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

Department of the Treasury Internal Revenue Service

Т

AF	or th	e 2023 calendar year, or tax year beginning and	ending		
B c	Check if pplicab	e: C Name of organization		D Employer identific	cation number
	Addre	TEAM RUBICON, INC.			
	Name			27-17204	30
	Initial returr		Room/suite	E Telephone number	
	 Final returr	5230 PACTETC CONCOURSE DETVE	200	(310) 64	
	termi			G Gross receipts \$	46,107,724.
	Amer returr			H(a) Is this a group re	turn
	Appli tion	F Name and address of principal officer. ANTITON DELIACION		for subordinates	? Yes 🗶 No
	pendi	^{ng} SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
<u> </u>]	Tax-ex	empt status: 🔀 501(c)(3) 🗌 501(c) () (insert no.) 🗌 4947(a)(1)	or 📃 527	If "No," attach a	list. See instructions
	Nebsi			H(c) Group exemption	
		f organization: 🔀 Corporation 📄 Trust 🦳 Association 📄 Other	L Year	of formation: 2010 N	State of legal domicile: MN
Pa	art I	Summary			
Ð	1	Briefly describe the organization's mission or most significant activities:	NITARI	AN AND CONVE	ENTIONAL
Governance		AID RESPONSES WITHIN AND OUTSIDE THE US.			
erné	2	Check this box if the organization discontinued its operations or dispos	sed of more	1 1	
Š	3				11
ن ه	4	Number of independent voting members of the governing body (Part VI, line 1b)			9
ies	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)			227
Activities &	6	Total number of volunteers (estimate if necessary)			175835
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>	Prior Year	Current Year
		Contributions and grants (Dart)/III line 1b)		51,843,256.	40,538,844.
ne	8	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)		0.	<u> </u>
Revenue	9 10	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		168,423.	592,575.
Be	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-564,641.	-780,556.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		51,447,038.	40,350,863.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		955,362.	445,124.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
	45	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		20,392,682.	22,491,222.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
per	Ь	Total fundraising expenses (Part IX, column (D), line 25) 4,754,3	04.		
ш	17	Other expenses (Part IX, column (A), lines 11a 11d, 11f-24e)		28,206,132.	25,012,751.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		49,554,176.	47,949,097.
	19	Revenue less expenses. Subtract line 18 from line 12		1,892,862.	-7,598,234.
Net Assets or Fund Balances			Be	eginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		56,105,832.	46,064,879.
tAs	21	Total liabilities (Part X, line 26)		14,271,356.	11,441,036.
ING	22	Net assets or fund balances. Subtract line 21 from line 20		41,834,476.	34,623,843.
	art II	Signature Block			
		alties of perjury, I declare that I have examined this return, including accompanying schedules			knowledge and belief, it is
true,	, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparer	has any knowledge.	

Sign	Signature of officer	Date								
-										
	Type or print name and title									
	Print/Type preparer's name Preparer's signature	Date Check PTIN								
Paid	LIZBETH G. NEVAREZ LIZBETH G. NEVAREZ	11/15/24 self-employed P01399868								
Preparer	Firm's name GREEN HASSON & JANKS LLP	Firm's EIN 95-1777440								
Use Only	Firm's address 700 S FLOWER STREET, SUITE 3300									
	LOS ANGELES, CA 90017	Phone no. 310.873.1600								
May the IF	May the IRS discuss this return with the preparer shown above? See instructions									
LHA For	LHA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 Form 990 (2023)									

Form	m 990 (2023) TEAM RUBICON, INC.	27-1720480	Page 2
Par	art III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission: TEAM RUBICON SERVES COMMUNITIES BY MOBILIZI		
	THEIR SERVICE, LEVERAGING THEIR SKILLS AND		
	PREPARE, RESPOND, AND RECOVER FROM DISASTER		•
	<i>ii</i>		
2	Did the organization undertake any significant program services during the year which		
	prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.		37
3	Did the organization cease conducting, or make significant changes in how it conduct	s, any program services?Yes	X No
4	If "Yes," describe these changes on Schedule O.	not program on times, or more used by evenences	
4	Describe the organization's program service accomplishments for each of its three large Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of gran		d
	revenue, if any, for each program service reported.		u
4a	10 000 040	445,124.) (Revenue \$)
	RESPONSE (SEE SCHEDULE O)	/ / \/	(
4b) (Revenue \$)
	RESILIENCY (SEE SCHEDULE O)		
	- 4-54 848		
4c) (Revenue \$)
	REBUILD (SEE SCHEDULE O)		
<u></u>	Other program services (Describe on Schedule O)		
4d	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)	
4e	27 522 726		
10		Form 9	90 (2023)
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 Form 990 (2023)
 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	X	
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		<u> </u>
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		<u> </u>
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		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			77
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
•	Schedule D, Part III	8		<u> </u>
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?			v
40	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	10		x
44	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u></u>
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. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
d		11a	х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11a	- 23	
D.	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
Ŭ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
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	Х	
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	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		х
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	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			L
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part 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			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		<u> </u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		_X_
	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? If "Yes." complete Schedule I. Parts I and II	21	X	(0.6
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 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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	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%			
	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			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a	37	X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	X	
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			v
00	"Yes," complete Schedule L, Part IV	28c	Х	X
29	Did the organization receive more than \$25,000 in noncash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29	<u> </u>	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
~	contributions? If "Yes," complete Schedule M	30		X X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			х
00	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	22	х	
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24		х
25.2	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	<u>55a</u>		- 23
D	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?			
00	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
0.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	<u> </u>		
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
_			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 183			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			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 227			
h		2b	х	
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	20 3a	-23	x
	Did the organization have unrelated business gross income of \$1,000 or more during the year? 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			<u> </u>
Ĩ	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	14		
-	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>
h	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 h	Initiation fees and capital contributions included on Part VIII, line 12 10a 10a 10b 10b10b 10b 10b10b 10b 10b 10b10b			
	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			
2	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.			
а	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 13b			
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		└──
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		
	If "Yes," complete Form 6069.	Earra	900	(2023)
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2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other				
	officer, director, trustee, or key employee?	2		X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision				
	of officers, directors, trustees, or key employees to a management company or other person?	3		X	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X	
6	Did the organization have members or stockholders?	6		X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			x	
	more members of the governing body?	<u>7a</u>			
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	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
а	The governing body?	8a	Х		
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the				
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		X	
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)				
			Yes	No	
10a	Did the organization have local chapters, branches, or affiliates?	10a		X	
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х		
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х		
b					
с					
	on Schedule O how this was done	12c	Х		
13	Did the organization have a written whistleblower policy?	13	Х		
14	Did the organization have a written document retention and destruction policy?	14	Х		
15	Did the process for determining compensation of the following persons include a review and approval by independent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official	15a	Х		
	Other officers or key employees of the organization	15b	Х		
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a				
	taxable entity during the year?	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			
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed <u>SEE SCHEDULE</u> O				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only) a	availa	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)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d financ	cial		
	statements available to the public during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organization's books and records				
	DANE BARATA - 310-640-8787				
	5230 PACIFIC CONCOURSE, SUITE 200, LOS ANGELES, CA 90045				
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	7				
4911	15 758461 5696.T 2023.05000 TEAM RUBICON, INC.		56	96.	

