PUBLIC DISCLOSURE COPY

Form	990
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** PUBLIC DISCLOSURE COPY ** 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.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

B B Check D Employer identification number TEAM RUBICON, INC. 27-1720480 Doing business as 2000 2100 217-1720480 Draw manual street (or P.0. box if mail is not delivered to street address) Promoval 2000 2100 <	ΑF	or th	e 2022 calendar year, or tax year beginning and	ending		
Tracket RUBICON, INC. 27-1720480 Dring Dusiness as Roundwalte Final Workshow Solar Decision Set (ar P.O. box if mail is not delivered to street address) Roundwalte Final Workshow Solar Decision Set (ar P.O. box if mail is not delivered to street address) Roundwalte Partial Set (ar P.O. box if mail is not delivered to street address) Roundwalte E Telephone number (310) 640-8787 Chy or town, state or province, country, and ZIP or foreign postal code LOS ANCELES , CA 90045 H(a) Is this a group return for subordinates? Tes (SIN) No Partial Summary SME AS C ABOVE H(b) Are al audordness inclusor IV Ver INO, attach a list. See instructions H(b) Are al audordness inclusor IV Ver INO, attach alist. See instructions Part I Summary Corporation Trust Association Other L Year of formation: 2010 M State of legal domicle: MN H(b) Are al audordness inclusor IV No, atta or legal admicle: MN Part I Summary I Briefly describe the organization's mission or most significant activities: HUMANITARIAN AND CONVENTIONAL ATD RESPONSES WITHIN AND OUTSIDE THE US. Part I Summer of volumembers of the governing body (Part V, line 1a) 3 11 A Unmber of volumembers of the governing body (Part V, line 1b) 4 9 S Total number of volumembers of the governing body (Part	B C a	heck if oplicab	e: C Name of organization		D Employer identific	cation number
Build State Doing business as 27-1720480 Interview Number and street (or P.0. bot if mail is not delivered to street address) Room/suite E Telephone number State City or town, state or province, country, and ZIP or foreign postal code G. @@@m.recebs 5 S.3.0 PACIFIC Arrescent FName and address of principal officer. ARTHUR DELACRUZ H(a) Is this a group return for subordinates? Ves X No J Website: WWW. TEAMRUBICONUSA. ORG H(b) - wrat abscrintes No H(b) - wrat abscrintes No Versity WWW. TEAMRUBICONUSA. ORG H(b) - wrat abscrintes No H(b) - wrat abscrintes No Versity WWW. TEAMRUBICONUSA. ORG HUMANITARIAN AND CONVENTIONAL AID RESPONSES WITHIN AND OUTSIDE THE US. Check this box I Briefly describe the organization is mission or moest significant activities: HUMANITARIAN AND CONVENTIONAL AID RESPONSES WITHIN AND OUTSIDE THE US. Check this box I the organization discontinued its operations or disposed of more than 25% of its net assets. Number of independent voting members of the governing body (Part VI, line 1a) 4 99 5 1.84373 74.51.843.255.61.93.93.92.73.718.51.943.255.61.93.93.92.73.718.51.943.255.61.93.93.92.73.7						
Image: Number and steet (or P.0. box if mail is not deliveral to street address) Room/suite E Telephone number 200 (310) 640-8787 City or town, state or province, country, and ZIP or foreign postal code G consumeres is 53, 124, 774. Application Final main address of principal officer. ARTHUR DELACRUZ H(a) Is this a group return for subordinates? Application Final main address of principal officer. ARTHUR DELACRUZ If Nov, attate of legal domicile." INV J Breidy describe the organization: X 501(c)(3) 501(c)(1) (insert no.) 1 Breidy describe the organization is mission or most significant activities: HUMANITARIAN AND CONVENTIONAL ALD RESPONSES WITHIN AND OUTSIDE THE US. 2 Check this box if the organization discontinue dits operations or disposed of more than 25% of its net assets. 3 Number of independent voting members of the governing body (Part VI, line 1a) 3 1 4 94 95 Total number of inductalse employeed in calendary ear 2022 (Part VI, line 2a) 5 5 Total number of independent voting members of the governing body (Part VI, line 1a) 3 1 5 Total number of independent voting members of the governing body (Part VI, line 2a) 5 2 6 Total number o		Name			27-17204	80
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		22 rt II			±0,10,500.	41,034,4/0.
Inder benalties of periury. I declare that I have examined this return including accompanying schedules and statements, and to the best of my knowledge and boliet it is			alties of perjury, I declare that I have examined this return, including accompanying schedule	s and stateme	ents and to the best of my	knowledge and helief it is

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer		Date					
Here	DANE BARATA, CHIEF FINANC	IAL OFFICER						
	Type or print name and title							
	Print/Type preparer's name	Preparer's signature	Date Check PTIN					
Paid	LIZBETH G. NEVAREZ	LIZBETH G. NEVAREZ	11/14/23 self-employed P013998					
Preparer	Firm's name GREEN HASSON & JA	ANKS LLP	Firm's EIN 95-1777440					
Use Only	Firm's address 700 SOUTH FLOWER	STREET, SUITE 3300						
	LOS ANGELES, CA 9	0017	Phone no. (310) 873-1	600				
May the I	May the IRS discuss this return with the preparer shown above? See instructions							
232001 12-1	J2001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2022)							

Form	1990 (2022) TEAM RUBICON, INC.	27-1720480	Page 2
Par	rt III Statement of Program Service Accomplishments		3
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	X
1	Briefly describe the organization's mission:		
	TEAM RUBICON SERVES COMMUNITIES BY MOBILIZING VETERANS		
	THEIR SERVICE, LEVERAGING THEIR SKILLS AND EXPERIENCE THEIR SERVICE, RESPOND, AND RECOVER FROM DISASTERS AND HUMAN		
	PREPARE, RESPOND, AND RECOVER FROM DISASIERS AND HOMAN.	LIARIAN CRISES	•
2	Did the organization undertake any significant program services during the year which were not listed on the		
-	prior Form 990 or 990-EZ?		XNo
	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 service	s? Yes	XNo
	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 o	thers, the total expenses, an	nd
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 24,149,612. including grants of \$ 955,362.) (R	evenue \$)
	RESPONSE (SEE SCHEDULE O)		
4b	(Code:) (Expenses \$12,348,676. including grants of \$) (R	evenue \$)
	RESILIENCY (SEE SCHEDULE O)		,
4	(c		
4c	(Code:) (Expenses \$3, 176, 653. including grants of \$) (R REBUILD (SEE SCHEDULE O)	evenue \$)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 39,674,941.		00
		Form 9	90 (2022)
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20341114 758461 5696.T

2022.05000 TEAM RUBICON, INC. 5696.T_1

Form	990	(2022)
FUIII	990	(2022)

 Form 990 (2022)
 TEAM RUBICON, INC.

 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
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
С	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 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	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		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	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	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	12b		<u> </u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		_X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			77
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
40	column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		v	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"			v
00	complete Schedule G, Part III	19		X X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u> </u>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If</i> "Yes." <i>complete Schedule I, Parts I and II</i>	21	х	
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 Form 990 (2022)
 TEAM RUBICON, INC.

 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	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
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		X
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%			v
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
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	07		x
00	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
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): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
a		28a		х
h	"Yes," complete Schedule L, Part IV	20a 28b	Х	
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	200		
Ŭ	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
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		Х
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	Х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Par	Note: All Form 990 filers are required to complete Schedule O	38	Х	
rai				
	Check if Schedule O contains a response or note to any line in this Part V		 Vca	
4	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 183		Yes	No
na b	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable1a183Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable1b0			
с С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
U	(gambling) winnings to prize winners?	1c	Х	
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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
0-			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 223			
h	filed for the calendar year ending with or within the year covered by this return [2a] 223 If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	20 3a	- 23	x
	If "Yes," has it filed a Form 990-T for this year? <i>If</i> "No" to line 3b, provide an explanation on Schedule O	3b		<u> </u>
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	0.0		
	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).			
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
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	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		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		x
-	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		<u> </u>
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?	8		
9	Sponsoring organizations maintaining donor advised funds.	-		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a L	Initiation fees and capital contributions included on Part VIII, line 12 10a 10a 10b 10b10b 10b 10b10b 10b 10b 10b 10b			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources against			
5	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	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 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		L
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	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			1
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		<u> </u>
	If "Yes," complete Form 6069.		000	(0000)
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	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
	Did the organization have members or stockholders?	6		X
a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		x
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	Х	
c	Each committee with authority to act on behalf of the governing body?	8b		X
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		x
С	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
3	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		
a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	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	
2	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	x	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe	12.0		
		12c	х	
	on Schedule O how this was done Did the organization have a written whistleblower policy?	13	X	
	Did the organization have a written document retention and destruction policy?	14	X	
	Did the process for determining compensation of the following persons include a review and approval by independent	14		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
~	The organization's CEO, Executive Director, or top management official	15a	Х	
		15a	X	
D	Other officers or key employees of the organization	150	- 23	
_				
a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		x
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
С	tion C. Disclosure			
	List the states with which a copy of this Form 990 is required to be filed <u>SEE SCHEDULE O</u>			
	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)	availal	ble
	for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain on Schedule O)			
	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d financ	ial	
	statements available to the public during the tax year.			
	State the name, address, and telephone number of the person who possesses the organization's books and records			
	JEAN NGO - 310-640-8787			
	5230 PACIFIC CONCOURSE, SUITE 200, LOS ANGELES, CA 90045			
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1a Enter the number of voting members of the governing body at the end of the tax year

If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.

b Enter the number of voting members included on line 1a, above, who are independent

Section A. Governing Body and Management

Form 990 (2022)

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1a

1b

X

Yes No

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

Form 990 (2022) TEAM RUBICON, INC.	27-1720480	Page 7					
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 organization compensated any current officer, director, or trustee.

