

Return of Organization Exempt From Income Tax

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

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

2019Open to Public
Inspection**A For the 2019 calendar year, or tax year beginning**

, 2019, and ending

| | | |
|--|----------------------------|---|
| B Check if applicable: | C | D Employer identification number |
| <input type="checkbox"/> Address change | PARADOX SPORTS | 26-0153796 |
| <input type="checkbox"/> Name change | PO BOX 273 | E Telephone number |
| <input type="checkbox"/> Initial return | ELDORADO SPRINGS, CO 80025 | 720-638-5593 |
| <input type="checkbox"/> Final return/terminated | | |
| <input type="checkbox"/> Amended return | | |
| <input type="checkbox"/> Application pending | | G Gross receipts \$ 463,134. |

| | | |
|---|-------------|---|
| F Name and address of principal officer: | DAVE ELMORE | H(a) Is this a group return for subordinates? |
| SAME AS C ABOVE | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

I Tax-exempt status: 501(c)(3) 501(c) () ▶ (insert no.) 4947(a)(1) or 527J Website: ► WWW.PARADOXSPORTS.ORGK Form of organization: Corporation Trust Association Other ▶ L Year of formation: 2007 M State of legal domicile: CO**Part I Summary**

1 Briefly describe the organization's mission or most significant activities: PARADOX SPORTS REVOLUTIONIZES LIVES THROUGH ADAPTIVE CLIMBING OPPORTUNITIES THAT DEFY CONVENTION.

| | | | |
|---|---|----|-----|
| 2 Check this box ► <input type="checkbox"/> | if the organization discontinued its operations or disposed of more than 25% of its net assets. | | |
| 3 Number of voting members of the governing body (Part VI, line 1a) | | 3 | 9 |
| 4 Number of independent voting members of the governing body (Part VI, line 1b) | | 4 | 9 |
| 5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) | | 5 | 5 |
| 6 Total number of volunteers (estimate if necessary) | | 6 | 147 |
| 7a Total unrelated business revenue from Part VIII, column (C), line 12 | | 7a | 0. |
| b Net unrelated business taxable income from Form 990-T, line 39 | | 7b | 0. |

| Activities & Governance | Revenue | Prior Year | Current Year |
|-------------------------|---------|------------|--------------|
| | | 458,446. | 344,727. |
| | 9 | 100,824. | 85,064. |
| | 10 | 45. | -1,476. |
| | 11 | -14,008. | -1,296. |
| | 12 | 545,307. | 427,019. |

| Expenses | Prior Year | Current Year |
|---|------------|--------------|
| 8 Contributions and grants (Part VIII, line 1h) | 458,446. | 344,727. |
| 9 Program service revenue (Part VIII, line 2g) | 100,824. | 85,064. |
| 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 45. | -1,476. |
| 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | -14,008. | -1,296. |
| 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 545,307. | 427,019. |
| 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | |
| 14 Benefits paid to or for members (Part IX, column (A), line 4) | | |
| 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 189,035. | 225,231. |
| 16a Professional fundraising fees (Part IX, column (A), line 11e) | | |
| b Total fundraising expenses (Part IX, column (D), line 25) ► 89,751. | | |
| 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 185,410. | 179,496. |
| 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 374,445. | 404,727. |
| 19 Revenue less expenses. Subtract line 18 from line 12 | 170,862. | 22,292. |

| Net Assets or Fund Balances | Beginning of Current Year | End of Year |
|---|---------------------------|-------------|
| 20 Total assets (Part X, line 16) | 429,093. | 454,043. |
| 21 Total liabilities (Part X, line 26) | 5,588. | 8,246. |
| 22 Net assets or fund balances. Subtract line 21 from line 20 | 423,505. | 445,797. |

Part II Signature Block

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

| | | |
|------------------|------------------------------|--------------------|
| Sign Here | ► Signature of officer | Date |
| | ► DAVE ELMORE | EXECUTIVE DIRECTOR |
| | Type or print name and title | |

| | | | | | |
|-------------------------------|--|----------------------|------|---|-------------------------|
| Paid Preparer Use Only | Print/Type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN |
| | DAVID J. BREWSTER | | | | P00011387 |
| | Firm's name ► DAVID BREWSTER & ASSOC., INC. | | | | |
| | Firm's address ► 4890 RIVERBEND ROAD BOULDER, CO 80301 | | | | Firm's EIN ► 84-1157927 |
| | | | | | Phone no. 303-449-5320 |

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

BAA For Paperwork Reduction Act Notice, see the separate instructions.

TEEA0101L 01/21/20

Form 990 (2019)