EXTENDED TO NOVEMBER 15, 2024

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

А	LOL IIIE	e 2023 calendar year, or tax year beginning and	enaing	_	
В	Check if applicabl	C Name of organization		D Employer identific	cation number
	Addre]	
	Name chang	Doing business as		26-16531	50
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	 r
	Final return	5383 INTRASTATE DRIVE		937-318-	1073
_	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	914,733.
Ļ	Ameno	PAINDONN, OH 45524		H(a) Is this a group re	
	Application pendir			for subordinates	? Yes X No
	•	SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No
<u></u>	Tax-exe	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 527	If "No," attach a	list. See instructions
	Websit			H(c) Group exemptio	
		organization: X Corporation Trust Association Other	L Year	of formation: 2007 N	🛮 State of legal domicile: OH
P	art I	Summary			
ø	1	Briefly describe the organization's mission or most significant activities: ${\hbox{{\tt TO}}}{\hbox{{\tt E}}}$	NGAGE	IN ACTIVITS	TO SUPPORT
Activities & Governance		EFFORTS IN CONNECTION WITH THE EDUCATION	AND E	BEHAVIORAL T	REATMENT OF
ern	2	Check this box if the organization discontinued its operations or dispo	sed of more	e than 25% of its net as	
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	9
<u>ه</u>		Number of independent voting members of the governing body (Part VI, line 1b)			9
es	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	,	5	58
ξ	6	Total number of volunteers (estimate if necessary)	h	6	35
댢	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	,	7a	0.
_		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)		49,375.	49,194.
	9	Program service revenue (Part VIII, line 2g)		794,284.	826,029.
ě		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		32.	32.
Œ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		17,386.	22,435.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		861,077.	897,690.
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ģ	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		490,785.	554,777.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
g	b	Total fundraising expenses (Part IX, column (D), line 25)	0.		
û	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		285,780.	395,358.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		776,565.	950,135.
	19	Revenue less expenses. Subtract line 18 from line 12		84,512.	-52,445.
Jor Social				ginning of Current Year	End of Year
Net Assets or	20	Total assets (Part X, line 16)		471,920.	421,572.
ASS	21	Total liabilities (Part X, line 26)		7,744.	9,841.
JE S	22	Net assets or fund balances. Subtract line 21 from line 20		464,176.	411,731.
P	art II	Signature Block			·
Und	der pena	Ities of perjury, I declare that I have examined this return, including accompanying schedule	es and statem	ents, and to the best of m	y knowledge and belief, it is
true	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of w	hich preparer	has any knowledge.	
		·			
Sig	ın	Signature of officer		Date	
He		SIMONE EDGELL, ADMINISTRATOR			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature	[1	Date Check	PTIN
Pai	d	CHRISTOPHER C. MCCASKEY		if self-employ	P00183788
	parer	Firm's name FLAGEL HUBER FLAGEL	<u> </u>		1-0796034
	Only	Firm's address 3400 SOUTH DIXIE DRIVE			
'	,	DAYTON, OH 45439		Phone no (9	37)299-3400
Ma	v the I	RS discuss this return with the preparer shown above? See instructions		Tr Holle Ho. ()	X Yes No
ivid	y u i e ii	TO GISCUSS THIS TETAITT WITH THE PREPARET SHOWIT ADDIVE! SEE HISTIACHOLIS			100 100

Pai	Statement of Program Service Accomplishments Check if School up O contains a venerous or note to apply line in this Port III.
1	Check if Schedule O contains a response or note to any line in this Part III
•	TO ENGAGE IN ACTIVITS TO SUPPORT EFFORTS IN CONNECTION WITH THE
	EDUCATION AND BEHAVIORAL TREATMENT OF INDIVIDUALS WITH AUTISM SPECTRUM
	DISORDERS.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
 4а	(Code:) (Expenses \$ 917,131 • including grants of \$) (Revenue \$ 826,029 •)
	TWO LOCATIONS PROVIDE SERVICES TO 125 INDIVIDUALS SEVERELY AFFECTED BY
	AUTISM AND OTHER SPECTRUM RELATED DISORDERS. THE LOCATIONS SERVE
	INDIVIDUALS BY PROVIDING APPLIED BEHAVIORAL ANALYSIS AND EDUCATIONAL
	INTERVENTION VIA CERTIFIED INSTRUCTIONAL ASSISTANTS, REGISTERED
	BEHAVIOR TECHNICIANS, INTERVENTION SPECIALISTS AND BCBAS LICENSED IN
	THE STATE OF OHIO. ADDITIONAL SERVICES INCLUDE CONTINUING EDUCATION FOR PARENTS AND STAFF AS WELL AS OUTREACH TO THE LOCAL AUTISM COMMUNITY AT
	LARGE INCLUDING YOUNG ADULT SOCIAL GROUPS.
	HARGE INCHODING TOONG ADOLT SOCIAL GROOFS.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
_	
4c	(Code:) (Expenses \$
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 917,131.
	Form 990 (2023)