(A)	(B)		(C)					(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	box, unless person i		rson i	s both	n an	compensation	compensation	amount of
	week		officer and a director/trust		tee)	from	from related	other		
	(list any	recto						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		ee	upens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	lual tr	tional		nploy	st con yee	-	1033-1120)		organizations
	line)	In dividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizationo
(1) ARTHUR DELACRUZ	55.00									
PRESIDENT/CHIEF OPERATING OFFICER	0.00	Х						381,846.	0.	13,470.
(2) DANE BARATA	55.00									
CHIEF FINANCIAL OFFICER	0.00			Х				254,085.	0.	30,722.
(3) NICOLE CAPOSSELA	55.00									
CHIEF DEVELOPMENT OFFICER	0.00					X		300,726.	0.	31,537.
(4) DAVID BURKE	55.00									
CHIEF PROGRAM OFFICER	0.00					X		305,672.	0.	26,527.
(5) JEFF BYARD	55.00									
VICE PRESIDENT OF OPERATIONS	0.00					X		203,054.	0.	23,265.
(6) ZACHARY BROOKS-MILLER	55.00									
SENIOR DIRECTOR OF TR INTERNATIONAL	0.00					X		175,681.	0.	14,918.
(7) DIPALI MEHTA	55.00									
SENIOR DIRECTOR OF FINANCE	0.00					X		174,647.	0.	14,228.
(8) JACOB WOOD	10.00								•	~ ~ ~ ~ ~
EXECUTIVE CHAIRMAN	0.00	Х						89,069.	0.	28,569.
(9) ADAM MILLER	2.00								•	•
BOARD MEMBER	0.00	Х						0.	0.	0.
(10) CHRISTINA PARK	2.00								0	0
BOARD MEMBER	0.00	Х						0.	0.	0.
(11) CLAYTON DEGIACINTO	2.00								0	0
BOARD MEMBER	0.00	Х						0.	0.	0.
(12) JOE MARCHESE	2.00							0	0	0
BOARD MEMBER	0.00	X						0.	0.	0.
(13) JOHN PITTS	2.00							0	0	0
BOARD MEMBER	0.00	X						0.	0.	0.
(14) JONATHAN SMIDT	2.00							0	0	0
BOARD MEMBER	0.00	Х						0.	0.	0.
(15) MARY SOLOMAN	2.00							0	0	0
BOARD MEMBER	0.00	Х						0.	0.	0.
(16) MICHAEL STERN	2.00								<u>^</u>	<u>^</u>
BOARD MEMBER	0.00	Х						0.	0.	0.
(17) SAMUEL GREEN BOARD MEMBER	2.00	x						0.	0.	0
BOARD MEMBER	0.00	Δ						0.	0.	0 .

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Part VII Section A. Officers, Directors, Trus	Section A. Oncers, Directors, Trustees, Key Employees, and Tignest Compensated Employees (continued)												
(A) Name and title	(B) Average hours per week	verage Position (do not check more than one box, unless person is both an officer and a director/trustee)				than c s both	an	(D) (E) Reportable Reportable compensation compensatio _ from from related		on amount of			
	(list any hours for related organizations below	Individual trustee or director	Institutional trustee	Officer	key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization: (W-2/1099-MIS 1099-NEC)		fr org and	pensa om th anizat d relat anizati	e ion ed
	line)	Ind	Ins	Offi	Key	Hig em	For						
										1.0		2.6	
1b Subtotal								1,884,780.		0.	18.	3,2	<u>36.</u> 0.
c Total from continuation sheets to Part VI <u>d</u> Total (add lines 1b and 1c)								1,884,780.		0.	18	3,2	
2 Total number of individuals (including but n									000 of reportable		<u> </u>	.,	
compensation from the organization													38
							le : e			ſ		Yes	No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for su	,	,				,			,	- 1	3		x
4 For any individual listed on line 1a, is the su											-		
and related organizations greater than \$150	,000? If "Yes,	" coi	mple	ete S	Sche	edule	J f	or such individual	-		4	Х	
5 Did any person listed on line 1a receive or a										- 1			
rendered to the organization? <i>If</i> "Yes." <i>com</i> Section B. Independent Contractors	plete Schedule	e J fo	or su	ich r	oers	on .					5		X
1 Complete this table for your five highest con	mpensated ind	lener	nder	nt co	ontra	actor	s tł	nat received more than \$	100 000 of comr	ensat	ion fro	m	
the organization. Report compensation for t	-							the organization's tax y					
(A) Name and business		70			T 7	77		(B) Description of s	ervices	Co	(C omper		n
SUPERIOR STAFFING, LLC, 5 DRIVE STE C-1, NASHVILLE,			RI	Ρ.	LA.	LА		TEMP SERVICE	3	1	17	5 6	72.
MOONLAB PRODUCTIONS LLC	111 572	<u> </u>					_	MARKETING AN			, _ , .	5,0	/ 2 •
5630 VENICE BLVD, LOS ANG	ELES, C	A	90	01	9			PROMOTION			45	6,6	19.
FRAGAS REMODELING	my 77	70	F								22	1 0	10
5445 WINFREE ST, BEAUMONT				20			-	REBUILD CONTI	RACTORS		234	4,0	40.
VACO LLC, 5501 VIRGINIA WAY, SUITE 120, BRENTWOOD, TN 37027 TEMP SERVICES 232								2,4	34.				
LEAPROS WORKFORCE SOLUTIC	NS											, -	
2150 POINT BLVD, SUITE 80	0, ELGI	N,	I	L	60	12:	3	TEMP SERVICE:	S		19	4,9	55.
2 Total number of independent contractors (ir	-	ot lin	nited	l to 1	thos 14		ed	above) who received mo	ore than				
\$100,000 of compensation from the organiz	alion				тч	6							

232008 12-13-22

		_	Statement of Re				r noto to con l'a	in this Dect V/III			
			Check if Schedule O d	contair	is a respo	onse (or note to any line	<u>e in this Part VIII</u> (A)	(B)	(C)	(D)
								Total revenue	Related or exempt	Unrelated	Revenue excluded
									function revenue	business revenue	from tax under sections 512 - 514
s s	1	а	Federated campaigns		1a						
ant	1 aFederated campaigns1abMembership dues1b										
g, g			Fundraising events				4,534,534.				
Contributions, Gifts, Grants and Other Similar Amounts			Related organizations								
			Government grants (contr								
Sij			All other contributions, gifts,								
but			similar amounts not included				47,308,722.				
d Ltri		g	Noncash contributions included in	lines 1a-	1f 1g	\$	1,237,275.				
ano		h	Total. Add lines 1a-1f					51,843,256.			
							Business Code				
ė	2	а									
e vic		b									
Se une		С									
Program Service Revenue		d									
бц		е									
ā		f	All other program service	revenu	ie						
			Total. Add lines 2a-2f								
	3		Investment income (incluc	•							
			other similar amounts)					224,273.			224,273.
	4		Income from investment of		•	•	roceeds				
	5		Royalties	·····			(ii) Deve en el				
			a .		(i) Rea	ll	(ii) Personal				
			Gross rents	6a							
			Less: rental expenses	6b							
ļ			Rental income or (loss) Net rental income or (loss)	6c							
l			Gross amount from sales of		(i) Securi		(ii) Other				
ļ	'	а	assets other than inventory	7a	368,						
l		h	Less: cost or other basis	10	,						
e		b	and sales expenses	7b	424,	696.					
Revenue		c	Gain or (loss)	7c	-55,						
Jev			Net gain or (loss)	· · ·				-55,850.			-55,850.
er			Gross income from fundraisi					,			,
Oth	-		including \$ 4,								
-			contributions reported on								
l			Part IV, line 18		-	8a	121,729.				
l		b				8b	945,243.				
l		с	Net income or (loss) from	fundra	ising eve	nt <u>s</u>		-823,514.			-823,514.
l	9	а	Gross income from gamin	g activ	vities. See	•					
l			Part IV, line 19			9a					
l		b	Less: direct expenses			9b					
l		С	Net income or (loss) from	gamin	g activitie	s					
l	10	а	Gross sales of inventory, I								
l			and allowances			<u>10a</u>					
l		b	Less: cost of goods sold			10b	307,797.				
		С	Net income or (loss) from	sales o	of invento	ry		-100,713.	-100,713.		
S							Business Code				
eou 1e	11		MISC. REVENUE				900099	250,308.			250,308.
lant		b	REBATES-REWARDS REVI	SNUE			900099	109,278.			109,278.
Miscellaneous Revenue		С									
Mis]		All other revenue					250 505			
			Total. Add lines 11a-11d					359,586.	100 512		205 505
	12		Total revenue. See instruction	ons				51,447,038.	-100,713.	0.	-295, 505. Form 990 (2022

Form 990 (2022)

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¹⁰ 2022.05000 TEAM RUBICON, INC.