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

11

9

1a

1b

X

.T_1

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 (2023)

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Form 990 (2023) TEAM RUBICON, INC.	27-1720480	Page 7
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Co	ompensated	
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 List all of the organization's current officers, directors, trustees (whether individuals or organizations), re 	5	

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 is both an		compensation					
	week		officer and a director/trustee)		from	from related	other			
	(list any	recto						the	organizations	compensation
	hours for	or di	ee			sated		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	L	1033-1120)		organizations
	line)	ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) ARTHUR DELACRUZ	55.00	_	_							
PRESIDENT/CHIEF OPERATING OFFICER	0.00	х						398,758.	0.	14,857.
(2) NICOLE CAPOSSELA	55.00									
CHIEF DEVELOPMENT OFFICER	0.00					Х		332,483.	0.	34,273.
(3) DANE BARATA	55.00									
CHIEF FINANCIAL OFFICER	0.00			Х				318,855.	0.	38,947.
(4) DAVID BURKE	55.00									
CHIEF PROGRAM OFFICER	0.00					X		297,445.	0.	31,705.
(5) TIM NORMAN	55.00									
VICE PRESIDENT OF PEOPLE OPERATIONS	0.00					Х		248,175.	0.	31,009.
(6) SHENG-TE YANG	55.00									
VICE PRESIDENT OF DATA & TECHNOLOGY	0.00					Х		232,583.	0.	26,101.
(7) JEFF BYARD	55.00									
VICE PRESIDENT OF OPERATIONS	0.00					х		209,130.	0.	33,459.
(8) JACOB WOOD	10.00									-
EXECUTIVE CHAIRMAN	0.00	Х						0.	0.	0.
(9) ADAM MILLER	2.00									•
BOARD MEMBER	0.00	Х						0.	0.	0.
(10) CHRISTINA PARK	2.00									-
BOARD MEMBER	0.00	Х						0.	0.	0.
(11) CLAYTON DEGIACINTO	2.00									-
BOARD MEMBER	0.00	х						0.	0.	0.
(12) JOE MARCHESE	2.00									-
BOARD MEMBER	0.00	х						0.	0.	0.
(13) JOHN PITTS	2.00									_
BOARD MEMBER	0.00	Х						0.	0.	0.
(14) JONATHAN SMIDT	2.00									
BOARD MEMBER	0.00	Х						0.	0.	0.
(15) MARY SOLOMAN	2.00									_
BOARD MEMBER	0.00	х						0.	0.	0.
(16) MICHAEL STERN	2.00							_		_
BOARD MEMBER	0.00	х						0.	0.	0.
(17) SAMUEL GREEN	2.00									
BOARD MEMBER	0.00	Х						0.	0.	0.

8

332007 12-21-23

								ige 8				
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
(A)							(E)		(F)			
Name and title	Average	(do			ition more	l than o	ne	Reportable	Reportable	;	Estimate	d
	hours per	box	, unles	s per	son is	s both	an	compensation	compensatio	n	amount o	of
	week			uau	recio	r/truste	;e)	from	from related		other	
	(list any	director						the	organization	I	compensat	
	hours for related	or di	ee			ated		organization	(W-2/1099-MIS	I	from the	
	organizations	ustee	trust		96	upens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)		organization and relate	
	below	lual tr	tional		voldr	st con yee	-	1033-1120)			organizatio	
	line)	Individual trustee or	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				organizatio	/10
		-		0	×	1 0	<u> </u>					
1b Subtotal								2,037,429.		0.	210,35	
c Total from continuation sheets to Part VI	, Section A							0.		0.		0.
d Total (add lines 1b and 1c)								2,037,429.		0.	210,35	51.
2 Total number of individuals (including but no	ot limited to th	ose	listed	d ab	ove) who	o re	eceived more than \$100,	000 of reportable	э		
compensation from the organization												7
											Yes	No
3 Did the organization list any former officer,	director, truste	ee, k	ey e	mpl	oyee	e, or	hig	hest compensated emp	oyee on			
line 1a? If "Yes," complete Schedule J for su	uch individual										3	Х
4 For any individual listed on line 1a, is the su												
and related organizations greater than \$150											4 X	
5 Did any person listed on line 1a receive or a	,		•									
rendered to the organization? If "Yes." com											5	Х
Section B. Independent Contractors											· · ·	
1 Complete this table for your five highest cor	npensated ind	epe	nden	nt co	ontra	actor	s th	nat received more than \$	100,000 of com	pensat	tion from	
the organization. Report compensation for t	-	-										
(A)				0				(B)			(C)	
Name and business	address							Description of s	ervices	С	ompensation	ı
SUPERIOR STAFFING, LLC, 5	722 HIC	KO	RY	P	LA'	ZA						
DRIVE STE C-1, NASHVILLE,								TEMP SERVICE	s	2	,478,24	10.
THE VANITY PROJECT LLC								/ _ / @ / _]				
PO BOX 986528, BOSTON, MA	02298-	65	28					CLOTHING		1	427,68	85.
WIPFLI LLP	02250	00	20				f	010111110			12//00	<u> </u>
PO BOX 3160, MILWAUKEE, W	T 53201	_ 3	160	n				CONSULTING		1	408,26	50
NEWBILL PAINTING & CONSTR		- 5	100	0			-	CONSOLLING			400,20	
		70	<i>۲</i>					CONCERDITORION		I	356 57	5
2301 YORKTOWN ST., HOUSTO		10	00				-	CONSTRUCTION			356,52	· C •
SPRING STUDIOS NEW YORK L		<u>^ 1</u>	r							I	200 70	
6 ST JOHNS LANE, NEW YORK						6		PHOTOGRAPHY			290,78	
2 Total number of independent contractors (ir	-	ot lin	nited	to t			ed	above) who received mo	ore than			
\$100,000 of compensation from the organiz	zation				14	Ł						

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		2023) TEAM RUBICON,	INC.			27-1720	480 Page 9
Par	rt VII	Statement of Revenue					
		Check if Schedule O contains a response of	or note to any line		(5)	(A)	
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 51
s, s	1 a	Federated campaigns 1a					
unt		Membership dues 1b					
Contributions, Gifts, Grants and Other Similar Amounts		Fundraising events	2,491,665.				
ifts ar A		Related organizations 1d					
ő, Dils		Government grants (contributions) 1e	2,523,312.				
Si Si		All other contributions, gifts, grants, and					
buti		similar amounts not included above 1f	35,523,867.				
Ö	g	Noncash contributions included in lines 1a-1f	1,679,321.				
anc	h	Total. Add lines 1a-1f		40,538,844.			
			Business Code				
9	2 a						
evi	b						
enu enu	С						
sev.	d						
Program Service Revenue	е						
٩	f	All other program service revenue					
		Total. Add lines 2a-2f					
	3	Investment income (including dividends, intere		626,884.			626 884
		other similar amounts)		020,004.			626,884
	4	Income from investment of tax-exempt bond p	Г				
	5	Royalties	(ii) Personal				
	6 2						
	c	Rental income or (loss) 6c					
		Not rental income or (loco)					
		Gross amount from sales of (i) Securities	(ii) Other				
	<i>,</i> u	assets other than inventory $7a$ 4,500,000.					
	b	Less: cost or other basis					
ē	-	and sales expenses					
venue	с	Gain or (loss) 7c -34,309.					
0		Net gain or (loss)		-34,309.			-34,309
Other R		Gross income from fundraising events (not					
đ		including \$ 2,491,665. of					
		contributions reported on line 1c). See					
		Part IV, line 18 8a	125,699.				
	b	Less: direct expenses 8b	997,762.				
	С	Net income or (loss) from fundraising events		-872,063.			-872,063
	9 a	Gross income from gaming activities. See					
		Part IV, line 19 9a					
		Less: direct expenses9b	L				
		Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns	152 410				
		and allowances 10a					
		Less: cost of goods sold 10b	,	-71,372.	-71,372.		
	С	Net income or (loss) from sales of inventory	Business Code	11,312.	11,312.		
sn	11 a	REBATES-REWARDS REVENUE	900099	162,879.			162,879
neo	n a b			,•,•,•			,0,0
ella ver	c						
Miscellaneous Revenue	с d	All other revenue					
Σ	e	Total. Add lines 11a-11d		162,879.			
	12	Total revenue. See instructions		40,350,863.	-71,372.	0.	-116,609
332009	9 12-21			-			Form 990 (2023

