br>0.00   | X  |                       |         |              |                              |        | 0   | 0  | 0   |
| (14) <b>HENRY MCNAMARA</b>                                     |  |  |                       |         |              |                              |        |   |  |   |
| (14) <b>DIRECTOR</b>   | 1.00<br>0.00   | X  |                       |         |              |                              |        | 0   | 0  | 0   |
| (15) <b>AMI MEHR</b>   |  |  |                       |         |              |                              |        |   |  |   |
| (15) <b>DIRECTOR</b>   | 3.00<br>0.00   | X  |                       |         |              |                              |        | 0   | 0  | 0   |
| (16) <b>NICOLE MERHILL</b>                                     |  |  |                       |         |              |                              |        |   |  |   |
| (16) <b>CLERK</b>  | 4.00<br>0.00   | X  |                       | X       |              |                              |        | 0   | 0  | 0   |
| (17) <b>DAN MURPHY</b>   |  |  |                       |         |              |                              |        |   |  |   |
| (17) <b>TREASURER</b>  | 6.00<br>0.00   | X  |                       | X       |              |                              |        | 0   | 0  | 0   |
| (18) <b>CHRISTINA PARDY</b>                                    |  |  |                       |         |              |                              |        |   |  |   |
| (18) <b>DIRECTOR</b>   | 1.00<br>0.00   | X  |                       |         |              |                              |        | 0   | 0  | 0   |
| (19) <b>MAX PINTO</b>  |  |  |                       |         |              |                              |        |   |  |   |
| (19) <b>DIRECTOR</b>   | 3.00<br>0.00   | X  |                       |         |              |                              |        | 0   | 0  | 0   |
| <b>1b Subtotal</b>   |  |  |                       |         |              |                              |        |   |  |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> |  |  |                       |         |              |                              |        |   |  |   |
| <b>d Total (add lines 1b and 1c)</b>                           |  |  |                       |         |              |                              |        |   |  |   |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

|  | Yes | No       |
|--|-----|----------|
| <b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>  |     | <b>X</b> |
| <b>4</b> 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? <i>If "Yes," complete Schedule J for such individual</i> |     | <b>X</b> |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>                       |     | <b>X</b> |

**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)<br>Name and business address | (B)<br>Description of services | (C)<br>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 VIII Statement of Revenue**

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

|   |   |           |                | (A)<br>Total revenue | (B)<br>Related or exempt<br>function revenue | (C)<br>Unrelated<br>business revenue | (D)<br>Revenue excluded<br>from tax under<br>sections 512-514 |               |
|---|---|-----------|----------------|----------------------|--|--------------------------------------|---|---------------|
| <b>Contributions, Gifts, Grants<br/>and Other Similar Amounts</b>   | <b>1a</b> Federated campaigns   | <b>1a</b> |                |                      |  |                                      |   |               |
|   | <b>b</b> Membership dues  | <b>1b</b> |                |                      |  |                                      |   |               |
|   | <b>c</b> Fundraising events   | <b>1c</b> | 435,933        |                      |  |                                      |   |               |
|   | <b>d</b> Related organizations  | <b>1d</b> |                |                      |  |                                      |   |               |
|   | <b>e</b> Government grants (contributions)  | <b>1e</b> |                |                      |  |                                      |   |               |
|   | <b>f</b> All other contributions, gifts, grants,<br>and similar amounts not included above  | <b>1f</b> | 882,803        |                      |  |                                      |   |               |
|   | <b>g</b> Noncash contributions included in<br>lines 1a-1f   | <b>1g</b> | \$ 78,648      |                      |  |                                      |   |               |
|   | <b>h Total.</b> Add lines 1a-1f   |           |                |                      |  |                                      |   | 1,318,736     |
|   | <b>Program Service<br/>Revenue</b>  |           |                |                      |  |                                      |   | Business Code |
| <b>2a</b>   |   |           |                |                      |  |                                      |   |               |
| <b>b</b>  |   |           |                |                      |  |                                      |   |               |
| <b>c</b>  |   |           |                |                      |  |                                      |   |               |
| <b>d</b>  |   |           |                |                      |  |                                      |   |               |
| <b>e</b>  |   |           |                |                      |  |                                      |   |               |
| <b>f</b> All other program service revenue                          |   |           |                |                      |  |                                      |   |               |
| <b>g Total.</b> Add lines 2a-2f                                     |   |           |                |                      |  |                                      |   |               |
| <b>Other Revenue</b>  | <b>3</b> Investment income (including dividends, interest, and<br>other similar amounts)  |           |                |                      |  |                                      |   |               |
|   | <b>4</b> Income from investment of tax-exempt bond proceeds   |           |                |                      |  |                                      |   |               |
|   | <b>5</b> Royalties  |           |                |                      |  |                                      |   |               |
|   | <b>6a</b> Gross rents   |           | (i) Real       | (ii) Personal        |  |                                      |   |               |
|   |   | <b>6a</b> |                |                      |  |                                      |   |               |
|   | <b>b</b> Less: rental expenses  | <b>6b</b> |                |                      |  |                                      |   |               |
|   | <b>c</b> Rental inc. or (loss)  | <b>6c</b> |                |                      |  |                                      |   |               |
|   | <b>d</b> Net rental income or (loss)  |           |                |                      |  |                                      |   |               |
|   | <b>7a</b> Gross amount from<br>sales of assets<br>other than inventory  |           | (i) Securities | (ii) Other           |  |                                      |   |               |
|   |   | <b>7a</b> |                |                      |  |                                      |   |               |
|   | <b>b</b> Less: cost or other<br>basis and sales exps.   | <b>7b</b> |                |                      |  |                                      |   |               |
|   | <b>c</b> Gain or (loss)   | <b>7c</b> |                |                      |  |                                      |   |               |
|   | <b>d</b> Net gain or (loss)   |           |                |                      |  |                                      |   |               |
|   | <b>8a</b> Gross income from fundraising events<br>(not including \$ 435,933<br>of contributions reported on line<br>1c). See Part IV, line 18 |           |                |                      |  |                                      |   |               |
|   |   | <b>8a</b> | 117,442        |                      |  |                                      |   |               |
|   | <b>b</b> Less: direct expenses  | <b>8b</b> | 307,830        |                      |  |                                      |   |               |
|   | <b>c</b> Net income or (loss) from fundraising events   |           |                | -190,388             |  |                                      |   |               |
|   | <b>9a</b> Gross income from gaming<br>activities. See Part IV, line 19  |           |                |                      |  |                                      |   |               |
| <b>9a</b>   |   |           |                |                      |  |                                      |   |               |
| <b>b</b> Less: direct expenses                                      | <b>9b</b>   |           |                |                      |  |                                      |   |               |
| <b>c</b> Net income or (loss) from gaming activities                |   |           |                |                      |  |                                      |   |               |
| <b>10a</b> Gross sales of inventory, less<br>returns and allowances |   |           |                |                      |  |                                      |   |               |
|   | <b>10a</b>  |           |                |                      |  |                                      |   |               |
| <b>b</b> Less: cost of goods sold                                   | <b>10b</b>  |           |                |                      |  |                                      |   |               |
| <b>c</b> Net income or (loss) from sales of inventory               |   |           |                |                      |  |                                      |   |               |
| <b>Miscellaneous<br/>Revenue</b>                                    |   |           | Business Code  |                      |  |                                      |   |               |
|   | <b>11a</b>  |           |                |                      |  |                                      |   |               |
|   | <b>b</b>  |           |                |                      |  |                                      |   |               |
|   | <b>c</b>  |           |                |                      |  |                                      |   |               |
|   | <b>d</b> All other revenue  |           |                |                      |  |                                      |   |               |
|   | <b>e Total.</b> Add lines 11a-11d   |           |                |                      |  |                                      |   |               |
| <b>12 Total revenue.</b> See instructions                           |   |           |                | 1,128,348            | 0  | 0                                    | 0   |               |