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Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX **(D)** Fundraising (C) Management and general expenses (B) (A) Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 851,212. 851,212. and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic 104,150. 104,150. 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 Benefits paid to or for members 4 5 Compensation of current officers, directors, 797,760. 590,876. 84,474. 122,410. trustees, and key employees 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 15,776,776. 11,685,393. 1,670,576. 2,420,807. Other salaries and wages 7 8 Pension plan accruals and contributions (include 531,713. 393,824. 56,302. 81,587. section 401(k) and 403(b) employer contributions) 222,782. 2,103,930. 1,558,319. 322,829. Other employee benefits 9 1,182,503. 875,845. 125,213. 181,445. 10 Payroll taxes 11 Fees for services (nonemployees): Management а b Legal 62,450. 62,450. Accounting С Lobbying d Professional fundraising services. See Part IV, line 17 е Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, g 2,789,444. 1,367,853. 840,275. 581,316. column (A), amount, list line 11g expenses on Sch 0.) 1,194,794. 1,068,264. 27,062. 99,468. Advertising and promotion 12 2,099,568. 1,579,809. 458,908. 60,851. Office expenses 13 230,710. 192,718. 33,649. 4,343. Information technology 14 15 Royalties 1,437,073. 1,050,801. 161,020. 225,252. 16 Occupancy 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 306,524. 2,541. 317,629. 8,564. Conferences, conventions, and meetings 19 20 Interest Payments to affiliates 21 1,439,095. 804,984. 619,635. 14,476. Depreciation, depletion, and amortization 22 817,451. 724,241. 93,210. 23 Insurance Other expenses. Itemize expenses not covered 24 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.) 14,655,020. 14,080,358. 131,517. 443,145. FIELD EXPENSES а 1,557,308. 12,461. GROCERIES, CATER 1,502,861. 41,986. MEALS h 477,666. 275,067. 176,150. 26,449. PLACEMENT & RECRUITING С 12,698. 62,850. 48,513. 1,639. d EQUIPMENT REPAIRS & MAI 1,065,074. 613,329. 392.772. 58,973. e All other expenses 49,554,176. 39,674,941. 5,183,695. 4,695,540. Total functional expenses. Add lines 1 through 24e 25 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

232010 12-13-22

Check here

20341114 758461 5696.T

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

11 2022.05000 TEAM RUBICON, INC. Form 990 (2022)

Part X | Balance Sheet

12 2022.05000 TEAM RUBICON, INC.

TEAM RUBICON, INC.

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_		Check if Schedule O contains a response or note to any line in this Part X			
		· · · · · · · · · · · · · · · · · · ·	(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	8,736,471.	1	9,802,062.
	2	Savings and temporary cash investments	171,566.	2	290,478.
	3	Pledges and grants receivable, net	7,404,727.	3	9,730,850.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ŝ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	333,196.	8	241,310.
As	9	Prepaid expenses and deferred charges	1,308,125.	9	1,351,625.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 8,731,264.			
	b	Less: accumulated depreciation 10b 5 ,059,001.	4,658,901.	10c	3,672,263.
	11	Investments - publicly traded securities	23,142,696.	11	23,456,161.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	111,056.	15	7,561,083.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	45,866,738.	16	56,105,832.
	17	Accounts payable and accrued expenses	3,209,518.	17	3,687,372.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
S	22	Loans and other payables to any current or former officer, director,			
ili ti		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	8,060,672.
	24	Unsecured notes and loans payable to unrelated third parties	2,523,312.	24	2,523,312.
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	5,732,830.	26	14,271,356.
ŷ		Organizations that follow FASB ASC 958, check here			
JCe		and complete lines 27, 28, 32, and 33.	25 574 007		22 110 550
alaı	27	Net assets without donor restrictions	25,574,097. 14,559,811.	27	<u>22,119,550.</u> 19,714,926.
а В	28	Net assets with donor restrictions	14,559,011.	28	19,714,920.
ŭ		Organizations that do not follow FASB ASC 958, check here			
Net Assets or Fund Balances		and complete lines 29 through 33.		00	
ŝţ	29	Capital stock or trust principal, or current funds		29	
SSE	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
∋t A	31	Retained earnings, endowment, accumulated income, or other funds	40,133,908.	31	41,834,476.
ž	32 33	Total net assets or fund balances Total liabilities and net assets/fund balances	45,866,738.	32 33	56,105,832.
	33	ו טומו וומטוווופט מווע וופו מטטפוט/ועווע שמומווניפט		33	Form 990 (2022)

Form **990** (2022)

	1990 (2022) TEAM RUBICON, INC.	<u>27-1</u>	720480	Pag	_{ge} 12			
Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1	51,447					
2	Total expenses (must equal Part IX, column (A), line 25)	2	49,554	<u> </u>				
3	Revenue less expenses. Subtract line 2 from line 1	3	1,892	<u> </u>				
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	40,133	<u> </u>				
5	Net unrealized gains (losses) on investments	5	-192	2,29	94.			
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	41,834	.,4'	76.			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>						
				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	2a Were the organization's financial statements compiled or reviewed by an independent accountant?							
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a						
	separate basis, consolidated basis, or both:							
	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	basis,						
	consolidated basis, or both:							
	X 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	,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X				
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule 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?		3a	X				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required							
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits							

Form **990** (2022)

SCHEDULE A	١
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Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2022
Open to Public Inspection

Name of the organization

Name of the organization Employer identification num											
			RUBICON, I						7-1720480		
Par	tl	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.			
The o	rgani	ization is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only o	one box.)					
1 [A church, convention of ch	urches, or associatio	n of churches described	l in sectio	n 170(b)(1	I)(A)(i).				
2 [A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)									
з [A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	i).				
4 [A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,		
		city, and state:									
5 [An organization operated for	or the benefit of a col	lege or university owned	l or operate	ed by a go	vernmental u	nit describe	ed in		
_		section 170(b)(1)(A)(iv). (Complete Part II.)									
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).									
7	X	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in									
_		section 170(b)(1)(A)(vi). (Complete Part II.)									
8 [A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Par	t II.)						
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college		
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or		
-		university:									
10		An organization that norma									
		activities related to its exem		•					•		
		income and unrelated busir		(less section 511 tax) fro	om busines	ses acqui	red by the org	anization a	fter June 30, 1975.		
ал Г		See section 509(a)(2). (Con				=					
11 L		An organization organized a	-	•	•						
12		An organization organized a	-	-				•			
		more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on									
2		lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.									
а		Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting									
		organization. You must c			i majonty o				ipporting		
b		Type II. A supporting org	-		tion with its	sunnorte	nd organization	n(s) hy hav	ina		
D.	L	control or management o	-				•		-		
		organization(s). You mus						ge the supp			
с		Type III functionally inte	-		in connect	ion with	and functional	lv integrate	d with		
-		its supported organization						.,	- ,		
d		Type III non-functionally						ted oraaniz	zation(s)		
-		that is not functionally int	• •					° °			
		requirement (see instructi			•		-				
е		Check this box if the orga	-					II, Type III			
		functionally integrated, or									
f	Ente	er the number of supported o	organizations								
g		vide the following information									
	(i	i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(IV) Is the orga in your governi	nization listed	(v) Amount of		(vi) Amount of other		
		organization		above (see instructions))	Yes	No	support (see ir	istructions)	support (see instructions)		
.											
Total							1		1		

Schedule A	000	0000
Schedule A	990	1 2022

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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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	43736729.	<u>50002559.</u>	56529766.	<u>39273718.</u>	<u>51843256.</u>	241386028
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	43736729.	<u>50002559.</u>	56529766.	<u>39273718.</u>	<u>51843256.</u>	<u>241386028</u>
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)						26172068.
	Public support. Subtract line 5 from line 4.						215213960
Sec	ction B. Total Support		[1	1	1	
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	43736729.	50002559.	56529766.	39273718.	51843256.	241386028
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots	743,066.	618,537.	477,588.	220,329.	224,273.	2283793.
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		1212600	1112505	100000		2056686
	assets (Explain in Part VI.)		1313609.	1113525.	1069956.	359,586.	3856676.
	Total support. Add lines 7 through 10						247526497
	Gross receipts from related activities,		,			· · · ·	,290,901.
13	First 5 years. If the Form 990 is for the	5	, , , ,				
800	organization, check this box and sto ction C. Computation of Publ						·····
							86.95 %
	Public support percentage for 2022 (14	
	Public support percentage from 2021						
108	33 1/3% support test - 2022. If the						V
h	stop here. The organization qualifies		-		line 15 is 22 1/20/		
D	33 1/3% support test - 2021. If the						
47-	and stop here. The organization qua				10 16a ar 16b d		
1/a	10% -facts-and-circumstances test						
	and if the organization meets the fact			-		-	
Ŀ	meets the facts-and-circumstances te	-				17a and lina 15 is	
D.	10% -facts-and-circumstances test more and if the organization meets the state of the organization meets the organization meets the state of the organization meets the state of the organization meets the	-					
	more, and if the organization meets the						
18	organization meets the facts-and-circ Private foundation. If the organization						
10		A GIG HOL CHECK &		a, 100, 17a, 01 17k	, oneon this box a		s (Form 990) 2022
						Seriedale A	,

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Schedule A (Form 990) 2

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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness 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						
	Amounts included on lines 1, 2, and						
<i>i</i> a	3 received from disgualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	tion B. Total Support		•			•	•
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)	L					
14	First 5 years. If the Form 990 is for the	ie organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organi	zation,
	check this box and stop here						
Sec	tion C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2022 (I	ine 8, column (f), c	livided by line 13,	column (f))		15	%
	Public support percentage from 2021		1			16	%
Sec	tion D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20)22 (line 10c, colui	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from	2021 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2022. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than 3	33 1/3%, and lir	ne 17 is not
	more than 33 1/3%, check this box ar	-					
b	33 1/3% support tests - 2021. If the	-	-				%, and
	line 18 is not more than 33 1/3%, che	•					·
20	Private foundation. If the organization						
-	3 12-09-22		,				ule A (Form 990) 2022
			16	;			,, -
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3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

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.)