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TEAM RUBICON,

27-1720480 Page 10

INC. Form 990 (2023) 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 342,500. 342,500. and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic 102,624. 102,624. 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, 771,417. 527,680. 105,546. 138,191. 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) 17,635,461. 12,063,359. 2,412,903. 3,159,199. Other salaries and wages 7 8 Pension plan accruals and contributions (include 570,843. 390,479. 78,103. 102,261. section 401(k) and 403(b) employer contributions) 2,156,427. 386,300. 475,082. 295,045. 1, Other employee benefits 9 357,074. 928,293. 185,676. 243,105. 10 Payroll taxes 11 Fees for services (nonemployees): Management а b Legal 111,910. 111,910. С Accounting 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 2,522,031. 1,754,186. 637,619. 130,226. column (A), amount, list line 11g expenses on Sch 0.) 1,182,421. 1,136,167. 32,633. 13,621. Advertising and promotion 12 1,966,979. 1,579,782. 335,976. 51,221. Office expenses 13 73,932. 65,042. 8,041. 849. Information technology 14 15 Royalties 1,687,037. 1,198,079. 180,398. 308,560. 16 Occupancy 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 340,347. 4,508. 357,862. 13,007. Conferences, conventions, and meetings 19 20 Interest Payments to affiliates 21 1,175,092. 519,865. 632,310. 22,917. Depreciation, depletion, and amortization 22 1,094,947. 790,618. 304,329. 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.) 12,086,960. 11,862,693. 174,552. 49,715. FIELD EXPENSES а GROCERIES, CATER 1,858,678. 1,767,707. 23,414. 67,557. MEALS h 193,228. 118,935. 48,545. 25,748. PLACEMENT & RECRUITING С 46,848. 38,340. d EQUIPMENT REPAIRS & MAI 7,696. 812. 654,826. 531,948. 81,863. 41.015. e All other expenses 47,949,097. 37,533,726. 5,661,067. 4,754,304. 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.

332010 12-21-23

Check here

12491115 758461 5696.T

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

11 2023.05000 TEAM RUBICON, INC.

33

Total liabilities and net assets/fund balances

12 2023.05000 TEAM RUBICON, INC.

56,105,832.

33

TEAM RUBICON, INC.

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

Form 990 (2023)

Part X Balance Sheet

		Check if Schedule O contains a response of hold	s to any				
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			9,802,062.	1	3,271,360.
	2	Savings and temporary cash investments	290,478.	2	134,767.		
	3				9,730,850.	3	10,796,178.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substantial contributor, or 35%					
		controlled entity or family member of any of thes				5	
	6	Loans and other receivables from other disqualif	-				
		under section 4958(f)(1)), and persons described		6			
s	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			241,310.	8	149,353.
As	9				1,351,625.	9	985,735.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	5,575,342.			
	b	Less: accumulated depreciation	10b		3,672,263.	10c	3,181,084.
	11	Investments - publicly traded securities			23,456,161.	11	20,201,141.
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line 1		13			
	14	Intangible assets			14	985,733.	
	15	Other assets. See Part IV, line 11	7,561,083.	15	6,359,528.		
	16	Total assets. Add lines 1 through 15 (must equa			56,105,832.	16	46,064,879.
	17	Accounts payable and accrued expenses			3,687,372.	17	2,362,542.
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
s	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subst					
lide		controlled entity or family member of any of thes				22	
Ľ	23	Secured mortgages and notes payable to unrela	ted thir	d parties	8,060,672.	23	2,000,000.
	24	Unsecured notes and loans payable to unrelated	l third p	parties	2,523,312.	24	0.
	25	Other liabilities (including federal income tax, pay	ables	to related third			
		parties, and other liabilities not included on lines	17-24)	. Complete Part X			
		of Schedule D			0.	25	7,078,494.
	26	Total liabilities. Add lines 17 through 25			14,271,356.	26	11,441,036.
		Organizations that follow FASB ASC 958, che	ck here	e X			
ses		and complete lines 27, 28, 32, and 33.					
anc	27	Net assets without donor restrictions			22,119,550.	27	18,350,373.
Bal	28	Net assets with donor restrictions			19,714,926.	28	16,273,470.
pu		Organizations that do not follow FASB ASC 9	58, che	eck here			
μ		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or eq				30	
As	31	Retained earnings, endowment, accumulated inc				31	
Net	32	Total net assets or fund balances			41,834,476.	32	34,623,843.
~	22	Tatal liabilities and not essets /fund balances		Γ	56 105 832	22	16 064 879

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46,064,879.

Form **990** (2023)

Form	1990 (2023) TEAM RUBICON, INC.	27-	1720480	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				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	40,350),8	63.
2	Total expenses (must equal Part IX, column (A), line 25)	2	47,949		
3	Revenue less expenses. Subtract line 2 from line 1	3	-7,598	3,2	34.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	41,834	1,4'	76.
5	Net unrealized gains (losses) on investments	5	522	2,8	58.
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	-13	5,2	<u>57.</u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	34,623	<u>3,8</u>	<u>43.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				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	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	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	Х	
	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:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	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?				<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>			<u> </u>
			Голт	yui)/	(0000)

Form **990** (2023)

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
2023
Open to Public Inspection

Name of the organization

Name	e of t	he organization						Employer	identification number
			RUBICON,						7-1720480
Par	tl	Reason for Public C	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.	
The o	rgan	ization is not a private found	ation because it is: (F	For lines 1 through 12, cl	heck only	one box.)			
1 [A church, convention of chu	urches, or associatio	n of churches described	l in sectio	n 170(b)(1	I)(A)(i).		
2 [A school described in secti	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	า 990).)				
3 [A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	i).		
4 [A medical research organization	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 operat	ed by a go	vernmental u	nit describe	ed in
_		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7 [Х	An organization that normal	lly receives a substa	ntial part of its support fr	rom a gove	ernmental	unit or from th	ne general p	oublic described in
_		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe	ed in section 170(b)((1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org	anization 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	name, city	, and state of	the college	or
		university:							
10		An organization that normal							
		activities related to its exem							-
		income and unrelated busin		(less section 511 tax) fro	om busines	ses acqui	red by the org	anization a	Ifter June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)						
11		An organization organized a	-	•	•				
12		An organization organized a	-	-	-			•	
		more publicly supported or	-						Check the box on
		lines 12a through 12d that o	describes the type of	f supporting organizatior	n and com	plete lines	12e, 12f, and	12g.	
а		Type I. A supporting orga		-	• • • •	-			
		the supported organization			majority c	of the direc	tors or truste	es of the su	ipporting
		organization. You must c	-						
b		Type II. A supporting orga	-				-		•
		control or management of			ame perso	ns that co	ntrol or manag	ge the supp	ported
		organization(s). You mus	-						
с		Type III functionally inte						ly integrate	d with,
		its supported organization		-					
d		Type III non-functionally	• •					°,	
		that is not functionally int			•		-	an attentiv	/eness
		requirement (see instructi	,	•					
е		Check this box if the orga functionally integrated, or					rype i, rype	п, туре п	
f	Ente	er the number of supported of							
		vide the following information	•	d organization(s).					
	(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	anization listed	(v) Amount of	fmonetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)
Total									

Schedule A	Earm 00	0) 2022
Schedule A	F0111 99	0) 2023

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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	ection A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	50002559.	<u>56529766.</u>	<u>39273718.</u>	<u>51843256.</u>	<u>40538884.</u>	238188183		
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			20072710	F10420FC	40520004	020100102		
	J	50002559.	56529766.	392/3/18.	51843256.	40538884.	238188183		
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,						17000414		
•	column (f)						17882414. 220305769		
	Public support. Subtract line 5 from line 4.						220305709		
		(-) 0010	(1-) 0000	(-) 0001	(.1) 0000	(-) 0000	(0) Tabal		
	ndar year (or fiscal year beginning in)	(a) 2019 50002559.	(b) 2020 56529766	(c) 2021	(d) 2022	(e) 2023	(f) Total 238188183		
	Amounts from line 4 Gross income from interest,	50002555.	505257000	55275710.	51045250.	-033000	230100103		
0									
	dividends, payments received on								
	securities loans, rents, royalties, and income from similar sources	618 537.	477 588.	220,329.	224,273.	626,884.	2167611.		
9	Net income from unrelated business	010,007.	4///3000	220,525.	221,213.	020,0040	21070110		
9	activities, whether or not the								
	business is regularly carried on								
10	Other income. Do not include gain								
10	or loss from the sale of capital								
	assets (Explain in Part VI.)	1313609.	1113525.	1069956.	359,586.	162,879.	4019555.		
11	Total support. Add lines 7 through 10						244375349		
	Gross receipts from related activities,	etc. (see instruction	ons)			12 1	,275,795.		
	First 5 years. If the Form 990 is for the		,			· · ·			
	organization, check this box and sto	-							
Sec	ction C. Computation of Publi								
	Public support percentage for 2023 (I			column (f))		14	90.15 %		
	Public support percentage from 2022		•			15	86.95 %		
						ore, check this bo	x and		
	16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization								
b	b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box								
	and stop here. The organization qual	lifies as a publicly s	supported organization	ation					
17a	10% -facts-and-circumstances test	- 2023. If the org	anization did not o						
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	zation		
	meets the facts-and-circumstances te	est. The organizatio	on qualifies as a pu	blicly supported o	rganization				
b	10% -facts-and-circumstances test	- 2022. If the org	anization did not o	check a box on line	e 13, 16a, 16b, or 1	17a, and line 15 is	10% or		
	more, and if the organization meets the	ne facts-and-circun	nstances test, che	ck this box and st	top here. Explain i	n Part VI how the			
	organization meets the facts-and-circl	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	zation			
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions								
						Schedule A	(Form 990) 2023		

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	Schedule A (Form	990) 202
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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.)

