Form **990-EZ** 

# Short Form Return of Organization Exempt From Income Tax

2022

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/Form990EZ for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

A	For the	2022 calendar year, or tax year beginning , 2022, and ending		, 20
	Check if ap		D Employer	identification number
	Address	change Boredom Busters	85-0794	690
$\overline{}$	Name ch	Trainibility and career (or 110. Box in main or not delivered to career address)	E Telephone	number
	Initial retu	urn/terminated 13700 Rosetree Ct	(703) 62	5-5416
$\overline{}$	Amended	City or town, state or province, country, and ZID or foreign postal code	F Group Exe	emption
$\overline{}$		on pending Chantilly, VA 20151	Number	•
G	Account	-	Check if th	e organization is <b>not</b>
	Website			ach Schedule B
			(Form 990).	don conocalo B
		organization: X Corporation Trust Association Other	(	
		s 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total as	sets	
		umn (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ		137,475
P	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances(see the		_ ,
- '		Check if the organization used Schedule O to respond to any question in this Part I		•
	1	Contributions, gifts, grants, and similar amounts received		137,475
	2	Program service revenue including government fees and contracts		137,475
	3	Membership dues and assessments		
	4	Investment income		
	l _	Gross amount from sale of assets other than inventory		
	5a			
	b	Less: cost or other basis and sales expenses		
	C	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events:		
ē	а	Gross income from gaming (attach Schedule G if greater than		
'n		\$15,000)		
Revenue	b	Gross income from fundraising events (not including \$ of contributions		
ď		from fundraising events reported on line 1) (attach Schedule G if the		
		sum of such gross income and contributions exceeds \$15,000)		
	C	Less: direct expenses from gaming and fundraising events		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract		
	l _	line 6c)	6d	
	7a	Gross sales of inventory, less returns and allowances		
	b	Less: cost of goods sold		
	С	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)		
	8	Other revenue (describe in Schedule O)		
	9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		137,475
	10	Grants and similar amounts paid (list in Schedule O)		121,816
	11	Benefits paid to or for members		
S	12	Salaries, other compensation, and employee benefits		
nse	13	Professional fees and other payments to independent contractors		515
Expenses	14	Occupancy, rent, utilities, and maintenance		
ш	15	Printing, publications, postage, and shipping		1,119
	16	Other expenses (describe in Schedule O)		
	17	Total expenses. Add lines 10 through 16		123,450
ιn	18	Excess or (deficit) for the year (subtract line 17 from line 9)	18	14,025
Net Assets	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with		
As		end-of-year figure reported on prior year's return)		200,658
<b>l</b> et	20	Other changes in net assets or fund balances (explain in Schedule O)		
~	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	214.683

Form 990-EZ (2022) Boredom Busters			85-0	7946	5 <b>90</b> Page :
Part II Balance Sheets (see the instructions for Pa	rt II)				
Check if the organization used Schedule O t	o respond to any qu	estion in this Part	II		2
			(A) Beginning of year		(B) End of year
22 Cash, savings, and investments			150,298	22	188,118
23 Land and buildings			0	23	, (
24 Other assets (describe in Schedule O)			50,360	24	26,56
25 Total assets			200,658	25	214,683
26 Total liabilities (describe in Schedule O)			0	26	,
27 Net assets or fund balances (line 27 of column (B) must	agree with line 21).		200,658	27	214,683
Part III Statement of Program Service Accompli					
Check if the organization used Schedule O			_		Expenses
What is the organization's primary exempt purpose? Boredom					uired for section
Describe the organization's program service accomplishments for as measured by expenses. In a clear and concise manner, describersons benefited, and other relevant information for each program.	or each of its three largribe the services providem title.	est program services led, the number of		1	c)(3) and 501(c)(4) nizations; optional for s.)
28Provide gift bags of books, toys, game:					
children enduring long hospital stays.					
provided to hospitals and Ronald McDon					
(Grants \$ 121,816) If this amour	nt includes foreign gran	ts, check here .		28a	121,816
29					
(Grants \$ ) If this amour	t includes foreign gran	ts, check here .		29a	
30					
(Grants \$ ) If this amoun	t includes foreign gran	ts, check here .		30a	
<b>31</b> Other program services (describe in Schedule O)			<u>.</u>		
(Grants \$ ) If this amour	nt includes foreign gran	ts, check here .		31a	
32 Total program service expenses (add lines 28a through 31	a)			32	121,816
Part IV List of Officers, Directors, Trustees, and Key E	mployees (list each or	ne even if not comper	nsated - see the instru	ctions	for Part IV)
Check if the organization used Schedule O to resp	oond to any question in	this Part IV	<u> </u>	<u> </u>	
(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC 1099-NEC) (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and deferred compensation		e) Estimated amount of other compensation
Marcie McCauley					
President	20.00	0	d	)	0
John McCauley					
Secretary - Treasurer	5.00	0	d	)	0
Jessica McCauley					
Director	1.00	0	C	)	0