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Schedule A	(Form 990) 2022	TEAM RUBICON,
Part IV	Supporting O	rganizations (continued)

1

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			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the</i>			

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supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method	d that the organization used	d to satisfy the Integral Part	t Test during the vear	(see instructions)
•	Check the DOX heat to the method	<i>inal line organization use</i>		i col uunny inc year	1000 1100 000

a The organization satisfied the Activities Test. Complete line 2 below.

b		The organization is t	he parent of each	of its supported	organizations.	Complete line 3 below.
---	--	-----------------------	-------------------	------------------	----------------	------------------------

c 🗌		The organization supported a governmental entity.	Describe in Part VI how	you supported a governmental entit	v (see instruction <u>s)</u>).
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18

- 2 Activities Test. Answer lines 2a and 2b below.
- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" *provide details in* **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.*

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Ра	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g orgar	lizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on	Nov. 20, 1970 (explain in	Part VI). See instructions
	All other Type III non-functionally integrated supporting organizations must	complete	e Sections A through E.	1
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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	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			
	(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 L instructions)

Schedule A (Form 990) 2022

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TEAM RUBICON, Schedule A (Form 990) 2022

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and 4c. 8 Breakdown of line 7: a Excess from 2018 b Excess from 2019 c Excess from 2020 d Excess from 2021 e Excess from 2022

Other distributions (describe in Part VI). See instructions. 6 7 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 9 Distributable amount for 2022 from Section C, line 6 10 10 Line 8 amount divided by line 9 amount (i) (ii) (iii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Amount for 2022 Pre-2022 Distributable amount for 2022 from Section C, line 6 2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2022 a From 2017 **b** From 2018 c From 2019 d From 2020 e From 2021 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2022 distributable amount i Carryover from 2017 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2022 from Section D, line 7: \$ a Applied to underdistributions of prior years b Applied to 2022 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2023. Add lines 3j

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

1 Amounts paid to supported organizations to accomplish exempt purposes

organizations, in excess of income from activity

Amounts paid to acquire exempt-use assets

Amounts paid to perform activity that directly furthers exempt purposes of supported

5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)

Administrative expenses paid to accomplish exempt purposes of supported organizations

Schedule A (Form 990) 2022

Section D - Distributions

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TEAM RUBICON, INC.

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Current Year

Schedule A (Form 990) 2022

Schedule A	(Form 990) 2022	TEAM RU					27-1720480	Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D, Section D, lines 5, 6, and (See instructions.)	l, 2, 3b, 3c, 4b, 4 lines 2 and 3; P	lc, 5a, 6, 9a, 9 art IV, Sectior	9b, 9c, 11a, ⁻ 1 E, lines 1c,	11b, and 11c; Part 2a, 2b, 3a, and 3b	IV, Section B, lines 1 ; Part V, line 1; Part V	and 2; Part IV, Section /, Section B, line 1e; Pa	C, rt V,
232028 12-09-2	2			21			Schedule A (Form 9	90) 2022

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Employer identification number

27-1720480

TEAM	RUBICON,	INC
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Filers of:	Section:
Form 990 or 990-EZ	\fbox 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

Schedule B (Form 990) (2022)

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> 1 </u>		\$ <u>5,782,635.</u>	PersonXPayrollNoncashX(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>2,000,750.</u>	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$1,997,560.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ <u>1,995,255.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$1,825,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>6</u> 223452 11-15		\$ <u>1,804,351.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

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Schedule B (Form 990) (2022)

TEAM RUBICON, INC.

Name of organization

Employer identification number

Page **2**

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> 7 </u>		\$ <u>1,500,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> 8 </u>		\$ <u>1,310,724.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$1,200,000.	Person X 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
		\$	Person Payroll Payroll Poncash Payroll Payroll Part II for noncash contributions.)

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

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Schedule B (Form 990) (2022) Name of organization

TEAM RUBICON, INC.

Part I

Employer identification number

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Schedule B (For	rm 990) (20)22)
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Name of organization

Page 3
Employer identification number

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TEAM RUBICON, INC.

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No.	(b)	(c) FMV (or estimate)	(d)
irom Part I	Description of noncash property given	(See instructions.)	Date received
1	APPAREL \$32,635 AND CASH DONATION OF \$5,750,000		
		\$ <u>5,782,635</u> .	12/31/22
(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. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	Schedule B (Form 990) (2

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2022.05000 TEAM RUBICON, INC.

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Name of o	rganization		Employer identification number							
ΤΈΔΜ Ι	RUBICON, INC.		27-1720480							
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a	tions to organizations described in sect	tion 501(c)(7), (8), or (10) that total more than \$1,000 for the year							
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or le	ss for the year. (Enter this info. once.)							
(a) No.	Use duplicate copies of Part III if additional	space is needed.								
`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, a	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, a	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									
-	Transieree's name, address, a		Relationship of transferor to transferee							
(a) No.										
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held							
			— ———							
-	(e) Transfer of gift									
		(, , , , , , , , , , , , , , , , , , ,								
ŀ	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee							
223454 11-15	5-22		Schedule B (Form 990) (2022							

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60	HEDULE D	Supplement:	al Financial Statements		OMB No. 1545-0047
	HEDULE D n 990)		2022		
• Depart	ment of the Treasury		, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.		Open to Public
Interna	Revenue Service	Go to www.irs.gov/Form99	0 for instructions and the latest information.		Inspection
Nam	e of the organization				er identification number $27 - 1720480$
Pa	rt I Organiza	TEAM RUBICON, INC. ations Maintaining Donor Advise	d Funds or Other Similar Funds or A		
		n answered "Yes" on Form 990, Part IV, lin			
			(a) Donor advised funds	(b) Funds a	and other accounts
1		nd of year			
2		f contributions to (during year)			
3		f grants from (during year)			
4 5	Aggregate value at	-	L I I I I I I I I I I I I I I I I I I I	nde	
5	-		exclusive legal control?		Yes No
6			dvisors in writing that grant funds can be used		
			r donor advisor, or for any other purpose confe		
Des	impermissible priva				Yes No
Pa			ganization answered "Yes" on Form 990, Part I	V, line 7.	
1		servation easements held by the organization of land for public use (for example, recrea		torically imp	ortant land area
		f natural habitat	Preservation of a ce	• •	
		of open space			
2			fied conservation contribution in the form of a c	onservation	easement on the last
	day of the tax year	·.		He	d at the End of the Tax Year
а					
b	-				
с с		vation easements on a certified historic strivation easements included in (c) acquired a	ucture included in (a)	2c	
d			and not on a	2d	
3		•	eased, extinguished, or terminated by the orga	· · · ·	ng the tax
	year				-
4	Number of states	where property subject to conservation eas	sement is located		
5	•	tion have a written policy regarding the per			
6	,	orcement of the conservation easements if	holds? handling of violations, and enforcing conservat		
6		r hours devoted to morntoning, inspecting,		ION Easemen	its during the year
7	Amount of expens	 es incurred in monitoring, inspecting, hanc	lling of violations, and enforcing conservation e	asements di	uring the year
	·				0 ,
8			e satisfy the requirements of section 170(h)(4)(I	3)(i)	
-	and section 170(h)				Yes No
9		-	on easements in its revenue and expense state		
		ounting for conservation easements.	note to the organization's financial statements t	nat describe	is the
Pa	rt III Organiza	ations Maintaining Collections of	Art, Historical Treasures, or Other	Similar A	ssets.
	Complete if	the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization	elected, as permitted under FASB ASC 95	8, not to report in its revenue statement and ba	alance sheet	works
			blic exhibition, education, or research in further	ance of publ	ic
	· •		ncial statements that describes these items.		
D	-		8, to report in its revenue statement and balance		
		ng amounts relating to these items:	exhibition, education, or research in furtherand		JUI ¥IUE,
	-			\$	
2	If the organization	received or held works of art, historical tre	asures, or other similar assets for financial gain	, provide	
		unts required to be reported under FASB A			
		eduction Act Notice, see the Instructions	s for Form 990.		nedule D (Form 990) 2022
	1 09-01-22				