Form 990 (2023) ROADS TO RECOVERY, INC. Part IV Checklist of Required Schedules

1 Is the organization described in section SOTIC(S) or 4947(s(11) (other than a private foundation? 1 If Yes, "compilete Schedule B, Schedule of Contributions" See instructions 2 Is the organization request of compilete Schedule B, Schedule of Contributions' See instructions 3 X 2 Is the organization as explain of index or indirect prolifects prolifical campaign activities, or have a section 501(ft) decition in effect during the tax year? If Yes, "compilete Schedule C, Part II 4 X 5 Section SO((6)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(ft) decition in effect during the tax year? If Yes, "compilete Schedule C, Part II 5 Is the organization as action 501(6)(4), 501(6)(5), 501(6)(6), 501(6)(6), 6) 5 Is the organization as excline 501(6)(4), 501(6)(6), 501(6)(6), 501(6)(6), 6) 6 Is the organization and yellow seems of the service of the				Yes	No
2 Is the organization complete Schedule B, Schedule of Contribution See instructions 3 Did the organization cauging in direct or indered profiled campaign activities on behalf of or in opposition to candidates for public office? If "Nes" complete Schedule C, Part II 4 Section 501((3) organization. Did the organization engage in lobbying activities, or have a section 501(fit) election in effect during the tax year? If "Nes," complete Schedule C, Part II 5 Is the organization as action 501((3) (5) (16)(5), or 501((6)(5) organization that receives membership dues, assessments, or similar amounts as defined in Part N. Pros. 50 (16)(6) organization that receives membership dues, assessments, or similar amounts as defined in Part N. Pros. 50 (16)(6) organization that receives membership dues, assessments, or similar amounts as defined in Part N. Pros. 50 (16)(6) organization that receives membership dues, assessments, or similar amounts as defined in Part N. Pros. 50 (16)(6) organization that receives membership dues, assessments, or similar amounts as defined in Part N. Pros. 50 (16)(6) organization that receives membership dues, assessments, or similar amounts as defined in Part N. Pros. 50 (16)(6) organization that receives membership dues, assessments, or similar amounts as defined in Part N. Pros. 50 (16) organization defined in Part N. Pros. 50 (16) organization descent in Part N. Pros. 50 (16) organization easement, including assessments to preserve open space. 5	1		1	Х	
3 X 4 Section 501(c)(3) organizations, Did the organization engage in obtaining an obahali of or in opposition to candidates for public directs Excitate (P. Part VIII) 4 Section 501(c)(3) organizations, Did the organization engage in obbying activities, or have a section 501(f) election in effect during the tax year? If 'Yes, 'complete Schedule, C, Part III 5 Is the organization assection 501(c)(4), 501(c)(6), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98.197 If 'Yes,' complete Schedule, C, Part III 6 Did the organization marrial any door advised finds 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 II 7 Did the organization receive or hold a conservation essement, include assements by complete Schedule D, Part II 8 Did the organization engage in obtaining assements or partial assessibly III 'Yes,' complete Schedule D, Part II 9 Did the organization receive or hold a conservation essement, include assements or partial assessibly III 'Yes,' complete Schedule D, Part II 9 Did the organization report an amount in Part X, line 21, for secrov or custodial account liability, serve as a custodian for amounts not liated in Part X, ine Part X, line 21, for secrov or custodial account liability, serve as a custodian for amounts not liated in Part X, ine 21, for secrov or custodial account liability, serve as a custodian for amounts on the liated organization, hold assets in donor restricted endowments or in quasi-downents? If 'Yes,' complete Schedule D, Part V II 10 Did the organization report an amount to relate adorganization, hold assets in donor restricted endowments or in quasi-downents? If 'Yes,' complete Schedule D, Part V III 11 Did the organization report an amount for investments - other ascurities in Part X, line 10; If 'Yes,' complete Schedule D, Part V III 12 Did the organization report an amount	2			Х	
Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(c) election in effect during the tax year? "If "Fes," complete Schedule C, Part III X X S Is the organization ascention 501(c)(4), 501(c)(6), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-197 If "Yes," complete Schedule C, Part III 6 X X S S S S S S S S		Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			х
during the tax year? If "Yes," complete Schedule C, Part II 5 Is the organization a section Sol (Gel), 501 (Gel), 60 (Sel), 6	4				
similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III 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 II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account flability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit regair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 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 IV The organization, directly or through a related organization, hold assets in donor restricted endowments or in quasi-endowments? If "Yes, complete Schedule D, Part VIII III the organization, directly or through a related organization, hold assets in donor restricted endowments or in quasi-endowments? If "Yes, complete Schedule D, Part VIII III the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VIII III the organization report an amount for investments - program celeted in Part X, line 10? If "Yes," complete Schedule D, Part VIII III III X Did the organization report an amount for investments - companies defined 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 III X Did the organization and amount for investments - program celeted 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 X III X Did the organization and a mount for the reassets in Part X, line 15, th	7		4		Х
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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 11b X c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c X d Did the organization report an amount for other assets sets 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 VIII 11c X e Did the organization report an amount for other labilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11c X f Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11c X 11d X 22 Did the organization separate independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X 11f X b Was the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X 11d X b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12a X b Did the organization aschool described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule D, Parts XI and XII is optional 12b X 13 Is the organization maintain an office, employees, or agents outside of the United States? 14a X b Did the organization maintain an office, employees, or agents outside of the United States? 14a X b Did the organization Port on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for foreign i	11				
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assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 110 Use organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X Int III X 120 Use the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X Int III X 131 Use the organization asshoot described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule D, Part X Int III X 132 Use the organization as school described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E 133 Use the organization as a school described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E 134 Use Did the organization as a school described in Schedule F, Parts II and IV 145 Did the organization as a school described in Schedule F, Parts II and IV 155 Use or or or organization as a school described Schedule F, Parts II and IV 166 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of garnes or other assistance to or for any foreign 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 F, Parts III and IV 157 Use the			11a	Х	
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21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or					 ^
			200		\vdash
	-1	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x

Form 990 (2023) ROADS TO RECOVERY, Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	١.,		Х
	Schedule K. If "No," go to line 25a	24a		Λ
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
Ч	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	2-10		
Lou	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	00-		Х
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	28b		- 21
·	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			37
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the maching of section 512(b)(13)(2) If "Yes" complete Schodule P. Part V. line 3	2Eh		
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b		
30	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
٥.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	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
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 13 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
	The facilities of forms with a control of the facilities of the capping and			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	10		
	(garrioning) withinings to prize withers:	1c		l