Form 990-		90	Р	age 3
Part '	· '			
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V	′		· 🛛
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			
	detailed description of each activity in Schedule O	33		x
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
04				
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the	0.4		
	change on Schedule O. See instructions	34		Х
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		Х
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III.	35c		х
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			
	during the year? If "Yes," complete applicable parts of Schedule N	36		х
27.0	Enter amount of political expenditures, direct or indirect, as described in the instructions	- 50		
	Did the organization file Form 1120-POL for this year?	37b		Х
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; <b>or</b> were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		Х
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities			
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
40 u	section 4911:; section 4912 :; section 4955:			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year			
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		Х
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed			
	on organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
	40c reimbursed by the organization			
	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
·	transaction? If "Yes," complete Form 8886-T	40e		v
44		400		Х
41	List the states with which a copy of this return is filed:	_		
42 a	The organization's books are in care of: The Organization Telephone no. 703-6	25-5	416	
	Located at: 13700 Rosetree Ct, Chantilly, VA ZIP+4 20151			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		х
	If "Yes," enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
	Financial Accounts (FBAR).			
c	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		х
·	If "Yes," enter the name of the foreign country:	720		Λ
40				
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041-</b> Check here	• • •		Ш
	and enter the amount of tax-exempt interest received or accrued during the tax year			
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44a		х
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ · · · · · · · · · · · · · · · · · · ·	44b		x
С	Did the organization receive any payments for indoor tanning services during the year?	44c		x
	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			A
u	explanation in Schedule O · · · · · · · · · · · · · · · · · ·	444		
4-	·	44d		
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		Х
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			