See	ction A. Public Support					-	
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 202	3 (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						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 202	3 (f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	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.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	L					
14	First 5 years. If the Form 990 is for the	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) orga	nization,
	check this box and stop here	<u></u>					
See	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2023 (I	ine 8, column (f), d	livided by line 13,	column (f))		15	%
	Public support percentage from 2022					16	%
See	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20)23 (line 10c, colur	mn (f), divided by l	ine 13, column (f))		17	%
18	Investment income percentage from	2022 Schedule A,	Part III, line 17 _			18	%
19 a	33 1/3% support tests - 2023. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than 3	33 1/3%, and	line 17 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization qual	ifies as a publicly	supported organiza	ation	
k	33 1/3% support tests - 2022. If the	organization did r	not check a box or	n line 14 or line 19	a, and line 16 is m	ore than 33 1	'3%, and
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	anization qualifies	as a publicly supp	orted organiza	ation
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	this box and see in	structions	
3320	23 12-21-23					Sche	dule A (Form 990) 2023

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1

2

3a

Yes No

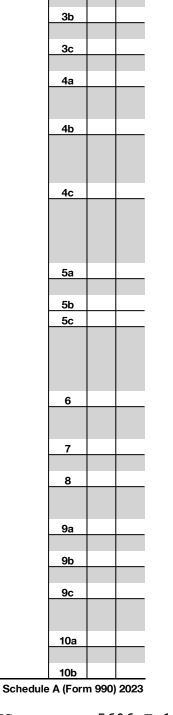
Part IV Supporting Organizations

(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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	(Form 990) 2023			INC.
Part IV	Supporting Organ	izations (continued)	

2

V. N

Yes No

			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>			
	augnetted ergenizations and what conditions or restrictions, if any applied to such newers during the tay year	1	1 /	

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

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

 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
 Image: Control of the support of the

Section D. All Type III Supporting Organizations	

	_	Y	es	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			
	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? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check	k the box next to the met	thod that the organization	nused to satisfy the Inte	aral Part Test during the ve	ar (see instructions).
---------	---------------------------	----------------------------	---------------------------	------------------------------	------------------------

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

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

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.* 332025 12-21-23

3b | | Schedule A (Form 990) 2023

2a

2b

3a

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1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust or	Nov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu			
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		
	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		
7	Check here if the current year is the organization's first as a non-function	-	ted Type III supporting orga	- anization (see

 Schedule A (Form 990) 2023
 TEAM RUBICON, INC.

 Part V
 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations
 TEAM RUBICON, INC.

332026 12-21-23

instructions).

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023	TEAM RUBICON, INC.	27-1720480 Page 7
Part V Type III Non-Fund	ctionally Integrated 509(a)(3) Supporting Or	rganizations _(continued)

Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations		3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023	IS	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
a	From 2018				
b	From 2019				
C	From 2020				
d	From 2021				
e	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				
е	Excess from 2023				

20

2023.05000 TEAM RUBICON, INC.

Schedule A (Form 990) 2023

Schedule A	(Form 990) 2023	TEAM RU	BICON,	INC.			27-1720480	Page 8
Part VI	Supplemental Info Part IV, Section A, lines line 1; Part IV, Section D Section D, lines 5, 6, and	, lines 2 and 3; P	art IV, Sectio	n E, lines TC, Z	a, 2b, 3a, and 3b; F	art v, line 1; Part v	17b; Part III, line 12; and 2; Part IV, Section , Section B, line 1e; Pa	n C,
	(See instructions.)	,	,					
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				21				

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Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

Schedule of Contributors

OMB No. 1545-0047

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. 2023

Employer identification number

27-1720480

TEAM RUBICON, INC

Filers of:	Section:
Form 990 or 990-EZ	X 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 of the parts unless totaling the year for an *exclusively* for the parts unless totaling \$5,000 or more during the year for an *exclusively* set is the set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless total set of the parts unless the set of the parts unless total set

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

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

		\$_	5,000,000.	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
2		\$_	2,523,312.	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
3		\$_	2,515,000.	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
4		\$_	2,000,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)		(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	\$_	Total contributions	Type of contribution Person X Payroll
(a)	(b)		(c)	(d)
No. 6	Name, address, and ZIP + 4	\$_	Total contributions	Type of contribution Person Payroll Noncash X (Complete Part II for noncash contributions.)

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

(b)

Name, address, and ZIP + 4

TEAM RUBICON, INC.

Name of organization

Part I

(a)

No.

Employer identification number

(d)

Type of contribution

Page 2

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(c)

Total contributions

Schedule B (Form 990) (2023)

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2023.05000 TEAM RUBICON, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
7		\$1,355,833.	Person X Payroll I Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
8		\$ <u>1,091,021.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
9		\$1,014,537.	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
10		\$ <u>1,005,347.</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
11		\$1,014,537.	Person Payroll Noncash X (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.)

Name of organization

27 - 1720480

) (Г 990) (2023)