023) ROADS TO RECOVERY, INC. Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
	filed for the calendar year ending with or within the year covered by this return 2a 58							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х					
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х				
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a							
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X				
b	If "Yes," enter the name of the foreign country							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			37				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X				
_	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c						
ба	6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit							
	any contributions that were not tax deductible as charitable contributions?	6a		Х				
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	Gh.						
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	6b						
7	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х				
a b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b						
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	10						
·	to file Form 8282?	7c		х				
d	If "Yes," indicate the number of Forms 8282 filed during the year	-						
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e						
_	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?							
g								
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the							
	sponsoring organization have excess business holdings at any time during the year?							
9	Sponsoring organizations maintaining donor advised funds.							
а	a Did the sponsoring organization make any taxable distributions under section 4966?							
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b						
10	Section 501(c)(7) organizations. Enter:							
а	Initiation fees and capital contributions included on Part VIII, line 12							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities							
11	Section 501(c)(12) organizations. Enter:							
a	Gross income from members or shareholders 11a							
D	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)							
100	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	124						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
	Is the organization licensed to issue qualified health plans in more than one state?	13a						
	Note: See the instructions for additional information the organization must report on Schedule O.							
b	Enter the amount of reserves the organization is required to maintain by the states in which the							
	organization is licensed to issue qualified health plans							
С	Enter the amount of reserves on hand							
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х				
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			Х				
	excess parachute payment(s) during the year?							
	If "Yes," see the instructions and file Form 4720, Schedule N.			,,,				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X				
	If "Yes," complete Form 4720, Schedule O.							
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities							
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17						
	If "Yes," complete Form 6069.							

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			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 9			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	-		
	officer, director, trustee, or key employee?	2		Х
3	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		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
	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		Х
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		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
•	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	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		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		Х
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	12.5		
·	on Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
	Other officers or key employees of the organization	15b		Х
~	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	100		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
104	taxable entity during the year?	16a		Х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	104		
~	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
		16b		
Sec	exempt status with respect to such arrangements? tion C. Disclosure	100		
<u> 17</u>	List the states with which a copy of this Form 990 is required to be filed OH			
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) avail	able
.0	for public inspection. Indicate how you made these available. Check all that apply.	,5 01119	, uvalle	AD 10
	Own website Another's website X 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, ar	nd fina	ncial	
13	statements available to the public during the tax year.	iu illial	iciai	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
20	SIMONE EDGELL - 937-689-9046			
	5383 TNTRASTATE DRIVE FATRORN OH 45235			

Form 990 (2023) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

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

Check this box if neither the organization	nor any related	orga	aniza	ation	COI	mpe	nsat	ed any current officer,	director, or trustee.	
(A)	(B)		(C)					(D)	(E)	(F)
Name and title	Average	(do		Pos heck			one	Reportable	Reportable	Estimated
	hours per	box	ox, unless person is both an fficer and a director/trustee)			is bot	h an	compensation	compensation	amount of
	week		CCI AI	lu a u	II ECI) / u us	100)	from	from related	other
	(list any	irecto						the	organizations	compensation
	hours for related	or d	ee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	ruste	Individual trustee or d Institutional trustee Officer Key employee Highest compensated employee		1099-NEC)	1099-NLO)	and related			
	below	dual t	tiona	١.	nploy	st cor	_	1035 (VEO)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highe:	Former			5.ga _ a5
(1) SIMONE EDGELL	30.00	_	T		Ť	1.0				
CO-ADMINISTRATOR				X				51,632.	0.	0.
(2) HALEY MOODY	30.00				7			7		
CO-ADMINISTRATOR				Х				44,732.	0.	0.
(3) MARIA WAGNER	20.00									
PRESIDENT				X				0.	0.	0.
(4) SCOTT CAMPBELL	0.50		М			ľ				
BOARD MEMBER		X						0.	0.	0.
(5) ROSE MORTON	0.50							_	_	_
BOARD MEMBER		X						0.	0.	0.
(6) ROBERT CHANEY	0.50							_	_	_
BOARD MEMBER		X						0.	0.	0.
(7) GREG ORGANISCIAK	0.50									
TREASURER		Х		Х				0.	0.	0.
(8) JOEL TIMMONS	0.50							_	_	_
BOARD MEMBER		Х						0.	0.	0.
(9) DR. ALLISON EDMONDS	0.50									
BOARD MEMBER		Х						0.	0.	0.
(10) PATTY BUDDELMEYER	0.50									
BOARD MEMBER		Х						0.	0.	0.
(11) TIFFNAY WAGNER	0.50	ļ								
BOARD MEMBER		Х						0.	0.	0.
						_				
		4								
		4								
		$\frac{1}{1}$								
-										

Par	T VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
	(A)	(B)	(C)					(D)	(E)			(F)		
	Name and title	Average		Position (do not check more than one			than		Reportable	Reportable			timate	
		hours per week					is bot or/trus		compensation from	compensation from related			nount o other)†
		(list any	ctor						the	organization			pensa	tion
		hours for	r direc				ted			(W-2/1099-MIS			om the	
		related	stee o	rustee			pensat		(W-2/1099-MISC/	1099-NEC)	,		anizati	
		organizations below	ual tru	ional t		ployee	t com	١.	1099-NEC)				d relate Inizatio	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	orme				orga	ıı ıızatı	JI 13
			_	_		×	1	<u> </u>						
							1							
1b	Subtotal	1	_					l	96,364.		0.			0.
c	Total from continuation sheets to Part V	II, Section A						,	0.		0.			0.
	Total (add lines 1b and 1c)								96,364.		0.			0.
2	Total number of individuals (including but n		_	- 1					eceived more than \$100	,000 of reportab	le			
	compensation from the organization		9		$\overline{}$									0
											ı		Yes	No
3	Did the organization list any former officer,		. /	cey e	emp	loye	e, o	r hig	hest compensated emp	oloyee on				Х
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su		· · · ·						har companyation from			3		
4	and related organizations greater than \$15								•	trie organization		4		Х
5	Did any person listed on line 1a receive or a									idual for services	·····			
_	rendered to the organization? If "Yes," com	•				•	•					5		Х
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co										npens	ation f	rom	
	the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	/ithir		year.				
	(A) Name and business	address	NT/	INC					(B) Description of s	envices	C	(C ompe		า
	Name and business	addicss	14()INI				\dashv	Description of s	ici vices		Ompei	isatioi	•
								_						
	Total number of independent contractors (i	ncluding but n	ot li	mito	d to	tho	امعا	etec	d ahove) who received a	ore than				
~	\$100,000 of compensation from the organi		OL II	mie	u iU	1110	0	منحل	a above, who received if	IOIE IIIAII				
	+ . 53,000 of componential from the organi						-					Form !	aan (c	2023/