**Part IX Statement of Functional Expenses**

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

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

**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

|  | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21  |                       |                                 |  |                             |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22   | <b>307,161</b>        | <b>307,161</b>                  |  |                             |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16  |                       |                                 |  |                             |
| <b>4</b> Benefits paid to or for members   |                       |                                 |  |                             |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees  |                       |                                 |  |                             |
| <b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)  |                       |                                 |  |                             |
| <b>7</b> Other salaries and wages  | <b>213,268</b>        | <b>147,009</b>                  | <b>6,024</b>                           | <b>60,235</b>               |
| <b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)  |                       |                                 |  |                             |
| <b>9</b> Other employee benefits   | <b>53,821</b>         | <b>5,382</b>                    | <b>13,455</b>                          | <b>34,984</b>               |
| <b>10</b> Payroll taxes  | <b>20,480</b>         | <b>2,048</b>                    | <b>5,120</b>                           | <b>13,312</b>               |
| <b>11</b> Fees for services (nonemployees):  |                       |                                 |  |                             |
| <b>a</b> Management  |                       |                                 |  |                             |
| <b>b</b> Legal   |                       |                                 |  |                             |
| <b>c</b> Accounting  | <b>35,025</b>         | <b>7,946</b>                    | <b>18,616</b>                          | <b>8,463</b>                |
| <b>d</b> Lobbying  |                       |                                 |  |                             |
| <b>e</b> Professional fundraising services. See Part IV, line 17   |                       |                                 |  |                             |
| <b>f</b> Investment management fees  |                       |                                 |  |                             |
| <b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)  | <b>93,504</b>         | <b>21,212</b>                   | <b>49,697</b>                          | <b>22,595</b>               |
| <b>12</b> Advertising and promotion  | <b>3,656</b>          |                                 | <b>3,656</b>                           |                             |
| <b>13</b> Office expenses  | <b>19,256</b>         |                                 | <b>17,774</b>                          | <b>1,482</b>                |
| <b>14</b> Information technology   | <b>25,533</b>         |                                 | <b>21,613</b>                          | <b>3,920</b>                |
| <b>15</b> Royalties  |                       |                                 |  |                             |
| <b>16</b> Occupancy  | <b>17,766</b>         |                                 | <b>17,766</b>                          |                             |
| <b>17</b> Travel   | <b>10,078</b>         | <b>189</b>                      | <b>2,572</b>                           | <b>7,317</b>                |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials   |                       |                                 |  |                             |
| <b>19</b> Conferences, conventions, and meetings   |                       |                                 |  |                             |
| <b>20</b> Interest   | <b>1,005</b>          |                                 | <b>1,005</b>                           |                             |
| <b>21</b> Payments to affiliates   |                       |                                 |  |                             |
| <b>22</b> Depreciation, depletion, and amortization  |                       |                                 |  |                             |
| <b>23</b> Insurance  | <b>2,072</b>          |                                 | <b>1,645</b>                           | <b>427</b>                  |
| <b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)                                     |                       |                                 |  |                             |
| <b>a PROGRAM EXPENSES</b>  | <b>142,488</b>        | <b>67,924</b>                   | <b>232</b>                             | <b>74,332</b>               |
| <b>b SERVICE FEES</b>  | <b>34,294</b>         |                                 | <b>1,036</b>                           | <b>33,258</b>               |
| <b>c MEMBERSHIP DUES</b>   | <b>2,000</b>          |                                 | <b>2,000</b>                           |                             |
| <b>d FEES</b>  | <b>1,555</b>          |                                 | <b>1,555</b>                           |                             |
| <b>e</b> All other expenses  |                       |                                 |  |                             |
| <b>25 Total functional expenses.</b> Add lines 1 through 24e   | <b>982,962</b>        | <b>558,871</b>                  | <b>163,766</b>                         | <b>260,325</b>              |
| <b>26 Joint costs.</b> 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 or note to any line in this Part X ☐