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Name of organization Employer identification number TEAM RUBICON, INC. 27-1720480 PartII Noncash Property (see instructions). Use duplicate copies of Part II if additional space is meeded. (a) (b) (b) (c) (c) PartII Description of noncesh property given (c) (d) -6 (d) (d) (d) -6 (e) (f) (f) (h) (h) (f) (f) -6 (f) (f) (f) -7 Description of noncesh property given (f) (f) (f) -7 Description of noncesh property given (f) (f) (f) -7 Description of noncesh property given (f) (f) (f) -7 Description of noncesh property given (f) (f) (f) <th></th> <th>3 (Form 990) (2023)</th> <th></th> <th></th> <th>Page 3</th>		3 (Form 990) (2023)			Page 3
Part II Noncesh Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) (b) (c) (c) Part I Description of noncesh property given (c) (d) (b) (c) FMV (or estimate) (d) (c) (c) (d) Date received (c) (c) (c) (d) (c) (c) (d) Date received (c) (c) (c) (d) Date received (c) (c) (c) (d) Date received (c) (c) (c) (c) Date received (c) (c) (c) (c) Date received (a) (b) (c) (c) (c) Date received (a) (b) (c) (c) (c) Date received (a) (b) (c) (c) (c) Date received (c) (c) (c) (c) (c) Date received (c) (b) (c) (c) Date received Date received	Name of or	rganization		Employ	yer identification number
(a) No. Pert 1 (b) Description of noncesh property given (c) PMV (or estimate) (See instructions) (d) Date received 6 \$100,900 OTPTCABDE, \$1,495,685 CASH \$ (d) No. (d) PMV (or estimate) (See instructions) (d) Date received 11 (d) No. (e) PMV (or estimate) (See instructions) (d) Date received 11 (e) No. (f) PMV (or estimate) (See instructions) (f) Date received (h) No. (f) No. (f) No. (f) No. (f) No. (f) No. (h) No. (f) No. (f) Description of noncesh property given (f) FMV (or estimate) (See instructions) (f) Date received (h) No. (h) N	TEAM I	RUBICON, INC.		27	-1720480
No. Pert 1 (c) FW (or estimate) (see instructions.) (c) Data received 6 2100,000 GIPTCABDS, \$1,495,695 CABH (c) (c) (c) FW (or estimate) (see instructions.) (c) (c) FW (or estimate) (see instructions.) (c) (c) (c) FW (or estimate) (see instructions.) (c) (c) Data received 11 (c) (c) FW (or estimate) (see instructions.) (c) Data received (c) Data received (a) No. No. Form Pert 1 (c) (c) FW (or estimate) (see instructions.) (c) Data received (a) No. Form Pert 1 (c) FW (or estimate) (see instructions.) (c) Data received (a) No. Form Pert 1 (c) FW (or estimate) (see instructions.) (c) Data received (a) No. Form Pert 1 (c) FW (or estimate) (see instructions.) (c) Data received (a) No. Form Pert 1 (b) Description of nonceash property given (c) FW (or estimate) (see instructions.) (c) Data received (a) No. Form Pert 1 (b) Description of nonceash property given (c) FW (or estimate) (see instructions.) (c) Data received (a) No. Form Pert 1 (c) FW (or estimate) (see instructions.) (c) Data received (c) FW (or estimate) (see instructions.) (c) Data received (b) No. Form Pert 1 (c) FW (or estimate) (see instructions.) (c) Data received (c) FW (or estimate) (see instructions.) (c) Data received	Part II	Noncash Property (see instructions). Use duplicate copies of Part II	if additional space is needed	d.	
6 s 1,596,685. 12/31/23 (a) (b) (c) (d) Part1 Description of nonceth property given (e) (f) 11 (e) (f) (f) (f) (a) (f) (f) (f) (f) Part1 Description of noncash property given (f) (f) (f) (a) (f) Description of noncash property given (f) (f) Date received (a) (f) Description of noncash property given (f) (f) Date received (f) Description of noncash property given (f) (f) Date received (a) (f) Description of noncash property given (f) (f) Date received (h) (f) Description of noncash property given (f) FWV (or estimate) (g)	No. from	Description of noncash property given	FMV (or estimate		
(a) (b) (c) (d) Part1 S	6	\$100,000 GIFTCARDS, \$1,496,685 CASH	_		
No. Part 1 (b) Description of noncash property given FMV (or estimate) (See instructions.) (d) Date received 11 \$1,014,537 VERICLES - TRUCKS \$1,014,537. 12/31/23 (a) No. From Part 1 (c) FMV (or estimate) (See instructions.) (c) FMV (or estimate) (See instructions.) (c) Date received (a) No. From Part 1 (b) Description of noncash property given (c) FMV (or estimate) (See instructions.) (d) Date received (a) No. from Part 1 (b) Description of noncash property given (c) FMV (or estimate) (See instructions.) (d) Date received (a) No. from Part 1 (b) Description of noncash property given (c) FMV (or estimate) (See instructions.) (d) Date received (a) No. from Part 1 (b) Description of noncash property given (c) FMV (or estimate) (See instructions.) (d) Date received (a) No. from Part 1 (b) Description of noncash property given (c) FMV (or estimate) (See instructions.) (d) Date received (a) No. From Part 1 (b) Description of noncash property given (c) FMV (or estimate) (See instructions.) (d) Date received			\$ <u>1,596,6</u>	85.	12/31/23
11	No. from		FMV (or estimate		
(a) (b) (c) (d) Part I Description of noncash property given (see instructions.) (d) (a) (b) (c) (c) (b) (c) (c) (c) (c) (c) (c) (c) (a) (b) (c) (c) </td <td>11</td> <td>\$1,014,537 VEHICLES - TRUCKS</td> <td>_</td> <td></td> <td></td>	11	\$1,014,537 VEHICLES - TRUCKS	_		
No. trom Part I (b) Description of noncash property given (c) FMV (or estimate) (See instructions.) (d) Date received			\$1,014,5	37.	12/31/23
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No. from Part I (b) Description of noncash property given (c) FMV (or estimate) (See instructions.) (d) Date received			_ *		
(a) (b) (c) (d) FMV (or estimate) (d) Date received Part I	No. from		FMV (or estimate		
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(a) (b) (c) (d) from Description of noncash property given (See instructions.) (d) Part I	No. from		FMV (or estimate		
(a) (b) (c) (d) from Description of noncash property given (See instructions.) (d) Part I			_		
No. (b) (c) (d) from Description of noncash property given (See instructions.) Date received			\$		
	No. from		FMV (or estimate		
			_		
J J			_ \$		

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Schedule B (Form 990) (2023)

Name of o	rganization		Er	nployer identification number
ጥድልΜ 1	RUBICON, INC.			27-1720480
	Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a)	ons to organizations described in sect	ion 501(c)(7), (8), or (10) that to	otal more than \$1,000 for the year
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or les	S for the year. (Enter this info. once.)	\$
(a) No.	Use duplicate copies of Part III if additional			
`from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descript	tion of how gift is held
		(e) Transfer of gift		
	Transferee's name, address, a	nd ZIP + 4	Relationship of transfe	eror to transferee
			•	
		[
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Descript	tion of how gift is held
Part I				
·		(e) Transfer of gift		
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transfe	eror to transferee
		[
(a) No. from				
Part I	(b) Purpose of gift	(c) Use of gift	(d) Descript	tion of how gift is held
		(e) Transfer of gift		
	Transferee's name, address, a	nd ZIP + 4	Relationship of transfe	eror to transferee
		[
(a) No		1	I	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descript	tion of how gift is held
			— ———	
		(e) Transfer of gift		
	Transferee's name, address, a	nd 7IP + 4	Relationship of transfe	eror to transferee
		[
323454 12-26	5-23	I		Schedule B (Form 990) (2023)
		26		

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2023.05000 TEAM RUBICON, INC. 5696.T_1

601	HEDULE D	Supplement:	al Financial Statements		OMB No. 1545-0047		
	Form 990) Complete if the organization answered "Yes" on Form 990,						
• Departr	ment of the Treasury		, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. .ttach to Form 990.		Open to Public		
	Revenue Service	Go to www.irs.gov/Form99	0 for instructions and the latest information		Inspection		
Name	e of the organization	TEAM RUBICON, INC.			er identification number 27-1720480		
Par	t I Organiza		d Funds or Other Similar Funds or A				
		n answered "Yes" on Form 990, Part IV, lin					
			(a) Donor advised funds	(b) Funds a	nd other accounts		
1	Total number at er	nd of year					
2		f contributions to (during year)					
3		f grants from (during year)					
4	Aggregate value at						
5	-		writing that the assets held in donor advised fu exclusive legal control?		Yes No		
6			dvisors in writing that grant funds can be used				
•			r donor advisor, or for any other purpose confi				
	impermissible priva	ate benefit?			Yes No		
Par	t II Conserva	ation Easements. Complete if the org	ganization answered "Yes" on Form 990, Part	IV, line 7.			
1		ervation easements held by the organization					
		of land for public use (for example, recrea		, ,			
		f natural habitat	Preservation of a ce	ertified historio	c structure		
2		of open space	ied conservation contribution in the form of a	conconvotion	assamant on the last		
2	day of the tax year				d at the End of the Tax Year		
а				2a			
b							
с	-		ucture included on line 2a				
d	Number of conserv	vation easements included on line 2c acqu	ired after July 25, 2006, and not				
3		vation easements modified, transferred, rel	eased, extinguished, or terminated by the orga	anization durii	ng the tax		
	year						
4 5		where property subject to conservation eas					
5	-	tion have a written policy regarding the per orcement of the conservation easements it			Yes No		
6	,		handling of violations, and enforcing conserva				
•		······································					
7	Amount of expens	es incurred in monitoring, inspecting, hanc	lling of violations, and enforcing conservation	easements du	iring the year		
8		-	satisfy the requirements of section 170(h)(4)(E	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	that describe	stne		
Par	t III Organiza	ations Maintaining Collections of	Art, Historical Treasures, or Other	Similar As	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 b	alance sheet	works		
	of art, historical tre	easures, or other similar assets held for put	olic exhibition, education, or research in furthe	rance of publi	с		
	service, provide in	Part XIII the text of the footnote to its finar	ncial statements that describes these items.				
b	-		8, to report in its revenue statement and balar				
		· ·	exhibition, education, or research in furtherar	ice of public s	service,		
	-	ng amounts relating to these items.		¢			
2	.,		asures, or other similar assets for financial gair				
_		unts required to be reported under FASB A		,			
а	•			\$			
b	Assets included in	Form 990, Part X					
LHA	For Paperwork Re	eduction Act Notice, see the Instructions	s for Form 990.	Sch	edule D (Form 990) 2023		
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Sche		BICON, INC						27-17	20480) Pa	age 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	easures, 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	following tha	t make s	ignificant (use of its			
	collection items (check all that apply).										
а	Public exhibition	d	I 🛄 I	Loan or exc	hange progra	am					
b	Scholarly research	e		Other							
С	Preservation for future generations										
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.										
5	5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets										
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran		te if the	organizatior	n answered "	Yes" on	Form 990	, Part IV, li	ne 9, or		
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custod								٦.,		1
	on Form 990, Part X?							∟	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing ta	able:					Amount		
	De sinsis a la dese e								Amount		
	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.							L]
Par							0.	<u></u>			
		(a) Current year		rior year	(c) Two yea		(d) Three	/ears back	(e) Four	years	back
1a	Beginning of year balance									-	
	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
	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	Term endowment	<u>%</u>									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
3a	Are there endowment funds not in the posse	ession of the organiza	tion that	t are held ar	nd administe	red for th	ne		г	1	
	organization by:									Yes	No
	(i) Unrelated organizations?								3a(i)		
									3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza								3b		
4 Dar	t VI Land, Buildings, and Equipm		wment fi	unds.							
T ai	Complete if the organization answere) Part IV	line 11a S	ee Form 990) Part X	line 10				
			1		or other		ccumulate	ad			
	Description of property	(a) Cost or o basis (investr		• •	or other (other)		preciation		(d) Booł	value	7
1a	Land		,	20010	·····/		,				
b	Buildings										
	Leasehold improvements			1.22	7,153.		427,9	45.	799	9,20	.8
	Equipment				8,189.		966,3		2,381		
	Other			,							
	. Add lines 1a through 1e. (Column (d) must e		X line 10	Oc column	(B))				3,181	L,08	34.
	- (<i>eenamin</i> , <i>e</i> , maero	· · · · · · · · · · · · · · · · · · ·									