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) Revenuè éxcluded Related or exempt Unrelated Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a 15,495. **b** Membership dues 1b c Fundraising events d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and 33,699. similar amounts not included above 1f g Noncash contributions included in lines 1a-1f 1g |\$ 49,194. h Total. Add lines 1a-1f **Business Code** 2 a OHIO DEPT OF EDUCATION 624110 821,669. 821,669. Program Service Revenue VARIOUS 900099 4,360. 4,360. С f All other program service revenue 826,029. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 32 32. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses ... 6b c Rental income or (loss) d Net rental income or (loss) (ii) Other (i) Securities 7 a Gross amount from sales of assets other than inventory 7a **b** Less: cost or other basis Other Revenue and sales expenses 7b c Gain or (loss) ______7c d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See 39,478. Part IV, line 18 17,043. **b** Less: direct expenses 22,435 22,435. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities **10 a** Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** 11 a d All other revenue e Total. Add lines 11a-11d 897,690. 826,029. 22,467 Total revenue. See instructions 12

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).

3600	on 501(c)(3) and 501(c)(4) organizations must com	<u> </u>		· · · · · · · · · · · · · · · · · · ·	X
	Check if Schedule O contains a respon	nse or note to any line in (A)	this Part IX	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	96,364.	95,400.	964.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	410 000	400 100	4 100	
7	Other salaries and wages	412,230.	408,108.	4,122.	
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	46,183.	40,277.	5,906.	
10	Payroll taxes	±0,103•	40,411	3,900•	
11	Fees for services (nonemployees):				
	Management	5,092.		5,092.	
	Legal Accounting	4,429.		4,429.	
	Lobbying	-,	V /	-,	
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees		V		
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)	201,014.	201,014.		
12	Advertising and promotion				
13	Office expenses	25,792.	17,393.	8,399.	
14	Information technology	6,549.	5,239.	1,310.	
15	Royalties	112 150	112 162		
16	Occupancy	113,462.	113,462.		
17	Travel	934.	934.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest Payments to affiliates				
21 22	Payments to affiliates Depreciation, depletion, and amortization	1,561.	1,561.		
23	Insurance	3,136.	3,136.		
24	Other expenses. Itemize expenses not covered	57=551	37233		
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	SUPPLIES	15,847.	15,847.		
b	DUES AND SUBSCRIPTIONS	11,931.	9,545.	2,386.	
С	GROUP OUTINGS	2,721.	2,721.		
d	WORKSHOPS/TRAININGS	1,980.	1,584.	396.	
е	All other expenses	910.	910.		
25	Total functional expenses . Add lines 1 through 24e	950,135.	917,131.	33,004.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Form 990 (2023)

Form 990 (2023) Part X Balance Sheet

Pai	πX	Balance Sheet					
		Check if Schedule O contains a response or	note to a	ny line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			264,597.	1	217,862
	2	Savings and temporary cash investments			158,826.	2	158,858
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net	36,278.	4	34,194		
	5	Loans and other receivables from any curren					
		trustee, key employee, creator or founder, su	bstantia	contributor, or 35%			
		controlled entity or family member of any of t	sons		5		
	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons descri	bed in se	ection 4958(c)(3)(B)		6	
tz	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	32,753.			
	b	Less: accumulated depreciation			12,219.	10c	10,658
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, lir		12			
	13	Investments - program-related. See Part IV, li		13			
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must e	qual line	33)	471,920.	16	421,572
	17	Accounts payable and accrued expenses			7,744.	17	9,841
	18	Grants payable				18	
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Comple	te Part I\	/ of Schedule D		21	
es	22	Loans and other payables to any current or f	ormer off	ficer, director,			
Liabilities		trustee, key employee, creator or founder, su	bstantia	contributor, or 35%			
ia B		controlled entity or family member of any of t	hese per	sons		22	
_	23	Secured mortgages and notes payable to un				23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on li	nes 17-2	4). Complete Part X			
		of Schedule D			7 7 4 4	25	0 041
	26	Total liabilities. Add lines 17 through 25			7,744.	26	9,841
S		Organizations that follow FASB ASC 958, o	check he	ere X			
nce		and complete lines 27, 28, 32, and 33.			161 176		A11 721
<u>a</u>	27	Net assets without donor restrictions			464,176.	27	411,731
<u>Б</u>	28	Net assets with donor restrictions				28	
֡֡֝֝֝ ֡		Organizations that do not follow FASB AS6	C 958, cl	neck here			
o -		and complete lines 29 through 33.					
ets	29	Capital stock or trust principal, or current fun			29		
SS	30	Paid-in or capital surplus, or land, building, or				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated			161 176	31	//11 721
ž	32	Total net assets or fund balances			464,176.	32	411,731
	33	Total liabilities and net assets/fund balances			471,920.	33	421,572