Form	990-EZ	Z (2022) Boredom E	Busters					85-0	794690	F	Page <b>4</b>
										Yes	No
46	Did t	the organization engage, directly	or indired	ctly, in political campaign a	ctivities on b	ehalf of or in	oppositio	n			
		andidates for public office? If "Ye							46		Х
Part		Section 501(c)(3) Orga						•			
		All section 501(c)(3) org	anizatio	ns must answer que	stions 47	- 49b and	52, and	complete th	ne tables	for lir	ies
		50 and 51.									
		Check if the organization	า used S	Schedule O to respor	nd to any	question i	n this Pa	<u>art VI</u>			$\cdot \square$
										Yes	No
47	Did t	the organization engage in lobby	ing activit	ies or have a section 501(	h) election in	effect during	g the tax				
	year'	? If "Yes," complete Schedule C	, Part II						47		х
48	Is the	e organization a school as desc	ribed in se	ection 170(b)(1)(A)(ii)? If "Y	es," comple	te Schedule	E		48		х
49a	Did t	the organization make any trans	fers to an	exempt non-charitable rela	ated organiza	ation?			49a		х
b	If "Ye	es," was the related organization	n a section	527 organization?					49b		
50		plete this table for the organizat		~							
		loyees) who each received more		-					-		
		,		·		eportable		alth benefits,			
	,	(a) Name and title of each employee		(b) Average hours per week	comp	ensation	contribution	ons to employee	(e) Estima		
	(	(a) Name and tile of each employee		devoted to position		2/1099-MISC/ 9-NEC)		ns, and deferred	other c	ompensa	tion
				'				'			
IONE											
f		I number of other employees pa									
51	Com	plete this table for the organizat	tion's five I	nighest compensated inde	pendent con	tractors who	each rece	ived more than	1		
	\$100	0,000 of compensation from the	organizati	on. If there is none, enter	"None."						
	(a) N	Name and business address of each inde	nendent cont	ractor	(b)	) Type of service	<u>.</u>	,,	c) Compensati	on	
	(α)	tame and business address of each mac	pondoni com		(5)	, Type of cervice		,	, compensua		
IONE											
d	Tota	al number of other independent of	contractors	s each receiving over \$100	),000						
52	Did t	the organization complete Scheo	dule A? No	ote: All section 501(c)(3) o	rganizations	must attach	а				
	comp	pleted Schedule A							. X Yes	<b>₃</b> □	No
Jnder pen	alties c	of perjury, I declare that I have exam	ined this re	turn, including accompanying	schedules and	l statements, a	nd to the b	est of my knowled	lge and belie	f, it is	
•		complete. Declaration of preparer						-	· ·	,	
,		Marcie McCauley		,	'		ĺ	<u>-</u>			
Sign	f	Signature of officer					l Da	te			_
Here		Marcie McCauley, F	reside	nt			24	.5			
	ŀ	Type or print name and title	_corue								_
		Print/Type preparer's name		Preparer's signature		Date		Check   if	PTIN		
Paid							00	Check if self-employed		205	
	<u>,                                    </u>	John Mullins		John Mullins		06-02-20			P01429	307	
Prepar	-	Firm's name Mullins,					Firm	's EIN			
Jse Or	ייע	Firm's address 7625 Wisc								_	
		Bethesda					Pho	ne no. 202-	770-637		
May the I	DC His	scuss this return with the prepar	rar chawn	above? See instructions					IVI Vo	• I I	Nο

#### SCHEDULE A (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.

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

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization Attach to Form 990 or Form 990-EZ.

ation. Open to Public
Inspection
Employer identification number

85-0794690 Boredom Busters Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the 4 hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**. X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 12 one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. а Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, С its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s) (i) Name of supported organization (iii) Type of organization (iv) Is the organization (v) Amount of monetary (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E)

85-0794690 Boredom Busters Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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.)

Cooti	on A. Public Support	y quality arta	01 1110 10010 110	otou polow, pi	odoo oompio	to r art iii.)	
		(-) 0040	(h) 2040	(=) 2020	(-I) 2024	(-) 2022	(f) Tatal
	dar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
•	include any "unusual grants.")			109,779	183,063	137,475	430,317
2	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
4	Total. Add lines 1 through 3			109,779	183,063	137,475	430,317
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						174,576
6	Public support. Subtract line 5 from line 4 .						255,741
	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4			109,779	183,063	137,475	430,317
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from						
_	similar sources						
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10		L			12	430,317
12	Gross receipts from related activities, etc.					12	\(\alpha\)
13	First 5 years. If the Form 990 is for the o						
Cooti	organization, check this box and stop he	re		<del></del>			<u>x</u>
	on C. Computation of Public Suppo			11 solumn (f))		44	0/
14 15	Public support percentage for 2022 (line 6 Public support percentage from 2021 Sch					14	<u>%</u>
16a	33 1/3% support test - 2022. If the organ						
IVa	box and <b>stop here</b> . The organization qua						
b	33 1/3% support test - 2021. If the organ						
D	this box and <b>stop here.</b> The organization						
17a	10%-facts-and-circumstances test - 20	-		-			_
	10% or more, and if the organization mee	•					
	Part VI how the organization meets the fa						
	organization			-	-		
b	10%-facts-and-circumstances test - 20						_
D	15 is 10% or more, and if the organization	-					
	in Part VI how the organization meets the					•	•
	organization						
18	<b>Private foundation.</b> If the organization di						
-	instructions						