27 2022.05000 TEAM RUBICON, INC. 5696.T_1

		BICON, INC						27-17	20480) Pa	age 2	
Par	t III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	asures, o	r Othe	r Simila	r Assets	contin	ued)		
3	Using the organization's acquisition, accessi	on, and other record	s, check	any of the f	ollowing that	t make s	ignificant ι	use of its				
	collection items (check all that apply):											
а	Public exhibition	c			hange progra							
b												
С	Preservation for future generations											
4	Provide a description of the organization's co	-		-	-			se in Part	XIII.			
5	During the year, did the organization solicit of								-		1	
Des	to be sold to raise funds rather than to be ma								Yes		No	
Par	t IV Escrow and Custodial Arran		ete if the	organizatio	n answered '	"Yes" on	Form 990), Part IV, I	ine 9, or			
	reported an amount on Form 990, Pa											
1a	Is the organization an agent, trustee, custodi								7.2		1	
	on Form 990, Part X?							L	Yes		No	
D	If "Yes," explain the arrangement in Part XIII	and complete the to	llowing ta	adie:					Amount			
•	Paginning balance						10		Amoun			
	Beginning balance Additions during the year											
	Distributions during the year											
	Ending balance											
	Did the organization include an amount on F								Yes		No	
	If "Yes," explain the arrangement in Part XIII.							······ <u> </u>]	
Par							10.				·	
		(a) Current year		rior year	(c) Two yea		(d) Three y	/ears back	(e) Four	years	back	
1a	Beginning of year balance											
b	Contributions											
с	Net investment earnings, gains, and losses											
d	Grants or scholarships											
е	Other expenditures for facilities											
	and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the curr	rent year end balance	e (line 1g	, column (a)) held as:							
а	Board designated or quasi-endowment		_%									
b	Permanent endowment	%										
С		%										
	The percentages on lines 2a, 2b, and 2c sho											
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that	are held ar	nd administer	red for th	ie		ſ	Vee	N	
	organization by:									Yes	No	
	(i) Unrelated organizations								3a(i)			
L	(ii) Related organizations								3a(ii)			
D	If "Yes" on line 3a(ii), are the related organiza								3b			
Par	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		wment it	inas.								
	Complete if the organization answere). Part IV.	line 11a. S	ee Form 990). Part X.	line 10.					
	Description of property	(a) Cost or c	other	(b) Cost	or other	(c) A	ccumulate		(d) Bool	< value	•	
		basis (investr	nent)	basis	(other)	de	preciation					
	Land											
	Buildings			1 00	2 2 7 7 0		200 4		017		7 1	
	Leasehold improvements				3,370.		289,4			3,87		
	Equipment				0,034.		595,3		1,564			
	Other				7,860.		174,1		$\frac{1,193}{2,67}$			
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	<u>X, colum</u>	<u>n (B), line 1</u>	0 <u>c.)</u>				3,672	4,20	<u>,,,</u>	

Schedule D (Form 990) 2022

Part VII Investments - Other Securities.		
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		

(B)	
(C)	
(D)	
(E)	
(F)	
(G)	
(H)	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) SECURITY DEPOSITS	116,632.
(2) ROU ASSETS	7,444,451.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	7,561,083.
Part X Other Liabilities.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	

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

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

Schedule D (Form 990) 2022

232053 09-01-22

(6) (7) (8)

X

Sche	edule D (Form 990) 2022 TEAM RUBICON, INC.		27-	1720480	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With F	Revenue per Ret	urn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements		1	111,752	,528.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments 2a	-192,294.			
b	Donated services and use of facilities 2b 6	0,497,784.			
с					
d					
е	Add lines 2a through 2d		2e	60,305	,490.
3	Subtract line 2e from line 1		3	51,447	,038.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a				
b	Other (Describe in Part XIII.) 4b				
с	Add lines 4a and 4b		4c		0.
-	Total revenue Add lines 2 and 40 (This was a first and 0.00 Part 1 (1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	5	51,447	038.	
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			91/11/	,0301
	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I, line 12.</i>) rt XII Reconciliation of Expenses per Audited Financial Statements With	Expenses per R		n.	,050.
	In the result of the organization answered "Yes" on Form 990, Part IV, line 12.) Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	Expenses per R		n.	,000.
	rt XII Reconciliation of Expenses per Audited Financial Statements With	Expenses per R	etur	n. 110,051	
Pa	Int XII Reconciliation of Expenses per Audited Financial Statements With Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	Expenses per R	etur	n.	
Pa 1	Int XII Reconciliation of Expenses per Audited Financial Statements With Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	Expenses per R	etur	n.	
Pa 1 2	Int XII Reconciliation of Expenses per Audited Financial Statements With Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: 2a Donated services and use of facilities 2a	Expenses per R	etur	n.	
Pa 1 2 a	Intra XII Reconciliation of Expenses per Audited Financial Statements With Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities 2a 6 Prior year adjustments 2b	Expenses per R	etur	n.	
Pa 1 2 a	Intra XII Reconciliation of Expenses per Audited Financial Statements With Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities 2a 6 Prior year adjustments 2b	Expenses per R	etur	n.	
Pa 1 2 a	Int XII Reconciliation of Expenses per Audited Financial Statements With Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: 2a 6 Donated services and use of facilities 2a 6 Prior year adjustments 2b 2c Other losses 2c 2d	Expenses per R 0,497,784.	etur	n. <u>110,051</u> 60,497	<u>,960.</u> ,784.
Pa 1 2 a b c d	Image: Network State in Part XIII Reconciliation of Expenses per Audited Financial Statements With Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities 2a Prior year adjustments 2b Other losses 2c Other (Describe in Part XIII.) 2d	Expenses per R 0,497,784.	1	n.	<u>,960.</u> ,784.
Pa 1 2 a b c d e	Int XII Reconciliation of Expenses per Audited Financial Statements With Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: 2a 6 Donated services and use of facilities 2a 6 Prior year adjustments 2b 2c Other losses 2c 2d	Expenses per R 0,497,784.	1	n. <u>110,051</u> 60,497	<u>,960.</u> ,784.
Pa 1 2 b c d 3	Image: Network State in the state of th	Expenses per R 0,497,784.	1	n. <u>110,051</u> 60,497	<u>,960.</u> ,784.
Pa 1 2 a b c d e 3 4	Image: Network State in the state of th	Expenses per R 0,497,784.	1	n. <u>110,051</u> 60,497	<u>,960.</u> ,784.
Pa 1 2 a b c d e 3 4 a	Int XII Reconciliation of Expenses per Audited Financial Statements With Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities 2a 6 Prior year adjustments 2b 2c 2c 2d Other losses 2c 2d 2d Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: 1 Investment expenses not included on Form 990, Part VIII, line 7b 4a 4a	Expenses per R	1	n. <u>110,051</u> 60,497	<u>,960.</u> ,784.
Pa 1 2 a b c d e 3 4 a	Image: Network State in State	Expenses per R	1 2e 3	n. <u>110,051</u> 60,497	<u>,960.</u> ,784. ,176.

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

PART X, LINE 2:

TEAM	RUBIC	ON R	ECOGI	NIZES	THE	IMP	ACT (OF T	'AX I	POSIT	IONS	IN	THE	FII	NANC	IAL		
STATE	EMENTS	IF	THAT	POSI	LION	IS	MORE	LIK	ELY	THAN	NOT	' ТО	BE ;	ទបនៈ	TAIN	IED (ON	
AUDIT	r, bas	ED C	N TH	E TECI	INICA	LM	ERITS	5 OF	' THI	E POS	ITIO	N.I	OURII	NG 1	THE	YEA	ર	
ENDEI	D DECE	MBER	e 31,	2022	, TEA	MR	UBICO	ON P	ERF	ORMED	AN	EVAI	UAT:	ION	OF	UNC	ERTAIN	1
TAX I	POSITI	ONS	AND I	DID NO	от по	TE	ANY N	í ATT	ERS	THAT	WOU	LD F	REQU	IRE	REC	COGN	ITION	
IN TH	HE FIN	ANCI	AL S	TATEMI	ENTS	OR	WHICH	I MI	GHT	HAVE	AN	EFFI	ECT (ON I	ITS			
TAX-EXEMPT STATUS.																		

232054 09-01-22

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ng or Gaming A	ctivit	ies o	DMB No. 1545-0047
(Form 990)		e organization answered "Yes" on organization entered more than \$15				r 19, o i	r if the	2022
Department of the Treasury	U U	Attach to Form 990 of						Open to Public
Internal Revenue Service	Go t	o www.irs.gov/Form990 for instruc				ı.		Inspection
Name of the organization								ntification number
Dout L Fundraia		BICON, INC.					27-1720	
	complete this part	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, lii	ne 17.	Form 990-EZ	filers are not
 a Mail solicitat b Internet and c Phone solicit d In-person so 2 a Did the organization key employees list 	ions email solicitations tations licitations on have a written o ed in Form 990, Pa highest paid indiv	f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with pr viduals or entities (fundraisers) pursu	tion of tion of fundra (includ	non-g gover aising o ling of onal fu	overnment grants nment grants events ficers, directors, trust undraising services?		Yes	
(i) Name and address or entity (fund		(ii) Activity	fùndr have c or con	Did raiser ustody ntrol of utions?	(iv) Gross receipts from activity	tò (or fu	mount paid retained by) ndraiser d in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				
Total								
	ch the organizatio	n is registered or licensed to solicit c	ontrib	utions	or has been notified	it is ex	empt from re	gistration