Pa	TXI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1		7,6				
2	Total expenses (must equal Part IX, column (A), line 25)	2		0,1				
3	Revenue less expenses. Subtract line 2 from line 1	3		2,4	$\frac{45.}{76.}$			
4								
5	Net unrealized gains (losses) on investments	5						
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	41	1,7	31.			
Pa	t XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?							
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,						
	consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c					
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.							
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the								
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		За		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b					
			Form	990	(2023)			

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

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

DOADS MO DESCOVEDY THE

Employer identification number

			S TO RECOV.						26-1653150			
Pa	art I	Reason for Public	Charity Status.	All orgar	nizations must c	omplete th	nis part.) S	ee instructions.				
The	organ	ization is not a private found	lation because it is: (For lines	1 through 12, c	heck only	one box.)					
1		A church, convention of ch	urches, or association	n of chu	rches described	d in sectio	n 170(b)(I)(A)(i).				
2		A school described in sect	•				, λ	λ λ/				
3		A hospital or a cooperative					(b)(1)(A)(i	ii).				
4	一	A medical research organiz							er the hospital's name			
•		city, and state:	anori operated in con	njar rotror	T Will a Hoopital	GOOGHBOO			Tario ricopital o riamo,			
5		An organization operated for	or the benefit of a co	llege or i	university owner	d or operat	ted by a d	overnmental unit descr	ihed in			
3		section 170(b)(1)(A)(iv). (C		nege or t	driiversity Owner	a or operar	led by a g	overnmental unit desci	ibed iii			
			•		والممطانية ممانية		70/L\/4\/A\	<i>(</i>)				
6	H	A federal, state, or local go										
7		An organization that norma		ntiai par	t of its support i	rom a gov	emmentai	unit or from the genera	al public described in			
_		section 170(b)(1)(A)(vi). (C			(0)							
8	H	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)										
9		An agricultural research org										
		or university or a non-land-o	grant college of agric	ulture (s	ee instructions).	Enter the	name, city	/, and state of the colle	ge or			
	77	university:										
10	X	An organization that norma	Illy receives (1) more	than 33	1/3% of its sup	port from o	contributio	ons, 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 busin	ness taxable income	(less se	ction 511 tax) fro	om busine	sses acqu	ired by the organizatio	n after June 30, 1975.			
		See section 509(a)(2). (Co	mplete Part III.)									
11	Щ	An organization organized a	and operated exclusi	ively to t	est for public sa	fety. See	section 50)9(a)(4).				
12		An organization organized a	and operated exclusi	ively for	the benefit of, to	perform t	the functio	ons of, or to carry out the	ne purposes of one or			
		more publicly supported or	ganizations describe	d in sec	tion 509(a)(1) o	r section (509(a)(2).	See section 509(a)(3).	Check the box on			
		lines 12a through 12d that	describes the type o	f suppor	ting organizatio	n and com	nplete lines	s 12e, 12f, and 12g.				
á	ıL		anization operated, s	upervise	ed, or controlled	by its sup	ported org	ganization(s), typically b	y giving			
		the supported organization	on(s) the power to re	gularly a	ppoint or elect a	a majority o	of the dire	ctors or trustees of the	supporting			
		organization. You must o	complete Part IV, Se	ctions A	A and B.							
k	, \square	Type II. A supporting org	anization supervised	or cont	rolled in connec	tion with it	s support	ed organization(s), by h	naving			
		control or management o	of the supporting orga	anization	vested in the s	ame perso	ons that co	ontrol or manage the su	upported			
		organization(s). You mus	t complete Part IV,	Section	s A and C.							
(;	Type III functionally inte	grated. A supporting	g organiz	zation operated	in connec	tion with,	and functionally integra	ated with,			
		its supported organizatio										
(ı 🗆	Type III non-functionally							nization(s)			
		that is not functionally int										
		requirement (see instruct										
•	,	Check this box if the orga							II			
		functionally integrated, or										
1	Ente	er the number of supported of										
ç		vide the following information										
		i) Name of supported	(ii) EIN	(iii) Type	e of organization	(iv) Is the orga	nization listed	(v) Amount of monetary	(vi) Amount of other			
		organization			ed on lines 1-10 see instructions))	in your governi Yes	No	support (see instructions) support (see instructions)			
				above (s	see instructions))							
Tot	al											

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.)

Sec	tion A. Public Support						
Cale	ndar 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 organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
	tion B. Total Support				•		
Cale	ndar 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 instructi	ons)	•	•	12	
	First 5 years. If the Form 990 is for the					501(c)(3)	
	organization, check this box and stop	here					
Sec	tion C. Computation of Publi						
14	Public support percentage for 2023 (li	ne 6, column (f), c	divided by line 11,	column (f))		14	%
15	Public support percentage from 2022	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2023. If the o	rganization did no	ot check the box o	on line 13, and line	14 is 33 1/3% or r	more, check this bo	ox and
	stop here. The organization qualifies a	as a publicly supp	orted organization	n			
b	33 1/3% support test - 2022. If the o	rganization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	6 or more, check th	nis box
	and stop here. The organization quali						
17a	10% -facts-and-circumstances test	- 2023. If the org	anization did not	check a box on lin	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the facts	s-and-circumstand	ces test, check thi	s box and stop he	re. Explain in Part	VI how the organiz	ration
	meets the facts-and-circumstances te	st. The organization	on qualifies as a p	oublicly supported	organization		
b	10% -facts-and-circumstances test	- 2022. If the org	janization did not	check a box on lin	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets th	e facts-and-circur	mstances test, ch	eck this box and s	top here. Explain i	n Part VI how the	
	organization meets the facts-and-circu	ımstances test. T	he organization qu	ualifies as a public	ly supported orgar	nization	
18	Private foundation. If the organization	n did not check a	box on line 13, 16	Sa, 16b, 17a, or 17	b, check this box a	and see instruction	s

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.)