 Schedule A (Form 990) 2022
 Boredom Busters
 85-0794690
 Page 3

#### 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.)

Secti	on A. Public Support			·	•	•	
Calen	dar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, 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 business under section 513						
4	Tax revenues levied for the						
	organization'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 .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, •						
	payments received on securities loans, rents,						
	royalties, and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	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.)						( ) (2)
14	First 5 years. If the Form 990 is for the or	-			•		
Casti	organization, check this box and stop her						· · · · · · <u> </u>
	on C. Computation of Public Suppo			40   (5)		1451	0/
15	Public support percentage for 2022 (line 8		,			15	<u>%</u>
16 Sooti	Public support percentage from 2021 Sch					16	%
	on D. Computation of Investment In			av lina 12 ani	ımn (f))	17	%
17	Investment income percentage for 2022 (		. ,	-		17	
18	Investment income percentage from 2021					18	% and line
19a	33 1/3% support tests - 2022. If the orga						
<b>L</b>	17 is not more than 33 1/3%, check this b	-					_
b	33 1/3% support tests - 2021. If the organization						
20	line 18 is not more than 33 1/3%, check this box	-	-			-	otions $\Box$
20	Private foundation. If the organization di	u not check a	DOX ON LINE 14,	, 19a, or 19b, (	THECK THIS DOX	and see instru	cuons 📙

Schedule A (Form 990) 2022 **Boredom Busters 85-0794690** Page **4** 

#### 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**

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			110
-	documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
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 <b>Part VI</b> how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If</i> "Yes," answer	_		
-	lines 3b and 3c below.	3a		
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 <b>Part VI</b> when and how the			
	organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	0.0		
·	purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
-	supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination	- 10		
_	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$			
	purposes.	4c		
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 <b>Part VI</b> , including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;			
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action			
	was accomplished (such as by amendment to the organizing document).	5a		
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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.	6		
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).	7		
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).	8		
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 <b>Part VI</b> .	9a		
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.	9b		
С	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.	9с		
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 10b below.	10a		
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.)	10b		

	e A (Form 990) 2022 Boredom Busters 85-0794690		F	Page <b>5</b>
Part I	V Supporting Organizations (continued)			
	_		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			
		11a		
	, · · · · · · · · · · · · · · · · · · ·	11b		
С	A 35% controlled entity of a person described on 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
Casti	F	11c		
Section	on B. Type I Supporting Organizations	—	V	N <sub>a</sub>
4	5.10 · · · · · · · · · · · · · · · · · · ·		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? If "No," describe in <b>Part VI</b> how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
•	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part</b>			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	2		
Saction	supervised, or controlled the supporting organization.  on C. Type II Supporting Organizations			
Occin	on or Type in Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	140
•	or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control</i>			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations	•		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
-	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No,"</i> explain in <b>Part VI</b> how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in 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	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	inst	ructi	ons)
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			
b	☐ The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction	1s).		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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.	2a		
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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would			
	have engaged in these activities but for the organization's involvement.	2b		

3a

3b

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.* 

Parent of Supported Organizations. Answer lines 3a and 3b below.