Schedule D (Form 990) 2023

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Schedule [) (Form 990)) 2023	TEAM	RUBICON,	INC.

Part VII Investments - Other Securities

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

(a) Description of security or category (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, line 12, col. (B))		

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: 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, line 13, col. (B))		

Part IX Other Assets

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

(a) Description	(b) Book value
(1) SECURITY DEPOSITS	96,940.
(2) ROU ASSETS	96,940. 6,262,588.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	6,359,528.
Part X Other Liabilities	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See	e Form 990, Part X, line 25.
(a) Description of liability	(b) Book value

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LEASE LIABILITIES	7,078,494.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	7,078,494.

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 ... X

Schedule D (Form 990) 2023

332053 09-28-23

Sche	dule D (Form 990) 2023 TEAM RUBICON, INC.		27-1720480 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Sta	tements With Reven	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	ne 12a.	
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
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		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta	atements With Exper	nses per Return
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	ne 12a.	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
С	Other losses	2c	
d	Other (Describe in Part XIII.)	2 d	
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	8.)	
Pa	rt XIII Supplemental Information		

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

PART X, LINE 2:

TEAM RUBICON RECOGNIZES THE IMPACT OF TAX POSITIONS IN THE FINANCIAL
STATEMENTS IF THAT POSITION IS MORE LIKELY THAN NOT TO BE SUSTAINED ON
AUDIT, BASED ON THE TECHNICAL MERITS OF THE POSITION. DURING THE YEAR
ENDED DECEMBER 31, 2023, TEAM RUBICON PERFORMED AN EVALUATION OF UNCERTAIN
TAX POSITIONS AND DID NOT NOTE ANY MATTERS THAT WOULD REQUIRE RECOGNITION
IN THE FINANCIAL STATEMENTS OR WHICH MIGHT HAVE AN EFFECT ON ITS
TAX-EXEMPT STATUS.

332054 09-28-23

SCHEDULE G	Suppleme	ntal Information Regarding	Func	Iraisi	ng or Gaming A	ctiv	ities	OMB No. 1545-0047				
(Form 990)		e organization answered "Yes" on organization entered more than \$15				r 19 ,	or if the	2023				
Department of the Treasury	Ū	Attach to Form 990 c	•					Open to Public				
Internal Revenue Service		Go to www.irs.gov/Form990 for instructions and the latest information. Inspection										
Name of the organization												
TEAM RUBICON, INC. 27-1720480 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not												
	complete this part											
 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or 												
key employees list	ed in Form 990, Pa highest paid indiv	art VII) or entity in connection with pr viduals or entities (fundraisers) pursua	ofessi	onal fi	undraising services?		Ye					
(i) Name and addres or entity (func	s of individual	(ii) Activity	fùndr have c or cor	Did raiser ustody itrol of utions?	(iv) Gross receipts from activity	fundraiser to (or retained by)		(vi) Amount paid to (or retained by) organization				
			Yes	No								
Total												
3 List all states in whi or licensing.	ich the organizatio	n is registered or licensed to solicit o	ontrib	utions	or has been notified	it is e	exempt from r	egistration				

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

Schedule G (Form 990) 2023

LHA 332081 09-13-23

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 (event type)	(event type)	(total number)	col. (c))
	1 Gross receipts	2,617,364.			2,617,364
	2 Less: Contributions	2,491,665.			2,491,665
	3 Gross income (line 1 minus line 2)	125,699.			125,699
	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	339,808.			339,808
	7 Food and beverages	116,979.			116,979
	8 Entertainment				
	9 Other direct expenses				540,975
	10 Direct expense summary. Add lines 4 through				997,762
	11 Net income summary. Subtract line 10 from li rt III Gaming. Complete if the organization a				-872,063
,	\$15,000 on Form 990-EZ, line 6a.	(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (ad
			bingo/progressive bingo		col. (a) through col. (
-	1 Gross revenue				
200	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
		Yes %	9 Yes 9	6 🛄 Yes %	
	6 Volunteer labor	No	No	No	
	7 Direct expense summary. Add lines 2 through	1 5 in column (d)			
	8 Net gaming income summary. Subtract line 7	from line 1, column (d)			
	Enter the state(s) in which the organization condu				
	Is the organization licensed to conduct gaming ac If "No," explain:				
			minated during the top	(1100)	Yes N
b - -	Ware any of the examination's seminar lines of	wolked evenended cut-		vedi (. Ves N
bi - a	Were any of the organization's gaming licenses re If "Yes," explain:				
b - a \					

Sch	edule G (Form 990) 2023	TEAM	RUBICON,	INC.		27-17	20480	Page 3
			-				Yes	No
					er of a partnership or other entity formed			
	to administer charitable gaming?						Yes	No No
13	Indicate the percentage of gamin	g activity cor	nducted in:					
							<u>13a</u>	%
							13b	%
14	Enter the name and address of th	ne person wh	o prepares the o	organizatior	n's gaming/special events books and record	ds:		
	Name							
	Address							
	Address							
15a	Does the organization have a cor	ntract with a f	third party from	whom the c	organization receives gaming revenue?		Yes	No No
	J. J		. ,					
k	If "Yes," enter the amount of gam	ning revenue	received by the	organizatio	n \$ and the an	nount		
	of gaming revenue retained by th	e third party	\$					
c	If "Yes," enter name and address	of the third p	party:					
	Name							
	Adduces							
	Address							
16	Gaming manager information:							
10	Gaming manager mormation.							
	Name							
	Gaming manager compensation	\$						
	Description of services provided							
	Director/officer	Emplo		Inde	nondant contractor			
			lyee		pendent contractor			
17	Mandatory distributions:							
	Is the organization required unde	r state law to	make charitabl	e distributic	ons from the gaming proceeds to			
	retain the state gaming license?						Yes	🗌 No
k	Enter the amount of distributions	required und	der state law to l	be distribut	ed to other exempt organizations or spent	in the		
_	organization's own exempt activi							
Pa					uired by Part I, line 2b, columns (iii) and (v)	; and Part	II, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as	s applicable.	Also provide an	y additiona	l information. See instructions.			
3320	83 09-13-23					Schedul	e G (Form	990) 2023
				33	3			