Se	ction A. Public Support	ciow, picaco comp	noto i uit ii.j				
	ndar 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.")	44,381.	174,802.	69,877.	49,375.	49,194.	387,629.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	530,251.	679,668.	806,589.	794,284.	826,029.	3636821.
3	Gross receipts from activities that						
	are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	574,632.	854,470.	876,466.	843,659.	875,223.	4024450.
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						0.
t	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						0.
C	Add lines 7a and 7b			<u> </u>			0.
	Public support. (Subtract line 7c from line 6.)						4024450.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022 843,659.	(e) 2023 875, 223.	(f) Total
	Amounts from line 6	574,632.	854,470.	876,466.	043,039.	0/3,223.	4024450.
108	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		32.	28.	32.	32.	124.
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
ď	Add lines 10a and 10b		32.	28.	32.	32.	124.
11	Net income from unrelated business activities not included on line 10b, whether or not the business is						
	regularly carried on	17,738.					17,738.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	592,370.	854,502.	876,494.	843,691.	875,255.	4042312.
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	601(c)(3) organizati	ion,
_	check this box and stop here						<u></u>
	ction C. Computation of Publ						
	Public support percentage for 2023 (I			column (f))		15	99.56 %
	Public support percentage from 2022					16	99.20 %
	ction D. Computation of Inves						0.0
	Investment income percentage for 20					17	.00 %
	Investment income percentage from 2					18	%
19a	33 1/3% support tests - 2023. If the						
k	more than 33 1/3%, check this box at 33 1/3% support tests - 2022. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	re than 33 1/3%,	
	line 18 is not more than 33 1/3%, che	eck this box and st	op here. The orga	nization qualifies a	s a publicly suppo	rted organization	
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	is box and see ins	tructions	

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

1		Yes	No
	1		
	_		
	2		
	3a		
	01		
	3b		
	3с		
	4a		
	44		
	4b		
	4c		
	5a		
	5b		
	5c		
	5C		
	_		
	6		
	7		
	0		
	8		
	9a		
	9b		
	an		
	9с		
	10a		
	iva		
	10b		
dule	A (Forr	n 990)	2023

Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has th	e organization accepted a gift or contribution from any of the following persons?			
а	A pers	on who directly or indirectly controls, either alone or together with persons described on lines 11b and			
		elow, the governing body of a supported organization?	11a		
b		ly member of a person described on line 11a above?	11b		
		controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		n Part VI.	11c		
Sect	ion B	B. Type I Supporting Organizations			
				Yes	No
1	Did the	e governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		ors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		vely operated, supervised, or controlled the organization's activities. If the organization had more than one supported zation, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	•	rted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the	e organization operate for the benefit of any supported organization other than the supported			
		zation(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part V	I how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	superv	rised, or controlled the supporting organization.	2		
Sect	tion C	C. Type II Supporting Organizations			
				Yes	No
1	Were a	a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trus	tees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or man	nagement of the supporting organization was vested in the same persons that controlled or managed			
		oported organization(s).	1		
Sect	ion D	O. All Type III Supporting Organizations			
				Yes	No
1	Did the	e organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organi	zation's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		zation's governing documents in effect on the date of notification, to the extent not previously provided?	1		
		any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
		zation(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	-	ganization maintained a close and continuous working relationship with the supported organization(s).	2		
		son of the relationship described on line 2, above, did the organization's supported organizations have a			
		cant voice in the organization's investment policies and in directing the use of the organization's			
		e or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		rted organizations played in this regard. . Type III Functionally Integrated Supporting Organizations	3		
		the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).	•		
a		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i> The organization supported a governmental entity. <i>Describe in Part VI how you supported a governmental entity (see in</i>	etructio	no)	
C		ies Test. Answer lines 2a and 2b below.	Struction	Yes	No
2		bstantially all of the organization's activities during the tax year directly further the exempt purposes of		162	INO
		pported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		supported organization(s) to which the organization was responsive? If the rest, then in Part Vi Identity			
		ne organization was responsive to those supported organizations, and how the organization determined			
		ese activities constituted substantially all of its activities.	2a		
		e activities described on line 2a, above, constitute activities that, but for the organization's involvement,	<u>-u</u>		
		more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		I the reasons for the organization's position that its supported organization(s) would have engaged in			
		activities but for the organization's position that its supported organization(s) would have engaged in	2b		
		of Supported Organizations. Answer lines 3a and 3b below.			
		e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		es of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	За		
		e organization evergise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Org	anizations	y
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust c	on Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	comple	te Sections A through E.	
Sect	ion A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount	_	(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors	1		
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount	_		Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990) 2023

instructions).

Scne	dule A (Form 990) 2023 ROADS TO RECOVERT, INC.		U-1033130 Page /
Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continu	ed)	
Sect	ion D - Distributions	·	Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported		
	organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.	6	
7	Total annual distributions. Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive		
	(provide details in Part VI). See instructions.	8	
9	Distributable amount for 2023 from Section C, line 6	9	
10	Line 8 amount divided by line 9 amount	10	
Section E - Distribution Allocations (see instructions) (i) Excess Distributions Under		ıs	(iii) Distributable Amount for 2023

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

Schedule A (Form 990) 2023

Schedule B

(Form 990)

Attach to Form 990, 990-EZ, or 990-PF. Department of the Treasury Internal Revenue Service

OMB No. 1545-0047

Schedule B (Form 990) (2023)

Name of the organization

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

Schedule of Contributors

Employer identification number

RC	DADS TO RECOVERY, INC.	26-1653150				
Organization type (check of	one):					
Filers of:	Section:					
Form 990 or 990-EZ						
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
Check if your organization i	s 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 R	ule. See instructions.				
General Rule						
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor					
Special Rules						
sections 509(a)(1) contributor, during	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
For an organization	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from	any one				
	the year, total contributions of more than \$1,000 exclusively for religious, charitable, so					
•	onal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (o) instead of the contributor name and address), II, and III.	entering				
year, contributions is checked, enter l purpose. Don't co	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 hat 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.