|  |  | (A)<br>Beginning of year  |                | (B)<br>End of year |
|--|--|---|----------------|--------------------|
| <b>Assets</b>  | <b>1</b> Cash—non-interest-bearing .....   | <b>87,854</b>   | <b>1</b>       | <b>51,437</b>      |
|  | <b>2</b> Savings and temporary cash investments .....  |   | <b>2</b>       |                    |
|  | <b>3</b> Pledges and grants receivable, net .....  |   | <b>3</b>       | <b>172,370</b>     |
|  | <b>4</b> Accounts receivable, net .....  |   | <b>4</b>       |                    |
|  | <b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons ..... |   | <b>5</b>       |                    |
|  | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....   |   | <b>6</b>       |                    |
|  | <b>7</b> Notes and loans receivable, net .....   | <b>3,441</b>  | <b>7</b>       | <b>2,480</b>       |
|  | <b>8</b> Inventories for sale or use .....   |   | <b>8</b>       |                    |
|  | <b>9</b> Prepaid expenses and deferred charges .....   |   | <b>9</b>       |                    |
|  | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....   | <b>10a</b> <b>14,901</b>  |                |                    |
|  | <b>b</b> Less: accumulated depreciation .....  | <b>10b</b> <b>14,901</b>  | <b>10c</b>     |                    |
|  | <b>11</b> Investments—publicly traded securities .....   |   | <b>11</b>      |                    |
|  | <b>12</b> Investments—other securities. See Part IV, line 11 .....   |   | <b>12</b>      |                    |
|  | <b>13</b> Investments—program-related. See Part IV, line 11 .....  |   | <b>13</b>      |                    |
|  | <b>14</b> Intangible assets .....  |   | <b>14</b>      |                    |
|  | <b>15</b> Other assets. See Part IV, line 11 .....   | <b>24,000</b>   | <b>15</b>      | <b>60,636</b>      |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....  | <b>115,295</b>   | <b>16</b>   | <b>286,923</b> |                    |
| <b>Liabilities</b>   | <b>17</b> Accounts payable and accrued expenses .....  | <b>17,040</b>   | <b>17</b>      | <b>46,556</b>      |
|  | <b>18</b> Grants payable .....   | <b>108,720</b>  | <b>18</b>      |                    |
|  | <b>19</b> Deferred revenue .....   |   | <b>19</b>      |                    |
|  | <b>20</b> Tax-exempt bond liabilities .....  |   | <b>20</b>      |                    |
|  | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....  |   | <b>21</b>      |                    |
|  | <b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....     |   | <b>22</b>      |                    |
|  | <b>23</b> Secured mortgages and notes payable to unrelated third parties .....   |   | <b>23</b>      |                    |
|  | <b>24</b> Unsecured notes and loans payable to unrelated third parties .....   |   | <b>24</b>      |                    |
|  | <b>25</b> 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 .....  | <b>56,476</b>   | <b>25</b>      | <b>146,922</b>     |
|  | <b>26 Total liabilities.</b> Add lines 17 through 25 .....   | <b>182,236</b>  | <b>26</b>      | <b>193,478</b>     |
|  | <b>Net Assets or Fund Balances</b>   | <b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b> |                |                    |
| <b>27</b> Net assets without donor restrictions .....  |  | <b>-66,941</b>  | <b>27</b>      | <b>-71,555</b>     |
| <b>28</b> Net assets with donor restrictions .....   |  |   | <b>28</b>      | <b>165,000</b>     |
| <b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b> |  |   |                |                    |
| <b>29</b> Capital stock or trust principal, or current funds .....   |  |   | <b>29</b>      |                    |
| <b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....   |  |   | <b>30</b>      |                    |
| <b>31</b> Retained earnings, endowment, accumulated income, or other funds .....   |  |   | <b>31</b>      |                    |
| <b>32 Total net assets or fund balances</b> .....  |  | <b>-66,941</b>  | <b>32</b>      | <b>93,445</b>      |
| <b>33 Total liabilities and net assets/fund balances</b> .....   | <b>115,295</b>   | <b>33</b>   | <b>286,923</b> |                    |

**Part XI Reconciliation of Net Assets**

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

|           |  |           |                  |
|-----------|--|-----------|------------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)  | <b>1</b>  | <b>1,128,348</b> |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)   | <b>2</b>  | <b>982,962</b>   |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1   | <b>3</b>  | <b>145,386</b>   |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                      | <b>4</b>  | <b>-66,941</b>   |
| <b>5</b>  | Net unrealized gains (losses) on investments   | <b>5</b>  |                  |
| <b>6</b>  | Donated services and use of facilities   | <b>6</b>  |                  |
| <b>7</b>  | Investment expenses  | <b>7</b>  |                  |
| <b>8</b>  | Prior period adjustments   | <b>8</b>  |                  |
| <b>9</b>  | Other changes in net assets or fund balances (explain on Schedule O)   | <b>9</b>  | <b>15,000</b>    |
| <b>10</b> | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | <b>10</b> | <b>93,445</b>    |

**Part XII Financial Statements and Reporting**

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

|   | Yes      | No       |
|---|----------|----------|
| <b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.  |          |          |
| <b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant?<br>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.<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |          | <b>X</b> |
| <b>b</b> Were the organization's financial statements audited by an independent accountant?<br>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.<br><input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                 | <b>X</b> |          |
| <b>c</b> 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?<br>If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.  |          | <b>X</b> |
| <b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?   |          | <b>X</b> |
| <b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits   |          |          |