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

Schedule G (Form 990) 2022

232081 10-27-22

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

		(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
		ANNUAL GALA			col. (c)
		(event type)	(event type)	(total number)	
1	Gross receipts	4,656,263.			4,656,263
2	Less: Contributions	4,534,534.			4,534,534
3	Gross income (line 1 minus line 2)	121,729.			121,729
4	Cash prizes				
5	Noncash prizes				
6	Rent/facility costs	301,024.			301,024
7	Food and beverages	102,905.			102,905
8	Entertainment				
					541,314
					945,243
					-823,514
	\$15,000 on Form 990-EZ, line 6a.	(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (ad col. (a) through col. (d
	0		bingo/progressive bingo		
2	Cash prizes				
3	Noncash prizes				
4	Rent/facility costs				
5	Other direct expenses				
6	Volunteer labor	└── Yes % └── No	Yes % No		
7	Direct expense summary. Add lines 2 throug	h 5 in column (d)			
8	Net gaming income summary. Subtract line	7 from line 1, column (d)			
		· · · · ·			Yes N
Wei	re any of the organization's gaming licenses r	evoked, suspended, or te	rminated during the tax	year?	Yes N
	2 3 4 5 6 7 8 9 10 1 2 3 4 5 6 7 8 9 10 11 1 2 3 4 5 6 7 8 9 10 11 1 2 3 4 5 6 7 8 9 10 11 1 1 2 3 4 5 6 7 8 9 10 11 1 1 1 1 1 1 1 1 1 1 1 1	 2 Less: Contributions	ANNUAL GALA (event type) 1 Gross receipts 2 Less: Contributions 3 Gross income (line 1 minus line 2) 4 A, 534, 534. 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes 6 Rent/facility costs 7 Food and beverages 10 Direct expenses 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) 11 Net income summary. Subtract line 6a. (a) Bingo (a) Bingo 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 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) 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in col	ANNUAL GALA (event type) (event type) 1 Gross receipts 4,656,263. 2 Less: Contributions 4,534,534. 3 Gross income (line 1 minus line 2) 121,729. 4 Cash prizes 121,729. 5 Noncash prizes 102,905. 6 Rent/facility costs 301,024. 7 Food and beverages 102,905. 8 Entertainment 541,314. 9 Other direct expenses ummary. Add lines 4 through 9 in column (d) 11 11 Net income summary. Subtract line 10 from line 3, column (d) 11 11 Net income summary. Subtract line 10 from line 3, column (d) 11 12 Gross revenue (a) Bingo (b) Pull tabs/instant bingo/progressive bingo 1 Gross revenue 1 2 Cash prizes 1 3 Noncash prizes 1 1 9 101 tabs/instant bingo/progressive bingo 1 Gross revenue 1 1 9 101 tabs/instant bingo/progressive bingo 2 Cash prizes 1 1 9 1 1	ANNUAL GALA is a construction of the state of the

Sch	edule G (Form 990) 2022	TEAM RUBICON	, I	NC.		27-1	720	480	Page 3
11	Does the organization conduct g							Yes	No
	Is the organization a grantor, ben								
								Yes	No
13	Indicate the percentage of gamin								
	The organization's facility						13a		%
	An outside facility						13b		%
	Enter the name and address of th						100		/0
17	Enter the name and address of th		e orga	anzation s gam	ing/special events books and reco	103.			
	Name								
	Name								
	Addross								
	Address								
15-	Does the organization have a cor	stract with a third party from	m who	m the organiza	ation receives gaming revenue?			Yes	No
156	Does the organization have a cor	itract with a third party iro	II WIIC	om the organiza	ation receives garning revenue?		. 🖵	163	
				aniaation (†					
Ľ	If "Yes," enter the amount of gam		ie org	anization \$	and the a	mount			
	of gaming revenue retained by th								
C	: If "Yes," enter name and address	of the third party:							
	News								
	Name								
	A daha a a								
	Address								
16	Gaming manager information:								
	Name								
	Gaming manager compensation	\$	-						
	Description of services provided								
	_	_	_	_					
	Director/officer	Employee		Independent	t contractor				
17	Mandatory distributions:								
a	Is the organization required unde	r state law to make charita	ble di	stributions from	n the gaming proceeds to				_
	retain the state gaming license?							Yes	No No
k	Enter the amount of distributions	required under state law t	o be c	listributed to ot	ther exempt organizations or spent	in the			
_	organization's own exempt activit		\$						
Pa	rt IV Supplemental Infor	mation. Provide the exp	olanat	ions required by	y Part I, line 2b, columns (iii) and (\	/); and Par	t III, lin	es 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as	s applicable. Also provide	any ac	dditional inform	ation. See instructions.				
_									
2320	83 10-27-22					Sched	ule G (Form	990) 2022
				33			(,

20341114 758461 5696.T

Part IV	Supplemental	Information	(c	~
Schedule G	(Form 990)	TEAM		F

Schedule G (Form 99	90) TEAM RUBICON, IN	IC •	27-1720480 Page 4
Part IV Supp	emental Information (continued)		
			Schedule G (Form 990

232084 04-01-22

SCHEDULE I (Form 990)		Gov	rants and Oth vernments, an ete if the organization	d Individual	s in the Ŭni	ted States			OMB No. 15	
Department of the Treasury			-	Attach to Form					Open to	
Internal Revenue Service			Go to www.irs	.gov/Form990 for	the latest inform	ation.			Inspec	
Name of the organization	TEAM RUBI	CON, INC.						Employer	identification 27-172	
Part I General Infor	mation on Grants a	nd Assistance								
criteria used to awar 2 Describe in Part IV t	rd the grants or assis he organization's pro	stance?	oring the use of grant	funds in the United	States.	r for the grants or assis			X Yes	□ No
			ations and Domestic be duplicated if addition			anization answered "Y	es" on Form 990, Part	IV, line 21,	for any	
1 (a) Name and addre or govern	ss of organization	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h)	Purpose of gi or assistance	
UNICEF 125 MAIDEN LANE 19TH NEW YORK, NY 10038	I FLR	13-1760110	501(C)(3)	50,000.	0.			DISASTEF	RELIEF PR	OGRAMS
HEALTH EQUITY INTERN 40 GLEN AVE NEWTON, MA 02459	IATIONAL	04-3067595	501(C)(3)	351,212.	0.			DISASTER	RELIEF PR	OGRAMS
THE ST BERNARD PROJE 2645 TOULOUSE STREET NEW ORLEANS, LA 7011	2	26-2189665	501(C)(3)	450,000.	0.			DISASTER	RELIEF PR	ROGRAMS
2 Enter total number of	of section 501(c)(3) a	nd government org	anizations listed in the	e line 1 table						3.

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

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Schedule I (Form 990) 2022

TEAM RUBICON, INC.

27-1720480

Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
LAY HUNT FELLOWSHIP PROGRAM	48	104,150.	0.		

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

PART I, LINE 2:

TEAM RUBICON FUNDS OTHER AFFILIATES AND NON PROFITS IN THE SAME SPACE.

BECAUSE IT WORKS CLOSELY WITH THOSE ORGANIZATIONS, NO FORMAL

REPORTING/FOLLOW UP IS REQUIRED.

SC	SCHEDULE J Compensation Information		nformation		OMB No. ⁻	1545-004	47			
(Fo	(Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest									
		Compensated En			2022					
Depar	tment of the Treasury	Complete if the organization answered "Ye Attach to Form			Open to Public					
Intern	al Revenue Service	Go to www.irs.gov/Form990 for instructi		Inspection						
Nam	e of the organizatior				mployer identification number					
		TEAM RUBICON, INC.		27-17:	2048	0				
Pa	rt I Question	Regarding Compensation								
						Yes	No			
1a		ate box(es) if the organization provided any of the followi		990,						
		ine 1a. Complete Part III to provide any relevant informa								
	First-class or c		ng allowance or residence for persor							
	Travel for com		ents for business use of personal res							
			n or social club dues or initiation fees							
	Discretionary s	pending account Perso	nal services (such as maid, chauffeu	r, chet)						
	If any of the later									
b	•	on line 1a are checked, did the organization follow a writt								
•		rovision of all of the expenses described above? If "No,"			1b					
2	0	require substantiation prior to reimbursing or allowing e	, , , , , , , , , , , , , , , , , , ,							
	trustees, and office	s, including the CEO/Executive Director, regarding the it	ems checked on line 1a?		2					
•	la d'acta colstata de tra		6 11							
3		y, of the following the organization used to establish the								
		ctor. Check all that apply. Do not check any boxes for m	, ,	on to						
		tion of the CEO/Executive Director, but explain in Part II								
	X Compensation		n employment contract							
	X Form 990 of o		ensation survey or study	ommittee						
		ner organizations	oval by the board or compensation c	ommittee						
4	During the year did	any person listed on Form 990, Part VII, Section A, line	1a with respect to the filing							
-	organization or a re	•••	ra, with respect to the hining							
а	•				4a		x			
b							X			
							x			
U		es 4a-c, list the persons and provide the applicable amo			4c					
	Only section 501(c	(3), 501(c)(4), and 501(c)(29) organizations must com	plete lines 5-9.							
5		n Form 990, Part VII, Section A, line 1a, did the organiza		n						
	contingent on the re									
а	•				5a		X			
	Any related organiz				5b		X			
	, ,	r 5b, describe in Part III.								
6		n Form 990, Part VII, Section A, line 1a, did the organiza	tion pay or accrue any compensatio	n						
	contingent on the n									
а	The organization?				6a		X			
	Any related organiz				6b		X			
	If "Yes" on line 6a c	r 6b, describe in Part III.								
7		n Form 990, Part VII, Section A, line 1a, did the organiza	tion provide any nonfixed payments							
		es 5 and 6? If "Yes," describe in Part III			7	Х				
8		eported on Form 990, Part VII, paid or accrued pursuant								
	-	otion described in Regulations section 53.4958-4(a)(3)? I			8		X			
9	If "Yes" on line 8, d	d the organization also follow the rebuttable presumption								
		53.4958-6(c)?		<u></u> .	9					
LHA		eduction Act Notice, see the Instructions for Form 990		Schedule	J (Forr	n 990)	2022			

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27-1720480

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

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

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

		(B) Breakdown of W	-2 and/or 1099-MISC compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) ARTHUR DELACRUZ	(i)	325,504.	56,342.	0.	11,378.	2,092.	395,316.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) DANE BARATA	(i)	228,511.	25,574.	0.	7,587.	23,135.	284,807.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) NICOLE CAPOSSELA	(i)	272,722.	28,004.	0.	11,263.	20,274.	332,263.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) DAVID BURKE	(i)	240,490.	65,182.	0.	10,584.	15,943.	332,199.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) JEFF BYARD	(i)	186,904.	16,150.	0.	6,248.	17,017.	226,319.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) ZACHARY BROOKS-MILLER	(i)	164,919.	10,762.	0.	7,027.	7,891.	190,599.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) DIPALI MEHTA	(i)	163,163.	11,484.	0.	5,496.	8,732.	188,875.	0.
SENIOR DIRECTOR OF FINANCE	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2022

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 7:

NON FIXED PAYMENTS INCLUDED DISCRETIONARY ANNUAL PERFORMANCE BASED BONUSES.