Part IV	Supplemental Information (continued)
	Schedule G (Form 990)

332084 04-01-23

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service	Go	irants and Oth vernments, an ete if the organization Go to www.irs	d Individual n answered "Yes" Attach to Forn	ls in the Ŭni ' on Form 990, Pa	ted States rt IV, line 21 or 22.		OMB No. 1545-0047 2023 Open to Public Inspection
Name of the organization							Employer identification number
	CON, INC.						27-1720480
Part I General Information on Grants 1 Does the organization maintain records criteria used to award the grants or ass 2 Describe in Part IV the organization's prime Part II Grants and Other Assistance to Grants and Other Assistance to	to substantiate the stance? ocedures for monit Domestic Organiz	oring the use of grant zations and Domestic	funds in the United	d States. Complete if the orga		·	X Yes No
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	ed. (e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
THE ST BERNARD PROJECT 2645 TOULOUSE STREET NEW ORLEANS, LA 70119	26-2189665	501(C)(3)	0.	290,000.			DISASTER RELIEF PROGRAMS
UNITED WAY OF COASTAL CAROLINA 601 BROAD STREET NEW BERN, NC 28560	56-6017934	501(C)(3)	0.	52,500.			DISASTER RELIEF PROGRAMS
2 Enter total number of section 501(c)(3) a	and government org	ganizations listed in the	e line 1 table				2.

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

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

Schedule I (Form 990) 2023

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	39	102,624.	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.

SCI	HEDULE J	Compensation Information	1	OMB No. 1	545-004	47			
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	00				
•	-	Compensated Employees		20	Ľ٦)			
Dener	here at the Trees we	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to					
	tment of the Treasury al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspection					
Nam	e of the organization	1	Employer i	dentificatio	ntification number				
		TEAM RUBICON, INC.	27-1	72048	0				
Pa	rt I Question	s Regarding Compensation							
					Yes	No			
1a	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form	990,						
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.							
	First-class or c	harter travel Housing allowance or residence for person	onal use						
	Travel for com	panions Payments for business use of personal re	esidence						
	Tax indemnific	ation and gross-up payments Health or social club dues or initiation fe	es						
	Discretionary s	spending account Personal services (such as maid, chauffe	ur, chef)						
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or							
	reimbursement or p	rovision of all of the expenses described above? If "No," complete Part III to explain		1b					
2	Did the organization	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,							
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2					
3	Indicate which, if an	ny, of the following the organization used to establish the compensation of the organization'	S						
	CEO/Executive Dire	ctor. Check all that apply. Do not check any boxes for methods used by a related organizat	ion to						
	establish compensa	ation of the CEO/Executive Director, but explain in Part III.							
	X Compensatior	committee							
	X Independent c	ompensation consultant X Compensation survey or study							
	X Form 990 of o	ther organizations	committee						
4	During the year, dic	l any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing							
	organization or a re	lated organization:							
		e payment or change-of-control payment?		4a		X			
	•	eive payment from a supplemental nonqualified retirement plan?				X			
С		eive payment from an equity-based compensation arrangement?		4c		X			
	If "Yes" to any of lir	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.							
	O-1								
-)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.							
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on						
	contingent on the r			_		v			
						X X			
b	Any related organiz			<u>5</u> b		Å			
~		or 5b, describe in Part III.							
6	-	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on						
	contingent on the n	6				v			
						X X			
b	Any related organiz			<u>6b</u>	_				
_		or 6b, describe in Part III.	_						
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payment		_	v				
•		nes 5 and 6? If "Yes," describe in Part III		7	Х				
8	-	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to t				- v			
~				8		X			
9		id the organization also follow the rebuttable presumption procedure described in							
Eer '	Regulations section			9					
⊦or l	-aperwork Reducti	on Act Notice, see the Instructions for Form 990.	Sched	ule J (Forn	n 990)	2023			

12491115 758461 5696.T

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-MIS0 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)	334,777.	63,981.	0.	12,808.	2,049.	413,615.	0.
PRESIDENT/CHIEF OPERATING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) NICOLE CAPOSSELA	(i)	299,756.	32,727.	0.	12,790.	21,483.	366,756.	0.
CHIEF DEVELOPMENT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) DANE BARATA	(i)	291,272.	27,583.	0.	8,581.	30,366.	357,802.	0.
CHIEF FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) DAVID BURKE	(i)	227,500.	69,945.	0.	10,254.	21,451.	329,150.	0.
CHIEF PROGRAM OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) TIM NORMAN	(i)	232,054.	16,121.	0.	9,702.	21,307.	279,184.	0.
VICE PRESIDENT OF PEOPLE OPERATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) SHENG-TE YANG	(i)	219,810.	12,773.	0.	8,380.	17,721.	258,684.	0.
VICE PRESIDENT OF DATA & TECHNOLOGY	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) JEFF BYARD	(i)	191,831.	17,299.	0.	8,592.	24,867.	242,589.	0.
VICE PRESIDENT OF OPERATIONS	(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) 2023

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	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-F7

	OMB No. 1545-0047	
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			U
Dpen	to	Publ	ic

2023

Department of the Treasury Internal Revenue Service	Go to ww	Attach to Form 990 or Form 990-EZ. to www.irs.gov/Form990 for instructions and the latest information.						Open to Public Inspection				
Name of the organization	1						Emp	loyer	identi	ificatio	on nur	nber
	TEAM RUBI	CON, INC	•				27-	-17	204	80		
Part I Excess B	enefit Transaction	ons (section 5	01(c)(3), secti	on 501(c)(4), and sec	ction 501(c)(29) orgar	izatior	ns onl	y)			
	the organization answ											
1	(b) F	Relationship bet			fied					(d)	Correc	cted?
(a) Name of disqualit	fied person	person and o	rganiza	tion	(c	c) Description of trans	sactior	1		Ye	es	No
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
2 Enter the amount of	tax incurred by the o	rganization man	agers	or disq	ualified persons duri	ng the year under						
section 4958								\$				
3 Enter the amount of	tax, if any, on line 2, a	above, reimburs	ed by	the org	anization							
Part II Loans to	and/or From Inte	erested Pers	sons									
Complete if	the organization answ	vered "Yes" on	Form 9	90-EZ,	Part V, line 38a, or F	Form 990, Part IV, lin	e 26; c	or if th	e orga	inizatio	on	
	amount on Form 990		- i						(h) / p)	arouad		
(a) Name of	(b) Relationship	(c) Purpose		an to or n the	(e) Original	(f) Balance due	(g)		(h) App by boa	ard or	(i) W	
interested person	with organization	of loan	<u> </u>	zation?	principal amount	-	defau	JIT ?	comm	ittee?	agree	
			To	From			Yes	No	Yes	No	Yes	No
_(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(8)												
(9)												
(10)												I
Total	r Accietonas Bar	ofiting Into-	ootor		\$							

Part III Grants or Assistance Benefiting Interested Persons

Complete if the organization	answered "Yes" on Form 990, Pa	art IV, line 27.		
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
			_	

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

Schedule L (Form 990) 2023

LHA 332131 11-06-23

Schedule L (Form 990) 2023

TEAM RUBICON, INC.

Part IVBusiness Transactions Involving Interested Persons

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

(a) Name of interested person		between interested the organization	(c) Amount of transaction	(d) Description of transaction		aring of zation's jues?
					Yes	No
(1) SARAH LENGER	SISTER OF	THE PRES	89,930.	THE ORGANIZ		X
(2)MARIAH KICK	COUSIN OF	THE CHAIR	15,000.	THE ORGANIZ		X
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						

Part V Supplemental Information

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

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: SARAH LENGER

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SISTER OF THE PRESIDENT/CHIEF EXECUTIVE OFFICER, JAKE WOOD

(D) DESCRIPTION OF TRANSACTION: THE ORGANIZTION PAID FEES FOR GRAPHIC

DESIGN SERVICES

(A) NAME OF PERSON: MARIAH KICK

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

COUSIN OF THE CHAIRMAN OF THE BOARD, JAKE WOOD

(D) DESCRIPTION OF TRANSACTION: THE ORGANIZTION PAID FEES FOR GRAPHIC

Schedule L (Form 990) 2023

332132 11-30-23

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SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public

27 - 1720480

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

t information.		Inspection
	Employer	identification number

Name of the organization

TEAM	RUBICON,	INC.