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

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|--|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|  |  | Individual trustee or director   | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| (20) <b>JOSEPH SOLLERS</b>                                     |  |  |                       |         |              |                              |        |   |  |   |
| (12) <b>DIRECTOR</b>   | 1.00<br>0.00   | X  |                       |         |              |                              |        | 0   | 0  | 0   |
| (21) <b>ERICA TREMBLAY</b>                                     |  |  |                       |         |              |                              |        |   |  |   |
| (13) <b>DIRECTOR</b>   | 3.00<br>0.00   | X  |                       |         |              |                              |        | 0   | 0  | 0   |
| (22) <b>SARA WEISS</b>   |  |  |                       |         |              |                              |        |   |  |   |
| (14) <b>DIRECTOR</b>   | 3.00<br>0.00   | X  |                       |         |              |                              |        | 0   | 0  | 0   |
| (15)   |  |  |                       |         |              |                              |        |   |  |   |
| (16)   |  |  |                       |         |              |                              |        |   |  |   |
| (17)   |  |  |                       |         |              |                              |        |   |  |   |
| (18)   |  |  |                       |         |              |                              |        |   |  |   |
| (19)   |  |  |                       |         |              |                              |        |   |  |   |
| <b>1b Subtotal</b>   |  |  |                       |         |              |                              |        |   |  |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> |  |  |                       |         |              |                              |        |   |  |   |
| <b>d Total (add lines 1b and 1c)</b>                           |  |  |                       |         |              |                              |        |   |  |   |

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

- |          |   |     |    |
|----------|---|-----|----|
| <b>3</b> | Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>  | Yes | No |
| <b>4</b> | 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? <i>If "Yes," complete Schedule J for such individual</i> |     |    |
| <b>5</b> | Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>                       |     |    |

**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)<br>Name and business address | (B)<br>Description of services | (C)<br>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

SCHEDULE A  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public  
Inspection

Name of the organization  
RUNWAY FOR RECOVERY, INC

Employer identification number  
11-3822037

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

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

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9

☐

An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10

☒

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11

☐

An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a

☐

**Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b

☐

**Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c

☐

**Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d

☐

**Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f

Enter the number of supported organizations
- g

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

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

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

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in)  | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")  |          |          |          |          |          |           |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf   |          |          |          |          |          |           |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge   |          |          |          |          |          |           |
| <b>4 Total.</b> Add lines 1 through 3  |          |          |          |          |          |           |
| <b>5</b> 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) |          |          |          |          |          |           |
| <b>6 Public support.</b> Subtract line 5 from line 4   |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in)  | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>7</b> Amounts from line 4   |          |          |          |          |          |           |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources |          |          |          |          |          |           |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on                              |          |          |          |          |          |           |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)                                |          |          |          |          |          |           |
| <b>11 Total support.</b> Add lines 7 through 10  |          |          |          |          |          |           |

|   |           |                          |
|---|-----------|--------------------------|
| <b>12</b> Gross receipts from related activities, etc. (see instructions)   | <b>12</b> |                          |
| <b>13 First 5 years.</b> 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 <b>stop here</b> |           | <input type="checkbox"/> |

**Section C. Computation of Public Support Percentage**

|  |           |                          |
|--|-----------|--------------------------|
| <b>14</b> Public support percentage for 2023 (line 6, column (f) divided by line 11, column (f))   | <b>14</b> | %                        |
| <b>15</b> Public support percentage from 2022 Schedule A, Part II, line 14   | <b>15</b> | %                        |
| <b>16a 33 1/3% support test — 2023.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization   |           | <input type="checkbox"/> |
| <b>b 33 1/3% support test — 2022.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization  |           | <input type="checkbox"/> |
| <b>17a 10%-facts-and-circumstances test — 2023.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization    |           | <input type="checkbox"/> |
| <b>b 10%-facts-and-circumstances test — 2022.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization |           | <input type="checkbox"/> |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions   |           | <input type="checkbox"/> |

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

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in)   | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022  | (e) 2023  | (f) Total |
|---|----------|----------|----------|-----------|-----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")   | 493,798  | 418,195  | 733,296  | 1,229,226 | 1,318,736 | 4,193,251 |
| <b>2</b> 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 | 138,636  | 65,790   | 30,481   | 10,000    | -190,388  | 54,519    |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513   |          |          |          |           |           |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  |          |          |          |           |           |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge  |          |          |          |           |           |           |
| <b>6 Total.</b> Add lines 1 through 5   | 632,434  | 483,985  | 763,777  | 1,239,226 | 1,128,348 | 4,247,770 |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons  | 201,914  | 139,833  | 194,435  | 248,400   | 308,288   | 1,092,870 |
| <b>b</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           |          |          |          |           |           |           |
| <b>c</b> Add lines 7a and 7b  | 201,914  | 139,833  | 194,435  | 248,400   | 308,288   | 1,092,870 |
| <b>8 Public support.</b> (Subtract line 7c from line 6.)  |          |          |          |           |           | 3,154,900 |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in)  | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022  | (e) 2023  | (f) Total |
|--|----------|----------|----------|-----------|-----------|-----------|
| <b>9</b> Amounts from line 6   | 632,434  | 483,985  | 763,777  | 1,239,226 | 1,128,348 | 4,247,770 |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources |          |          |          |           |           |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975                           |          |          |          |           |           |           |
| <b>c</b> Add lines 10a and 10b   |          |          |          |           |           |           |
| <b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on      |          |          |          |           |           |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)                                  |          |          |          |           |           |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)   | 632,434  | 483,985  | 763,777  | 1,239,226 | 1,128,348 | 4,247,770 |

**14 First 5 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**

|   |           |         |
|---|-----------|---------|
| <b>15</b> Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) | <b>15</b> | 74.27 % |
| <b>16</b> Public support percentage from 2022 Schedule A, Part III, line 15                       | <b>16</b> | 75.75 % |

**Section D. Computation of Investment Income Percentage**

|   |           |   |
|---|-----------|---|
| <b>17</b> Investment income percentage for <b>2023</b> (line 10c, column (f), divided by line 13, column (f)) | <b>17</b> | % |
| <b>18</b> Investment income percentage from <b>2022</b> Schedule A, Part III, line 17                         | <b>18</b> | % |