THE BOARD APPROVES THE BONUS POOL EACH YEAR.

Schedule J (Form 990) 2022

SCHEDULE L

(Form 990)

Transactions With Interested Persons

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

Attach to Form 990 or Form 990-FZ

2022	
Open To Public	

Department of the Treasury Internal Revenue Service Go		Go t	o ww	w.irs.gov/Forn				ns and the lat	test	information.			-	spect	ion	lic
Name of the organization											Employer identification number					
			UBICON, INC. 27							27-1720480						
										n 501(c)(29) orga						
Compl	ete if the	organization						ine 25a or 25b	o, or	Form 990-EZ, Pa	art V, I	ine 40	b.			
1 (a) Name of dis	oualified r	person	(b) Relationship between disqualified person and organization				(c) De	escription of trar	sactio	n	<u>(d)</u>		Corre	cted?	
(,								(0) 2 000 (1) 100 (0) 100 (0)						<u> </u>	es	No
														+		
														+	_	
														+		
														+		
														+		
2 Enter the amou	int of tax	incurred by	the or	rganization man	agers	or disc	qualifie	d persons dur	ing t	he year under						
section 4958												\$				
3 Enter the amou	unt of tax,	if any, on lir	ie 2, a	above, reimburs	ed by	the org	ganizat	tion				\$				
Dertil	- +	d/au Fuan	- Lock	ana ata d Daw												
				erested Pers					_							
•		•					, Part V	/, line 38a or H	-orm	1 990, Part IV, lin	e 26; o	or if th	e orgar	iizatio	n	
(a) Name of		(b) Relation		, Part X, line 5, 6 (c) Purpose		∠. oan to or	10	e) Original	14) Balance due	(0)) In	(h) App	proved	(i) W	ritten
interested per		with organiz			from the			cipal amount	"	Balance due		ault?	by board o committee		1 UI Lagroomo	
						From	1				Yes	No	Yes	No.	Yes	No
													\vdash			
													+-+			
													+			
Total		I		1	1		1	\$	1			1				1
Part III Gran	ts or As	ssistance	Ben	efiting Inter	este	d Per	sons	•								
Compl	ete if the	organization	answ	vered "Yes" on	Form 9	990, Pa	art IV, I	ine 27.								
(a) Name of ir	terested	person	((b) Relationship			(c) Amount of		(d) Type			. ,		ose of	
				interested pers		d		assistance		assistan	ce		a	assista	ance	
			_													
			-													

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

Schedule L (Form 990) 2022

232131 11-01-22

Schedule L (Form 990) 2	2022
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TEAM RUBICON, INC.

	(b) Relationsh		ine 28a, 28l terested	(c) Amount of	(d) Description of	(e) Sha	aring o	
(a) Name of interested person		id the organiz		transaction	transaction	organization revenues?		
ARAH LENGER	SISTER C	OF THE	PRES	67,273.	THE ORGANIZ	Yes	No X	
Part V Supplemental Information.								
Provide additional information for res	sponses to questio	ons on Sched	ule L (see in	structions).				
CH L, PART IV, BUSINESS	Ͳ₽ΔΝϚΔϹͲΤ	ONG TW			D PFRSONS.			
	INMONCII							
A) NAME OF PERSON: SARAH	LENGER							
		סמידית ת			ON .			
B) RELATIONSHIP BETWEEN	INTERESTE	D PERSC	IN AND	ORGANIZATI	ON:			
ISTER OF THE PRESIDENT/	CHIEF EXE	CUTIVE	OFFICE	ER, JAKE WO	OD			
D) DESCRIPTION OF TRANSA	CTION: TH	E ORGAN	IZTION	N PAID FEES	FOR GRAPHI	<u> </u>		
DESIGN SERVICES								

Schedule L (Form 990) 2022

232132 11-01-22

SCHE	DULE	Μ
(Form	990)	

Noncash Contributions

OMB No. 1545-0047

2022

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

Department of the Treasury Internal Revenue Service

	Open to Public Inspection
Employer	identification number

27 - 1720480

Name of the organization

TEAM RUBICON, INC.

INC.

1 4										
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contri amounts report Form 990, Part VI	ted on	Method of noncash conti				S
1	Art - Works of art			,	, 0					
2	Art - Historical treasures									
3	Art - Fractional interests									
4	Books and publications									
5	Clothing and household goods	Х		85	,536.	FAIR	MARKET	VAI	LUE	
6	Cars and other vehicles									
7	Boats and planes									
8	Intellectual property									
9	Securities - Publicly traded	Х	13	386	,218.	FAIR	MARKET	VAI	LUE	
10	Securities - Closely held stock									
11	Securities - Partnership, LLC, or									
	trust interests									
12	Securities - Miscellaneous									
13	Qualified conservation contribution -									
	Historic structures									
14	Qualified conservation contribution - Other									
15	Real estate - Residential									
16	Real estate - Commercial									
17	Real estate - Other									
18	Collectibles									
19	Food inventory	Х	1	257	<u>,003.</u>	FAIR	MARKET	VAI	LUE	
20	Drugs and medical supplies									
21	Taxidermy									
22	Historical artifacts									
23	Scientific specimens									
24	Archeological artifacts									
25	Other (GIFTCARDS))	X	1				MARKET			
26	Other (SUPPLIES)	<u>X</u>	2				MARKET			
27	Other (EQUIPMENT)	<u>X</u>	1				MARKET			
28	Other (OTHER GOODS)	Х	3		<u>,284.</u>	FAIR	MARKET	VAI	JUE	
29	Number of Forms 8283 received by the organiz	-								
	for which the organization completed Form 828	33, Part V, D	onee Acknowledg	ement	29					
									Yes	No
30a	During the year, did the organization receive by						t it			
	must hold for at least 3 years from the date of t									77
-	exempt purposes for the entire holding period?							30a		X
	If "Yes," describe the arrangement in Part II.	alian da at ur	an ince the case is a second	.	الم معملينات ا				v	
31	Does the organization have a gift acceptance p					ions?		31	X	
32a	Does the organization hire or use third parties of							00 -		v
L.	contributions?							32a		X
D	IL TES, DESCRIDE IN PARTIL.									(

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Schedule M (Form 990) 2022

232141 09-09-22

20341114 758461 5696.т

TEAM RUBICON, INC. Schedule M (Form 990) 2022 Part II

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

SCHEDULE M, PART I, COLUMN (B):

NON CASH DONATIONS ARE LISTED BY TOTAL NUMBER OF CONTRIBUTIONS

RECEIVED.

Schedule M (Form 990) 2022

232142 09-09-22

20341114 758461 5696.T

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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



27-1720480

TEAM RUBICON, INC.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: IN 2022, TEAM RUBICON GREW TO OVER 160,000 REGISTERED VOLUNTEERS, 65% WHOM ARE MILITARY VETERANS, WHO HAVE EXECUTED MORE THAN 1,000 OF DISASTER REPONSE OPERATIONS SINCE TR'S INCEPTION IN 2010. THIS YEAR 8,624 VOLUNTEER GREYSHIRTS COMPLETED 118 OPERATIONS ACROSS 140 ALONE, COMMUNITIES, BOTH DOMESTIC AND INTERNATIONAL. FROM JANUARY TO DECEMBER SERVED 23,575 INDIVIDUALS AROUND THE WORLD, INCLUDING THOSE AFFECTED WE BY HURRICANES IAN AND FIONA, THE SEVERE FLOODING IN KENTUCKY, AND THE MULTIPLE TORNADOES THAT STRUCK THE SOUTHERN U.S. AT THE END OF THE YEAR. OUR VETERAN-LED HUMANITARIAN VOLUNTEER BASE CONTINUES TO DELIVER CRITICAL RESPONSE SERVICES TO THOSE IMPACTED BY DISASTERS AND PROUDLY CONTRIBUTED 358,565 VOLUNTEER HOURS TO OUR CAUSE IN 2022. FORM 990, PART III, LINE 4B, **PROGRAM SERVICE ACCOMPLISHMENTS:** BEYOND DISASTER RESPONSE AND RECOVERY, TEAM RUBICON INVESTS IN OUR VOLUNTEERS AND COMMUNITIES THROUGH DISASTER TRAINING, EDUCATION, AND RELEVANT COURSES. IN 2022, TEAM RUBICON TRAINED 35,953 INDIVIDUALS THROUGH IN-PERSON AND ONLINE COURSES, CREATING MORE DEPLOYABLE AND HIGHLY SKILLED GREYSHIRTS. WITH TEAMS LOCATED ACROSS THE U.S., TEAM RUBICON IS ABLE TO QUICKLY PROVIDE RELIEF, REGARDLESS OF LOCATION OR SCALE OF A DISASTER. THIS FOCUS ON CITY-LEVEL RECRUITMENT HAS THE ADDED BENEFIT OF INCREASING THE RESILIENCY OF LOCAL COMMUNITIES, CREATING A FRAMEWORK FOR TEAM RUBICON MEMBERS, THEIR FAMILIES, AND NEIGHBORS TO PREPARE AND RESPOND TO DISASTERS TOGETHER. THE ABILITY TO CONTINUE TO SERVE ALONGSIDE LIKE-MINDED INDIVIDUALS HAS SUBSTANTIAL IMPACT ON TEAM RUBICON'S VETERAN AND CIVILIAN MEMBERS ALIKE. TEAM RUBICON WAS RECOGNIZED BY INDUSTRY PEERS FOR OUR IMPACT THIS YEAR AND WAS HONORED LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2022