ROADS TO RECOVERY, INC.

26-1653150

RUADS	TO RECOVERY, INC.	20	-1033130
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	SUBARU OF AMERICA, INC. ONE SUBARU DRIVE CAMDEN, NJ 08103	\$ 22,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	MILLERS COLLISION 484 E DAYTON DR FAIRBORN, OH 45324	\$ 7,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
202450 40 00		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

ROADS TO RECOVERY, INC.

26-1653150

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Employer identification number

Name of organization

26-1653150 ROADS TO RECOVERY, INC. Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year Part III from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

ROADS TO RECOVERY, INC.

Employer identification number 26-1653150

Pai	t I Organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lin		Is or Accounts. Complete if the
	organization answered Tes on Form 556, Fart IV, iii	(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 v	writing that the assets held in donor adv	ised funds
_	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor a		
_	for charitable purposes and not for the benefit of the donor o		
	impermissible private benefit?		
Pai	t II Conservation Easements. Complete if the org		
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).	
	Preservation of land for public use (for example, recrea	tion or education) Preservation of	of a historically important land area
	Protection of natural habitat	Preservation of	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the forn	n of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	ucture included on line 2a	2c
d	Number of conservation easements included on line 2c acqu	ired after July 25, 2006, and not	
	on a historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	ne organization during the tax
	year		
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	f
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing col	nservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserv	vation easements during the year
		,	,
8	Does each conservation easement reported on line 2d above	e satisfy the requirements of section 170	(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expens	se statement and
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial stater	ments that describes the
	organization's accounting for conservation easements.		
Pai	t III Organizations Maintaining Collections of		Other Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 95	·	
	of art, historical treasures, or other similar assets held for pub		
	service, provide in Part XIII the text of the footnote to its finar		
b	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in fur	therance of public service,
	provide the following amounts relating to these items.		
	(i) Revenue included on Form 990, Part VIII, line 1		\$
2	If the organization received or held works of art, historical treating		ial gain, provide
	the following amounts required to be reported under FASB A		_
а	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		\$

Sche	edule D (Form 990) 2023 ROADS TO	O RECOVERY,	INC.			26-16	553150	Ps	2 ane
	rt III Organizations Maintaining C			easures, o	r Other S				<u> 190 – </u>
3	Using the organization's acquisition, accession	on, and other records, c	heck any of the	following that	make signi	ficant use of its	S		
	collection items (check all that apply).								
а	Public exhibition	d [Loan or exc	hange prograr	m				
b	Scholarly research	e [Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain ho	w they further tl	he organizatio	n's exempt	purpose in Pa	rt XIII.		
5	During the year, did the organization solicit or	r receive donations of a	t, historical trea	sures, or othe	r similar ass	sets			
	to be sold to raise funds rather than to be ma	aintained as part of the o	organization's co	ollection?			Yes		No
Paı	rt IV Escrow and Custodial Arrang	gements Complete if	the organization	n answered "Y	es" on Forr	n 990, Part IV,	line 9, or		
	reported an amount on Form 990, Par	t X, line 21.							
1a	Is the organization an agent, trustee, custodia	an, or other intermediar	y for contribution	ns or other as:	sets not inc	luded	_		_
	on Form 990, Part X?					L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the follow	ing table:		-				
					Į		Amount		
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	• • • • • • • • • • • • • • • • • • • •					1f		_	,
2a	Did the organization include an amount on Fo	orm 990, Part X, line 21,	for escrow or cu	ustodial accou	ınt liability?		Yes		No
	If "Yes," explain the arrangement in Part XIII.								<u> </u>
Pai	rt V Endowment Funds Complete if						Leve		
	_	(a) Current year (b) Prior year	(c) Two years	back (d)	Three years back	(e) Four y	ears	раск
1a	Beginning of year balance								
	Contributions								
	Net investment earnings, gains, and losses								
	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
	Administrative expenses								
_	End of year balance			<u> </u>					
2	Provide the estimated percentage of the curr	,	ne 1g, column (a	a)) held as:					
а	Board designated or quasi-endowment	%							
b	Permanent endowment	%							
С		%							
_	The percentages on lines 2a, 2b, and 2c show								
за	Are there endowment funds not in the posses	ssion of the organization	n that are held a	ind administer	ed for the		Г	'es	No
	organization by:								110
	(i) Unrelated organizations?							\dashv	
	(ii) Related organizations?	Name listed or or or to the	Cabadal - D2				3a(ii)	\dashv	
b 4	If "Yes" on line 3a(ii), are the related organiza						3 b		
4 Dai	Describe in Part XIII the intended uses of the rt VI Land, Buildings, and Equipm		ent tunas.						
ı al	Complete if the organization answered		art IV line 11a S	See Form 990	Part X line	10			
	-	1					(d) Doole	volu	
	Description of property	(a) Cost or other basis (investment		or other (other)	(c) Accur deprec		(d) Book	value	5
1a	Land	22.2 (117001110111	-, 24310	()	200,00				

10,658. Schedule D (Form 990) 2023

10,658.

12,761. 9,334.

e Other.

b Buildings

c Leasehold improvements

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

23,419. 9,334.

Schedule D (Form 990) 2023 ROADS TO REC	COVERY, INC.	26	5-1653150 Page
Part VII Investments - Other Securities			
Complete if the organization answered "Yes" (al af can manufactural ca
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	id-or-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)		_	
(G)			
(H) Total (Col. (h) must equal Form 000, Port V, line 12, col. (P))			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 990 Part IV li	ne 11c. See Form 990. Part X. line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	id-of-vear market value
(1)	(b) Book value	(e) memer or valuations ever or en	ia or your market value
(1)			
(3)			
(4)			
(5)			
(6)		1	
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes" of	on Form 990, Part IV, li	ne 11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, col	'. (B))		
Part X Other Liabilities			
Complete if the organization answered "Yes" of	on Form 990, Part IV, li	ne 11e or 11f. See Form 990, Part X, line 2	5.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			

Total. (Column (b) must equal Form 990, Part X, line 25, col. (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..