**19a 33 1/3% support tests — 2023.** 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 — 2022.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** *(continued)*

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally Integrated Supporting Organizations**

|   |     |    |  |
|---|-----|----|--|
| <b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <i>see instructions</i> ).   |     |    |  |
| <b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>   |     |    |  |
| <b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>  |     |    |  |
| <b>c</b> <input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a governmental entity (see instructions).</i>  |     |    |  |
| <b>2</b> Activities Test. <b>Answer lines 2a and 2b below.</b>  |     |    |  |
| <b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i> | Yes | No |  |
| <b>2a</b>   |     |    |  |
| <b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>  |     |    |  |
| <b>2b</b>   |     |    |  |
| <b>3</b> Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b>  |     |    |  |
| <b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>  |     |    |  |
| <b>3a</b>   |     |    |  |
| <b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>   |     |    |  |
| <b>3b</b>   |     |    |  |

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

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

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

| Section B – Minimum Asset Amount |   | (A) Prior Year | (B) Current Year<br>(optional) |
|----------------------------------|---|----------------|--------------------------------|
| 1                                | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): |                |                                |
| a                                | Average monthly value of securities   | 1a             |                                |
| b                                | Average monthly cash balances   | 1b             |                                |
| c                                | Fair market value of other non-exempt-use assets  | 1c             |                                |
| d                                | <b>Total</b> (add lines 1a, 1b, and 1c)   | 1d             |                                |
| e                                | <b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):                                  |                |                                |
| 2                                | Acquisition indebtedness applicable to non-exempt-use assets  | 2              |                                |
| 3                                | Subtract line 2 from line 1d.   | 3              |                                |
| 4                                | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).                                  | 4              |                                |
| 5                                | Net value of non-exempt-use assets (subtract line 4 from line 3)  | 5              |                                |
| 6                                | Multiply line 5 by 0.035.   | 6              |                                |
| 7                                | Recoveries of prior-year distributions  | 7              |                                |
| 8                                | <b>Minimum Asset Amount</b> (add line 7 to line 6)  | 8              |                                |

| Section C – Distributable Amount |   |   | Current Year |
|----------------------------------|---|---|--------------|
| 1                                | Adjusted net income for prior year (from Section A, line 8, column A)   | 1 |              |
| 2                                | Enter 0.85 of line 1.   | 2 |              |
| 3                                | Minimum asset amount for prior year (from Section B, line 8, column A)  | 3 |              |
| 4                                | Enter greater of line 2 or line 3.  | 4 |              |
| 5                                | Income tax imposed in prior year  | 5 |              |
| 6                                | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).   | 6 |              |
| 7                                | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). |   |              |

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

| Section D – Distributions |  | Current Year |
|---------------------------|--|--------------|
| <b>1</b>                  | Amounts paid to supported organizations to accomplish exempt purposes  | <b>1</b>     |
| <b>2</b>                  | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity              | <b>2</b>     |
| <b>3</b>                  | Administrative expenses paid to accomplish exempt purposes of supported organizations  | <b>3</b>     |
| <b>4</b>                  | Amounts paid to acquire exempt-use assets  | <b>4</b>     |
| <b>5</b>                  | Qualified set-aside amounts (prior IRS approval required—provide details in <b>Part VI</b> )   | <b>5</b>     |
| <b>6</b>                  | Other distributions (describe in <b>Part VI</b> ). See instructions.   | <b>6</b>     |
| <b>7</b>                  | <b>Total annual distributions.</b> Add lines 1 through 6.  | <b>7</b>     |
| <b>8</b>                  | Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions. | <b>8</b>     |
| <b>9</b>                  | Distributable amount for 2022 from Section C, line 6   | <b>9</b>     |
| <b>10</b>                 | Line 8 amount divided by line 9 amount   | <b>10</b>    |

| Section E – Distribution Allocations (see instructions)  | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2023 | (iii)<br>Distributable<br>Amount for 2023 |
|--|-----------------------------|--|---|
| <b>1</b> Distributable amount for 2023 from Section C, line 6  |                             |  |   |
| <b>2</b> Underdistributions, if any, for years prior to 2023 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.   |                             |  |   |
| <b>3</b> Excess distributions carryover, if any, to 2023   |                             |  |   |
| <b>a</b> From 2018 .....   |                             |  |   |
| <b>b</b> From 2019 .....   |                             |  |   |
| <b>c</b> From 2020 .....   |                             |  |   |
| <b>d</b> From 2021 .....   |                             |  |   |
| <b>e</b> From 2022 .....   |                             |  |   |
| <b>f</b> <b>Total</b> of lines 3a through 3e   |                             |  |   |
| <b>g</b> Applied to underdistributions of prior years  |                             |  |   |
| <b>h</b> Applied to 2023 distributable amount  |                             |  |   |
| <b>i</b> Carryover from 2018 not applied (see instructions)  |                             |  |   |
| <b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.  |                             |  |   |
| <b>4</b> Distributions for 2023 from<br>Section D, line 7: \$  |                             |  |   |
| <b>a</b> Applied to underdistributions of prior years  |                             |  |   |
| <b>b</b> Applied to 2023 distributable amount  |                             |  |   |
| <b>c</b> Remainder. Subtract lines 4a and 4b from line 4.  |                             |  |   |
| <b>5</b> Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions. |                             |  |   |
| <b>6</b> Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.                        |                             |  |   |
| <b>7</b> <b>Excess distributions carryover to 2024.</b> Add lines 3j and 4c.   |                             |  |   |
| <b>8</b> Breakdown of line 7:  |                             |  |   |
| <b>a</b> Excess from 2019 .....  |                             |  |   |
| <b>b</b> Excess from 2020 .....  |                             |  |   |
| <b>c</b> Excess from 2021 .....  |                             |  |   |
| <b>d</b> Excess from 2022 .....  |                             |  |   |
| <b>e</b> Excess from 2023 .....  |                             |  |   |

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

RUNWAY FOR RECOVERY, INC

Employer identification number

11-3822037

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

Part II Conservation Easements

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

Form section for Conservation Easements, including questions 1-9 and a table for line 2 details (2a-2d) regarding conservation easements held at the end of the tax year.