232211 10-28-22

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Schedule O (Form 990) 2022 Name of the organization TEAM RUBICON, INC.	Page Employer identification number 27-1720480
WITH THE OUSTANDING ACHIEVEMENT AWARD AT THE NATIONAL HURF	ICANE
CONFERENCE IN 2022. THIS AWARD IS GIVEN TO AN ORGANIZATION	I THAT
DEMONSTRATES "INNOVATIVE ACHIEVEMENT IN ANY HURRICANE-RELA	TED ACTIVITY,
WHICH MAY SERVE AS A MODEL TO OTHERS". TEAM RUBICON'S COMM	IITMENT TO
FINANCIAL AND OPERATIONAL TRANSPARENCY ALSO CONTINUES, WIT	'H THE
ORGANIZATION RECEIVING POSITIVE RECOGNITION AGAIN FROM CHA	RITY WATCH
GROUPS, INCLUDING A PLATINUM RATING FROM GUIDESTAR AND A F	OUR-STAR
RATING FROM CHARITY NAVIGATOR.	
FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMEN	ITS:
TEAM RUBICON SUPPORTS COMMUNITIES IN ALL PHASES OF THE DIS	ASTER CYCLE
INCLUDING AFTER THE INITIAL DAMAGE, WHEN RECOVERY BEGINS.	TEAM RUBICON
CONTINUES OUR LONG-TERM REBUILD PROGRAM, WHICH REACHES BEY	OND THE
IMMEDIATE RESPONSE PHASE OF THE DISASTER CYCLE AND INTO TH	IE RECOVERY
PHASE TO GET HOMEOWNERS BACK INTO THEIR HOMES AS QUICKLY A	AS POSSIBLE.
WE PROVIDE SAFE AND STABLE HOMES, UTILIZING RESILIENT BUII	DING METHODS
WHEREVER POSSIBLE. IN 2022, TEAM RUBICON CONTINUED ITS REE	BUILD
OPERATIONS IN HOUSTON, TX, IN LAKE CHARLES, LA AND ORANGE,	TX IN
RESPONSE TO HURRICANES LAURA AND DELTA, AND IN SELMA, AL I	N RESPONSE TO
HURRICANE ZETA. WE ALSO CONDUCTED A REBUILD OPERATION IN H	AINES, AK
FOLLOWING TYPHOON MERBOK, AND WE BEGAN PLANNING FUTURE OPP	RATIONS IN
KENTUCKY IN RESPONSE TO THE DEVASTATING 2021 TORNADOES. ON	ERALL, 27
HOMES WERE COMPLETED THROUGH OUR REBUILD PROGRAM THIS YEAF	2, ALLOWING 55
FAMILY MEMBERS TO RETURN TO SAFE, HEALTHY HOMES AND CONTIN	UE RECOVERING
FROM DISASTER.	

THIS QUESTION IS NOT APPLICABLE SINCE THE ORGANIZATION DOES NOT HAVE A

COMMITTEE WITH THE AUTHORITY TO ACT ON BEHALF OF THE BOARD.

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

Schedule O (Form 990) 2022

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TEAM RUBICON, INC.

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

COPIES OF THE 990 ARE DISTRIBUTED VIA EMAIL TO ITS BOARD MEMBERS.

MANAGEMENT ASKS THAT THE BOARD "APPROVE", PROVIDE COMMENTS, ASK QUESTIONS

BY A SET DEADLINE.

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

THE ORGANIZATION HAS A CONFLICT OF INTEREST POLICY THAT APPLIES TO ALL

EMPLOYEES AND BOARD MEMBERS. ENFORCEMENT OF THE POLICY INCLUDES A

REQUIREMENT THAT ALL EMPLOYEES AND BOARD MEMBERS ANNUALLY DISCLOSE ANY

CONFLICTS BY EITHER REPORTING CONFLICTS OR CONFIRMING THAT NO CONFLICTS

EXIST.

FORM 990, PART VI, SECTION B, LINE 15: COMPENSATION OF THE PRESIDENT IS SUBJECT TO REVIEW AND APPROVAL BY THE BOARD OF DIRECTORS INDEPENDENTLY, WITHOUT THE PARTICIPATION OF THE INTERESTED PERSON. THE BOARD USES COMPARABILITY DATA TO SET THE COMPENSATION OF THE PRESIDENT.

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

THE BOARD OF DIRECTORS REVIEW AND APPROVE THE COMPENSATION OF ALL MEMBERS

OF MANAGEMENT INDEPENDENTLY, WITHOUT THE PARTICIPATION OF INTERESTED

PERSONS. THE BOARD USES COMPARABILITY DATA TO SET THE COMPENSATION.

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

CA, AK, AL, CT, KS, MA, NH, NV, OH, OR, RI, SC, WV, AR, CO, DC, FL, GA, HI, IL, KY, ME, MD, MI, MN

MS, NC, ND, NJ, NM, NY, OK, PA, TN, UT, VA, WA, WI

232212 10-28-22

Schedule O (Form 990) 2022	Page 2
Name of the organization TEAM RUBICON, INC.	Employer identification number
	27-1720400
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES THE FORM 990 AND ITS AUDITED FI	NANCIAL STATEMENTS
AVAILABLE VIA WWW.FOUNDATIONCENTER.ORG AND WWW.TEAMRUB	ICONUSA.ORG. ALL
OTHER GOVERNING DOCUMENTS INCLUDING THE FORM 1023 ARE	PUBLICLY AVAILABLE
UPON REQUEST.	
	Schodula O /Farm 000) 0000
232212 10-28-22 47	Schedule O (Form 990) 2022

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SCHEDULE	R
(= 000)	

(Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number 27 - 1720480

Department of the Treasury Internal Revenue Service

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

Name of the organization

TEAM RUBICON, INC.

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
TEAM RUBICON INTERNATIONAL LLC	TO SERVE INTERNATIONAL				
5230 PACIFIC CONCOURSE DRIVE, SUITE 200	COMMUNITIES EXPERIENCING				
LOS ANGELES, CA 90045	DISASTERS	DELAWARE	501,005.	501,005.	TEAM RUBICON, INC.

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont	g) 512(b)(13) trolled tity?
				501(c)(3))		Yes	No

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

Schedule R (Form 990) 2022

Schedule R (Form 990) 2022 TEAM RUBICON, INC.

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j		
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	ne Share of total Share of d, income end-of-yea	Share of end-of-year assets	alloca	ortionate itions?	Code V-UBI amount in box 20 of Schedule	Gener mana partr	al or Percent ^{jing} owners	itage ship
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign	(d) Direct controlling entity	olling Type of entity Share of		(f) (g) Share of total income end-of-year assets			(i) ction (b)(13) trolled tity?
		country)		0				Yes	No
									\square

Schedule R (Form 990) 2022 TEAM RUBICON, INC.

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.								
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?							
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a						
	Gift, grant, or capital contribution to related organization(s)	1b						
с	Gift, grant, or capital contribution from related organization(s)	1c						
	Loans or loan guarantees to or for related organization(s)	1d						
	Loans or loan guarantees by related organization(s)	1e						
f	Dividends from related organization(s)	1f						
g		1g						
h	Purchase of assets from related organization(s)	1h						
i	Exchange of assets with related organization(s)	1i						
j	Lease of facilities, equipment, or other assets to related organization(s)	1j						
k	Lease of facilities, equipment, or other assets from related organization(s)	1k						
- I	Performance of services or membership or fundraising solicitations for related organization(s)	11						
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m						
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n						
o	Sharing of paid employees with related organization(s)	10						
р	Reimbursement paid to related organization(s) for expenses	1p						
	Reimbursement paid by related organization(s) for expenses	1q						
	Other transfer of cash or property to related organization(s)	1r		\square				
S	Other transfer of cash or property from related organization(s)	1s						
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.							

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
<u>(</u> 3)				
<u>(</u> 4)				
<u>(5)</u>				
<u>(6)</u>				

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Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(۲	ı)	(i)	(j)	(k)								
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	Are Are partne 501(org	e all rs sec.	Share of	Share of	Dispr tior	opor-	Code V-UBI	Gener	al or F	Percentage								
of entity		(state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	501(org	c)(3) s.?	total	end-of-year	allocat	ions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	mana partn	er?	ownership								
		country)	sections 512-514)	Yes	No	income	assets	Yes	No	(Form 1065)	Yes	NO									
												-									
												_									

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Part VII Supplemental Information

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

232165 09-14-22