3

 Schedule A (Form 990) 2022
 Boredom Busters
 85-0794690
 Page 6

Part	31 3 3 4 7 7 11 3			
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g tru	st on Nov. 20, 1970 <i>(exp</i>	olain in <b>Part VI</b> ). <b>See</b>
	instructions. All other Type III non-functionally integrated supporting organ	nizat	ions must complete Sect	tions A through E.
Sect	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year
	Not about form again	1		(optional)
1	Net short-term capital gain	2		
<b>2</b> 3	Recoveries of prior-year distributions	3		
4	Other gross income (see instructions) Add lines 1 through 3.	4		
		5		
5	Depreciation and depletion  Portion of operating expenses paid or incurred for production or collection	Э		
6				
	of gross income or for management, conservation, or maintenance of	6		
	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		(D) O
Sect	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
	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 <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	on 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-functional	ally i	ntegrated Type III suppo	rting organization
	(see instructions).	,	3 71 11	5 5

EEA Schedule A (Form 990) 2022

	e A (Form 990) 2022 Boredom Busters				<b>4690</b> Page <b>7</b>
Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organ	izations (continu	ea)	
Secti	on D - Distributions				<b>Current Year</b>
1	Amounts paid to supported organizations to accomplish e	xempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer	mpt purposes of suppor	ted		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	3			
4	Amounts paid to acquire exempt-use assets	4			
5	Qualified set-aside amounts (prior IRS approval required)	- provide details in <b>Par</b> t	t <b>VI</b> )	5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	<b>Total annual distributions.</b> Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	n the organization is resp	oonsive		
	(provide details in Part VI). See instructions.			8	
9_	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributio	ns	Distributable
		LACESS DISTIBUTIONS	Pre-2022		Amount for 2022
1_	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3_	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
c	From 2019				
d	From 2020				
е	From 2021				
f	<b>Total</b> of lines 3a through 3e				
g	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
i_	Carryover from 2017 not applied (see instructions)				
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from				
	Section D, line 7: \$				
	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
<u>c</u>	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in <b>Part VI</b> . See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
u	Excess from 2021				

Excess from 2022

Schedule A (Form 990) 2022 Page 8 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part Part VI III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

## SCHEDULE O (Form 990)

#### Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

85-0794690

Department of the Treasury Internal Revenue Service

Name of the organization

Boredom Busters

Employer identification number

DOTCOOM DUDGETS	00 0731030					
01. List of grants and sin	01. List of grants and similar amounts paid (Part I, line 10)					
Activity	Boredom Busters Bags					
Grantee	Ronald McDonald House					
Street	635 W. Lexington Street					
City, State, Zip	Baltimore, MD 21201					
Relationship	None					
Amount	30,360					
Activity	Boredom Busters Bags					
Grantee	Fairfax Police Department					
Street	3730 Blenheim Blv					
City, State, Zip	Fairfax, VA 22030					
Relationship	None					
Amount	17,092					
Activity	Boredom Busters Bags					
Grantee	Inova Center for Personalized Healt					
Street	8081 Innovation Park Dr					
City, State, Zip	Fairfax, VA 22031					
Relationship	None					
Amount	19,415					
Activity	Boredom Busters Bags					
Grantee	Kennedy Krieger					
Street	9730 Patuxent Woods					

Schedule O (Form 990) 2022 Page **2** 

Schedule O (Form 990) 2022		Page <b>2</b>
Name of the organization		Employer identification number
Boredom Busters		85-0794690
City, State, Zip	Columbia, MD 21046	
Relationship	None	
Amount	13,800	
Activity	Boredom Busters Bags	
Grantee	She Believes in Me	
Street	761 Elden Street	
City, State, Zip	Herndon, VA 20170	
Relationship	None	
Amount	8,000	
Activity	Boredom Busters Bags	
Grantee	University of Virginia Medical	
Street	1215 Lee St	
City, State, Zip	Charlottesville, VA 22903	
Relationship	None	
Amount	6,470	
Activity	Boredom Busters Bags	
	All Others Less than \$5K	
	1667 K Street NW	
	Washington, DC 20036	
Relationship		
	26,679	

EEA Schedule O (Form 990) 2022

Boredom Busters		85-079 <b>4</b> 690
02. Description of other asset	cs (Part II, line 24)	
Category		End of Year
Inventory	50,360	26,565