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

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

Form section for Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets, including questions 1a-1b and 2 regarding reporting requirements for such collections.

**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 make 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 program  
e ☐ Other .....

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

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

**Part IV Escrow and Custodial Arrangements**

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

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

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

- c Beginning balance .....  
d Additions during the year .....  
e Distributions during the year .....  
f Ending balance .....

|           | Amount |
|-----------|--------|
| <b>1c</b> |        |
| <b>1d</b> |        |
| <b>1e</b> |        |
| <b>1f</b> |        |

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

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

**Part V Endowment Funds**

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

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

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

- a Board designated or quasi-endowment ..... %  
b Permanent endowment ..... %  
c Term endowment ..... %

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

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

- (i) Unrelated organizations? .....  
(ii) Related organizations? .....

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? .....

|               | Yes | No |
|---------------|-----|----|
| <b>3a(i)</b>  |     |    |
| <b>3a(ii)</b> |     |    |
| <b>3b</b>     |     |    |

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

**Part VI Land, Buildings, and Equipment**

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

| Description of property               | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---------------------------------------|--------------------------------------|---------------------------------|------------------------------|----------------|
| <b>1a</b> Land .....                  |                                      |                                 |                              |                |
| <b>b</b> Buildings .....              |                                      |                                 |                              |                |
| <b>c</b> Leasehold improvements ..... |                                      |                                 |                              |                |
| <b>d</b> Equipment .....              |                                      |                                 |                              |                |
| <b>e</b> Other .....                  |                                      | 14,901                          | 14,901                       |                |

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) .....

Part VII Investments – Other Securities

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

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

Part VIII Investments – Program Related

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

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

Part IX Other Assets

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

| (a) Description   | (b) Book value |
|---|----------------|
| (1) <b>EVENT DEPOSITS</b>   | <b>60,636</b>  |
| (2)   |                |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B)) | <b>60,636</b>  |

Part X Other Liabilities

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

| 1.  | (a) Description of liability   | (b) Book value |
|---|--------------------------------|----------------|
| (1)   | Federal income taxes           |                |
| (2)   | <b>FUTURE SUPPORT PAYMENTS</b> | <b>146,922</b> |
| (3)   |                                |                |
| (4)   |                                |                |
| (5)   |                                |                |
| (6)   |                                |                |
| (7)   |                                |                |
| (8)   |                                |                |
| (9)   |                                |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B)) |                                | <b>146,922</b> |

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

Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

|   |   |    |           |
|---|---|----|-----------|
| 1 | Total revenue, gains, and other support per audited financial statements        | 1  | 1,128,348 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12:             |    |           |
| a | Net unrealized gains (losses) on investments                                    | 2a |           |
| b | Donated services and use of facilities  | 2b |           |
| c | Recoveries of prior year grants   | 2c |           |
| d | Other (Describe in Part XIII.)  | 2d |           |
| e | Add lines 2a through 2d   | 2e |           |
| 3 | Subtract line 2e from line 1  | 3  | 1,128,348 |
| 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  | 1,128,348 |

Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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

|   |  |    |         |
|---|--|----|---------|
| 1 | Total expenses and losses per audited financial statements                       | 1  | 982,962 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25:                |    |         |
| a | Donated services and use of facilities   | 2a |         |
| b | Prior year adjustments   | 2b |         |
| c | Other losses   | 2c |         |
| d | Other (Describe in Part XIII.)   | 2d |         |
| e | Add lines 2a through 2d  | 2e |         |
| 3 | Subtract line 2e from line 1   | 3  | 982,962 |
| 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  | 982,962 |

Part XIII

Supplemental Information

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

Part X - FIN 48 Footnote

THE ORGANIZATION FOLLOWS THE PROVISIONS OF FASB ASC 740-10, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, AND THE ORGANIZATION BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN, AND, AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS OR ANY UNRELATED PENALTIES AND INTEREST TO ACCRUE THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED JUNE 30, 2024.

## Part XIII Supplemental Information (continued)

Schedule D (Form 990) 2023

SCHEDULE G  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization

Supplemental Information Regarding Fundraising or Gaming Activities

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public  
Inspection

RUNWAY FOR RECOVERY, INC

Employer identification number

11-3822037

Part I Fundraising Activities. Complete if the organization answered "Yes" on 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 10 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<br>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" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

|                 |   | (a) Event #1                    | (b) Event #2                   | (c) Other events    | (d) Total events                   |
|-----------------|---|---------------------------------|--------------------------------|---------------------|------------------------------------|
|                 |   | ANNUAL EVENT-RU<br>(event type) | RUNWAY SHOW NC<br>(event type) | 1<br>(total number) | (add col. (a) through<br>col. (c)) |
| Revenue         | 1 Gross receipts .....  | 391,296                         | 162,079                        |                     | 553,375                            |
|                 | 2 Less: Contributions .....   | 304,614                         | 131,319                        |                     | 435,933                            |
|                 | 3 Gross income (line 1 minus<br>line 2) .....                         | 86,682                          | 30,760                         |                     | 117,442                            |
| Direct Expenses | 4 Cash prizes .....   |                                 |                                |                     |                                    |
|                 | 5 Noncash prizes .....  |                                 |                                |                     |                                    |
|                 | 6 Rent/facility costs .....   | 112,335                         | 29,060                         |                     | 141,395                            |
|                 | 7 Food and beverages .....  |                                 | 20,125                         |                     | 20,125                             |
|                 | 8 Entertainment .....   |                                 |                                |                     |                                    |
|                 | 9 Other direct expenses .....   | 116,683                         | 29,627                         |                     | 146,310                            |
|                 | 10 Direct expense summary. Add lines 4 through 9 in column (d) .....  |                                 |                                |                     | 307,830                            |
|                 | 11 Net income summary. Subtract line 10 from line 3, column (d) ..... |                                 |                                |                     | -190,388                           |