(7) (8)

	rt XI Re	econciliation of Revenue per Audited Financial State	ements With Rever	nue per Return	
	Co	mplete if the organization answered "Yes" on Form 990, Part IV, line	12a.		
1	Total reve	nue, gains, and other support per audited financial statements		1	
2		included on line 1 but not on Form 990, Part VIII, line 12:			
а		lized gains (losses) on investments	2a		
b		services and use of facilities			
С		s of prior year grants			
d		scribe in Part XIII.)			
е		2a through 2d		2e	
3		ine 2e from line 1			
4		included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investmer	nt expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Des	scribe in Part XIII.)	4b		
С			•	4c	
5	Total reve	nue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	
Pa	rt XII Re	econciliation of Expenses per Audited Financial Stat	ements With Expe	nses per Return	
	Co	mplete if the organization answered "Yes" on Form 990, Part IV, line	12a.		
1	Total expe	enses and losses per audited financial statements		1	
2	Amounts i	included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated s	services and use of facilities	2a		
b	Prior year	adjustments	2b		
С	Other loss	ses	2c		
d	Other (Des	scribe in Part XIII.)	2d		
е	Add lines	2a through 2d	 ,	2e	
3	Subtract I	ine 2e from line 1		3	
4	Amounts i	included on Form 990, Part IX, line 25, but not on line 1:			
а		nt expenses not included on Form 990, Part VIII, line 7b			
b	Other (Des	scribe in Part XIII.)	4b		
С	Add lines				
5		enses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	
		upplemental Information	D		
		criptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;		Part V, line 4; Part X, line 2; Part	XI,
ines	2d and 4b;	and Part XII, lines 2d and 4b. Also complete this part to provide any	additional information.		

Schedule D (Form 990) 2023 332054 09-28-23

SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

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 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Schedule G (Form 990) 2023

Name of the organization							ntification number
ROADS T	O RECOVERY, INC.					26-1653	150
Part I Fundraising Activities. required to complete this par	Complete if the organization answe	ered "Y	'es" o	n Form 990, Part IV,	line 1	7. Form 990-E2	Z filers are not
Indicate whether the organization rais A	sed funds through any of the followir e Solicitat	ion of	non-g gover	overnment grants	-		
d In-person solicitations 2 a Did the organization have a written of					stees	or	
key employees listed in Form 990, P b If "Yes," list the 10 highest paid indiv compensated at least \$5,000 by the	art VII) or entity in connection with p viduals or entities (fundraisers) pursu	rofess	ional f	fundraising services?	•	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundr have c or cor contrib	Did raiser ustody itrol of utions?	(iv) Gross receipts from activity	to (d	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
			K				
		K					
List all states in which the organization or licensing.	n is registered or licensed to solicit (contrib	outions	s or has been notified	d it is	exempt from re	egistration

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

26-1653150 Page 2 Schedule G (Form 990) 2023 ROADS TO RECOVERY, INC. Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-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 PIE (add col. (a) through FUNDRAISER 2 GOLF OUTING col. (c)) (event type) (event type) (total number) Revenue 30,140. 7,528. 39,478. 1 Gross receipts 1,810. 2 Less: Contributions 30,140. 7,528. 1,810. 39,478. 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food and beverages 8 Entertainment 17,043.12,357. 9 Other direct expenses 218. 17,043 **10** Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) 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. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes % Yes 6 Volunteer labor No 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? No **b** If "No," explain:

Schedule G	(Form 990)	2023

b If "Yes," explain:

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

Sch	nedule G (Form 990) 2023 ROADS TO RECOVERY, INC. $26-1$	6531	0 Page 3
11	Does the organization conduct gaming activities with nonmembers?	Ye	s 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?	Ye	s No
13	Indicate the percentage of gaming activity conducted in:		
	a The organization's facility	13a	%
	o An outside facility	13b	%
			,,,
••	The first the finance and address of the person who propares the organization organization organization of the person and records.		
	Name		
	Address		
15-	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Ye	s No
100	a Does the organization have a contract with a till a party from whom the organization receives gaining revenue:	•	о <u> </u>
	a If "Voc " onter the amount of gaming revenue received by the organization.		
	of specifical support and the abount 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	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	຺	s No
k	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 \$		
Pa	art IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	rt III, lines	9, 9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
	·		

Schedule G	G (Form 990)	ROADS T	O RECOVERY,	INC.	26-1653150 Page 4
Part IV	G (Form 990) Supplemental Info	ormation (cont	inued)		
		·			
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SCHEDULE 0 (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

ROADS TO RECOVERY, INC.

Employer identification number 26-1653150

ROADS TO RECOVERY, INC.	20-1033130
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MIS	SSION:
INDIVIDUALS WITH AUTISM SPECTRUM DISORDERS.	
FORM 990, PART VI, SECTION B, LINE 11B:	
THE EXECUTIVE DIRECTOR REVIEWS THE 990 AND PROVIDES A COP	Y TO THE BOARD FOR
REVIEW, ONCE APPROVED, THE EFILE AUTHORIZATION IS SIGNED	AND RETURNED TO
ACCOUNTANT TO FILE FORM 990 ELECTRONICALLY.	
FORM 990, PART VI, SECTION C, LINE 19:	
DOCUMENTATION IS MADE AVAILABLE UPON REQUEST.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
INDEPENDENT CONTRACTORS:	
PROGRAM SERVICE EXPENSES	201,014.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	201,014.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	201,014.