Types of Property Part I (a) (b) (c) (d) Number of Noncash contribution Check if Method of determining contributions or amounts reported on applicable noncash contribution amounts items contributed Form 990, Part VIII, line 1g Art - Works of art 1 Art - Historical treasures 2 Art - Fractional interests 3 Books and publications 4 39,290. FAIR MARKET VALUE Х Clothing and household goods 5 Cars and other vehicles 1 1,014,537. FAIR MARKET VALUE 6 Х Boats and planes 7 Intellectual property 8 Х 231,487.FAIR MARKET VALUE Securities - Publicly traded 6 9 Securities - Closely held stock 10 Securities - Partnership, LLC, or 11 trust interests Securities - Miscellaneous 12 13 Qualified conservation contribution -Historic structures Qualified conservation contribution - Other 14 Real estate - Residential 15 Real estate - Commercial 16 Real estate - Other 17 18 Collectibles Food inventory 19 Drugs and medical supplies 20 Taxidermy _____ 21 Historical artifacts 22 Scientific specimens 23 24 Archeological artifacts 149,386. FAIR MARKET VALUE (OTHER GOODS х 3 25 Other 2 144,621. FAIR MARKET VALUE SUPPLIES Х Other 26 () Х 1 100,000.FAIR MARKET GIFT CARDS VALUE 27 Other (Other 28 Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part V, Donee Acknowledgement _____29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for

	avant average for the entire holding period?	20-		v
	exempt purposes for the entire holding period?	30a		л
b	If "Yes," describe the arrangement in Part II.			
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31	Х	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash			
	contributions?	32a		X
b	If "Yes," describe in Part II.			
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,			
	describe in Part II.			

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

Schedule M (Form 990) 2023

LHA 332141 09-11-23

Schedule M (Form 990) 2023 TEAM RUBICON, INC. Part II Supplemental Information. Provide the inform

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):

NONCASH CONTRIBUTIONS ARE LISTED BY NUMBER OF CONTRIBUTORS.

Schedule M (Form 990) 2023

332142 09-11-23

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 2023, TEAM RUBICON GREW TO OVER 170,000 REGISTERED VOLUNTEERS, 53%

OF WHOM ARE MILITARY VETERANS, WHO HAVE EXECUTED MORE THAN 1,000

DISASTER REPONSE OPERATIONS SINCE TR'S INCEPTION IN 2010. IN 2023

ALONE, MORE THAN 2,700 VOLUNTEER GREYSHIRTS COMPLETED 134 OPERATIONS

ACROSS 260 COMMUNITIES, BOTH DOMESTIC AND INTERNATIONAL. FROM JANUARY

TO DECEMBER, WE SERVED 28,785 INDIVIDUALS AROUND THE WORLD, INCLUDING

THOSE AFFECTED BY HURRICANE IDALIA, THE SEVERE WILDFIRES IN MAUI, AND

CYCLONE FREDDY IN MALAWI. OUR VETERAN-LED HUMANITARIAN VOLUNTEER BASE

CONTINUES TO DELIVER CRITICAL RESPONSE SERVICES TO THOSE IMPACTED BY

DISASTERS AND PROUDLY FACILITATED 5,730 VOLUNTEER DEPLOYMENTS TO

COMMUNITIES IN 2023.

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 2023, TEAM RUBICON TRAINED 15,410 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. 84% OF VETERAN VOLUNTEER

 SURVEY RESPONDENTS AGREED THAT THEY LEARNED SKILLS WITH TEAM RUBICON IN

 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2023

 LHA
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Name of the organization TEAM RUBICON, INC.	Employer identification number 27-1720480
2023. TEAM RUBICON'S COMMITMENT TO FINANCIAL AND OPERATION	JAL
TRANSPARENCY ALSO CONTINUES, WITH THE ORGANIZATION RECEIVI	ING POSITIVE
RECOGNITION AGAIN FROM CHARITY WATCH GROUPS, INCLUDING A B	PLATINUM
RATING FROM GUIDESTAR AND A FOUR-STAR RATING FROM CHARITY	NAVIGATOR.
FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMEN	NTS:
TEAM RUBICON SUPPORTS COMMUNITIES IN ALL PHASES OF THE DIS	SASTER CYCLE
INCLUDING AFTER THE INITIAL DAMAGE, WHEN THE RECOVERY PROC	CESS BEGINS.
TEAM RUBICON CONTINUES OUR LONG-TERM REBUILD SERVICES, WHI	ICH REACH
BEYOND THE IMMEDIATE RESPONSE PHASE OF THE DISASTER CYCLE	AND INTO THE
RECOVERY PHASE TO GET HOMEOWNERS BACK INTO THEIR HOMES AS	QUICKLY AS
POSSIBLE. WE PROVIDE SAFE AND STABLE HOMES, FREE-OF-CHARGE	ТО
HOMEOWNERS, UTILIZING RESILIENT BUILDING METHODS WHEREVER	POSSIBLE. IN
2023, TEAM RUBICON CONTINUED ITS REBUILD EFFORTS IN TEXAS,	, LOUISIANA,
ALABAMA, AND KENTUCKY FOLLOWING PREVIOUS YEARS' DISASTERS.	OVERALL, 23
HOMES WERE REBUILT BY TEAM RUBICON AND LOCAL CONTRACTORS I	IN 2023,
ALLOWING 43 FAMILY MEMBERS TO RETURN TO SAFE, HEALTHY HOME	ES AND
CONTINUE RECOVERING FROM DISASTER.	
FORM 990, PART VI, SECTION A, LINE 8B:	
THIS QUESTION IS NOT APPLICABLE SINCE THE ORGANIZATION DOP	

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 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:

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Schedule O (Form 990) 2023

2023.05000 TEAM RUBICON, INC.

Name of the organization	Employer identification number
TEAM RUBICON, INC.	27-1720480
THE ORGANIZATION HAS A CONFLICT OF INTEREST POLICY THAT AP	PLIES TO ALL
EMPLOYEES AND BOARD MEMBERS. ENFORCEMENT OF THE POLICY INC	LUDES 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

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES THE FORM 990 AND ITS AUDITED FINANCIAL STATEMENTS

AVAILABLE VIA WWW.FOUNDATIONCENTER.ORG AND WWW.TEAMRUBICONUSA.ORG. ALL

OTHER GOVERNING DOCUMENTS INCLUDING THE FORM 1023 ARE PUBLICLY AVAILABLE

UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

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Schedule O (Form 990) 2023

BAD DEBT				135,257.
FORM 990, PART XII, LINE 2C:				
NO PROCESSES HAVE CHANGED FROM THE	PRIOR YEAR	ł.		
332212 11-14-23	4.7		Schedule O	(Form 990) 2023
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Page **2**

Employer identification number 27 - 1720480

Schedule O (Form 990) 2023

TEAM RUBICON, INC.

Name of the organization

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	1,406,380.	112,571.	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) 2023

Schedule R (Form 990) 2023 TEAM RUBICON, INC.

27-1720480 Page 2

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)	((k)
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)				ortionate ations?	Code V-UBI amount in box 20 of Schedule	Gene mana part	ral or aging ner?	Percentage ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	No	
	-											
	-											
	-											
	1											
	{											
	4											

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	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	contr	i) tion o)(13) olled ity?
		country)		01 (1030)		235013		Yes	No

Schedule R (Form 990) 2023 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>(3)</u>			
<u>(4)</u>			
(5)			
_(6)			

Schedule R (Form 990) 2023 TEAM RUBICON, INC.

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								
												-								
												_								

Schedule R (Form 990) 2023

TEAM RUBICON, INC.

Part VII Supplemental Information

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

332165 09-28-23