Part III

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

|                 |  | (a) Bingo   | (b) Pull tabs/instant<br>bingo/progressive bingo                                | (c) Other gaming  | (d) Total gaming (add<br>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 .....  | <div><input type="checkbox"/> Yes ..... %<br/><input type="checkbox"/> No</div> | <div><input type="checkbox"/> Yes ..... %<br/><input type="checkbox"/> No</div> | <div><input type="checkbox"/> Yes ..... %<br/><input type="checkbox"/> No</div> |   |
|                 | 7 Direct expense summary. Add lines 2 through 5 in column (d) .....        |   |   |   |   |
|                 | 8 Net gaming income summary. Subtract line 7 from line 1, column (d) ..... |   |   |   |   |

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

a Is the organization licensed to conduct 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: .....

11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility 13a %

b An outside facility 13b %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name

Address

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$

c If "Yes," enter name and address of the third party:

Name

Address

16 Gaming manager information:

Name

Gaming manager compensation \$

Description of services provided

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

Part IV

Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE I  
(Form 990)

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

Department of the Treasury  
Internal Revenue Service

Go to [www.irs.gov/Form990](https://www.irs.gov/Form990) for the latest information.

Name of the organization

RUNWAY FOR RECOVERY, INC

Employer identification number

11-3822037

OMB No. 1545-0047

2023

Open to Public  
Inspection

Part I General Information on Grants and Assistance

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

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

| 1   | (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|-----|--|---------|---------------------------------|--------------------------|----------------------------------|---|---------------------------------------|------------------------------------|
| (1) |  |         |                                 |                          |                                  |   |                                       |                                    |
| (2) |  |         |                                 |                          |                                  |   |                                       |                                    |
| (3) |  |         |                                 |                          |                                  |   |                                       |                                    |
| (4) |  |         |                                 |                          |                                  |   |                                       |                                    |
| (5) |  |         |                                 |                          |                                  |   |                                       |                                    |
| (6) |  |         |                                 |                          |                                  |   |                                       |                                    |
| (7) |  |         |                                 |                          |                                  |   |                                       |                                    |
| (8) |  |         |                                 |                          |                                  |   |                                       |                                    |
| (9) |  |         |                                 |                          |                                  |   |                                       |                                    |

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

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

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



|  |  |  |  |  |  |
|--|--|--|--|--|--|
| SCHEDULE I<br>(Form 990)                             |  | Supplemental Information   |  | 2023   |  |
|  |  | For calendar year 2023, or tax year beginning 07/01/23 , and ending 06/30/24 |  |  |  |
| Name of the organization<br>RUNWAY FOR RECOVERY, INC |  |  |  | Employer identification number<br>11-3822037 |  |

Part I, Line 2 - Procedures for Monitoring the Use of Grant Funds

A TEAM OF SOCIAL WORKERS ASSESSES EACH FAMILY'S APPLICATION AND PROVIDES RECOMMENDATIONS TO VOLUNTEER READERS. THE VOLUNTEER READERS REVIEW AND SCORE THE APPLICATIONS. FINALLY, 4 REPRESENTATIVES FROM THE BOARD REVIEW THE SCORED APPLICATIONS FOR FUNDING AND VOTE WITH THE EXECUTIVE DIRECTOR ON THE AMOUNT TO BE AWARDED TO EACH FAMILY.

Part IV - Additional Information

OUR ORGANIZATION SEEKS TO PROVIDE WRAP-AROUND SERVICES TO BREAST CANCER PATIENTS (MODELS), THEIR CHILDREN AND THEIR SPOUSES. OUR BELIEF IS THAT NO ONE EXPERIENCES BREAST CANCER ALONE, AND IN GOING THROUGH TREATMENT OR IN EXPERIENCING THE LOSS OF SOMEONE TO THE DISEASE, THERE ARE ALWAYS GROUPS OF PEOPLE WHO ARE IMPACTED. OUR FOCUS AT RUNWAY IS TO PROVIDE THINGS, SUCH AS, GROCERIES, CLOTHING, TUTORING, CLEANING SERVICES, AND THERAPY FOR THOSE MODELS AND THEIR FAMILIES WHO ARE EXPERIENCING ECONOMIC HARDSHIP BECAUSE OF BREAST CANCER. WE ASSIGN VOLUNTEERS TO THESE PEOOPLE AND THEY WORK CLOSELY WITH THE MODELS TO DETERMINE THE MOST PRESSING AREA OF NEED.

SCHEDULE L
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Employer identification number

11-3822037

RUNWAY FOR RECOVERY, INC

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

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

Table with 5 columns: (1) Line number, (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No). Rows 1-6.

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

Part II Loans to and/or From Interested Persons

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

Table with 10 columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the org.? (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No). Rows 1-10.

Total \$

Part III Grants or Assistance Benefiting Interested Persons

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

Table with 5 columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance. Rows 1-10.

Part IV

Business Transactions Involving Interested Persons

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

| (a) Name of interested person         | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of org. revenues? |    |
|---------------------------------------|---|---------------------------|--------------------------------|-------------------------------|----|
|                                       |   |                           |                                | Yes                           | No |
| (1) COPPER HOUND PICTURES LLC         | PARTNER   | 28,288                    | PHOTOGRAPHER/VIDEO             |                               | X  |
| (2) SUZANNE B. LOWELL LIGHTING DESIGN | OWNER   | 45,000                    | LIGHTING DESIGN                |                               | X  |
| (3)                                   |   |                           |                                |                               |    |
| (4)                                   |   |                           |                                |                               |    |
| (5)                                   |   |                           |                                |                               |    |
| (6)                                   |   |                           |                                |                               |    |
| (7)                                   |   |                           |                                |                               |    |
| (8)                                   |   |                           |                                |                               |    |
| (9)                                   |   |                           |                                |                               |    |
| (10)                                  |   |                           |                                |                               |    |

Part V

Supplemental Information

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

Schedule L, Part V - Additional Information

TIM LLEWELLYN, WHO IS A BOARD MEMBER OF RUNWAY FOR RECOVERY, INC., IS A PARTNER AT COPPER HOUND PICTURES, LLC. COPPER HOUND PICTURES LLC DONATED SERVICES IN THE AMOUNT OF \$28,288.

SUZANNE LOWELL, WHO IS A BOARD MEMBER OF RUNWAY FOR RECOVERY, INC, IS THE OWNER OF SUSANNE B. LOWELL LIGHTING DESIGN WHICH DONATED SERVICES IN THE THE AMOUNT \$45,0000.

SCHEDULE M  
(Form 990)

Noncash Contributions

OMB No. 1545-0047

2023

Open To Public  
Inspection

Department of the Treasury  
Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

Employer identification number

RUNWAY FOR RECOVERY, INC

11-3822037

| Part I |   | Types of Property                                      |  |  |    |
|--------|---|--|--|--|----|
|        | (a)<br>Check if<br>applicable   | (b)<br>Number of contributions or<br>items contributed | (c)<br>Noncash contribution<br>amounts reported on<br>Form 990, Part VIII, line 1g | (d)<br>Method of determining<br>noncash contribution amounts |    |
| 1      | Art — Works of art  |  |  |  |    |
| 2      | Art — Historical treasures  |  |  |  |    |
| 3      | Art — Fractional interests  |  |  |  |    |
| 4      | Books and publications  |  |  |  |    |
| 5      | Clothing and household<br>goods   |  |  |  |    |
| 6      | Cars and other vehicles   |  |  |  |    |
| 7      | Boats and planes  |  |  |  |    |
| 8      | Intellectual property   |  |  |  |    |
| 9      | Securities — Publicly traded  |  |  |  |    |
| 10     | Securities — Closely held stock   |  |  |  |    |
| 11     | Securities — Partnership, LLC,<br>or trust interests  |  |  |  |    |
| 12     | Securities — Miscellaneous  |  |  |  |    |
| 13     | Qualified conservation<br>contribution — Historic<br>structures   |  |  |  |    |
| 14     | Qualified conservation<br>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  | 6  | 78,648   |    |
| 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 V, Donee Acknowledgement   |  |  | 29   |    |
| 30a    | During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? |  |  | Yes  | No |
| 30a    |   |  |  |  | X  |
| b      | If "Yes," describe the arrangement in Part II.  |  |  |  |    |
| 31     | Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?  |  |  | 31   | X  |
| 32a    | Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?  |  |  | 32a  | X  |
| b      | If "Yes," describe in Part II.  |  |  |  |    |
| 33     | If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.  |  |  |  |    |

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

SCHEDULE O  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

2023

Open to Public  
Inspection

Name of the organization

RUNWAY FOR RECOVERY, INC

Employer identification number

11-3822037

Form 990 - Organization's Mission

RUNWAY FOR RECOVERY PROVIDES FAMILIES WITH A CONTINUUM OF SUPPORT ALONG  
THEIR JOURNEY WITH BREAST CANCER. WE CREATE COMMUNITY BY HOSTING EVENTS  
AND PROVIDING SERVICES THAT CREATE JOY AND INSPIRE HOPE. WITH SHARED  
UNDERSTANDING WE CELEBRATE SURVIVORS, HONOR LEGACIES, AND FUND FAMILIES WHO  
HAVE EXPERIENCED LOSS.

Form 990, Part III, Line 4d - All Other Accomplishments

ALL OTHER EXPENSES NEEDED TO OPERATE THE NONPROFIT PROGRAM SERVICES.

Form 990, Part VI, Line 2 - Related Party Information Among Officers

WILLIAM ACHTMEYER

OLIVIA ACHTMEYER BOGER

CHAIR

KEY EMPLOYEE

FATHER/DAUGHTER

LINDSAY BOGER

OLIVIA ACHTMEYER BOGER

BOARD MEMBER

KEY EMPLOYEE

SISTERS-IN-LAW

WILLIAM ACHTMEYER

LINDSAY BOGER

CHAIR

BOARD MEMBER

FATHER-IN-LAW/DAUGHTER-IN-LAW

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

THE CHAIR OF THE BOARD AND CHAIR OF THE FINANCE COMMITTEE REVIEW AND

|                          |                                |
|--------------------------|--------------------------------|
| Name of the organization | Employer identification number |
| RUNWAY FOR RECOVERY, INC | 11-3822037                     |

APPROVE THE FORM 990 WITH THE FINANCE COMMITTEE BEFORE IT IS FILED.

Form 990, Part VI, Line 15a - Compensation Process for Top Official

THE GOVERNANCE COMMITTEE MEETS TO DISCUSS AND OUTLINE A PERFORMANCE REVIEW THAT WILL OCCUR FOR THE EXECUTIVE DIRECTOR EVERY THREE YEARS. IN THE INTERIM YEARS OF THAT REVIEW, IF MAJOR ORGANIZATIONAL KEY PERFORMANCE INDICATORS ARE MET (AS SET AND VOTED ON BY THE BOARD IN THE JUNE MEETING), THEN A SALARY RAISE IN LINE WITH INFLATION WILL OCCUR UNLESS VOTED ON DIFFERENTLY BY THE FULL BOARD.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

AVAILABLE UPON REQUEST AND ON THE ORGANIZATION'S WEBSITE.

Form 990, Part XI, Line 9 - Other Changes in Net Assets Explanation

|                  |    |        |
|------------------|----|--------|
| PRIOR PERIOD ADJ | \$ | 15,000 |
|------------------|----|--------|