Form	99	0-	ΕZ
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Short Form **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/Form990EZ for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

2023

Dep Inte	oartment o	bo not enter social security numbers on this form, as it may be made public bonot enter social security numbers on this form, as it may be made public got the social security numbers on this form, as it may be made public got to www.irs.gov/Form990EZ for instructions and the latest information.		Inspection
		2023 calendar year, or tax year beginning , 2023, and ending		, 20
			D Employer id	entification number
ň	Address		85-0794	
۲	Name ch		E Telephone nu	
	Initial ret		(703) 62	
Н		um/terminated	F Group Exe	
Н	Amende	on pending Chantilly, VA 20151	Number	mption
G			heck I if th	e organization is not
	Website		_	ch Schedule B
J	Tax-exen		orm 990).	
		organization: 🔟 Corporation 🗍 Trust		
		s 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total ass	ets	
		umn (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ		174,649
È	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the in	nstructions	for Part I)
		Check if the organization used Schedule O to respond to any question in this Part I		
	1	Contributions, gifts, grants, and similar amounts received		173,681
	2	Program service revenue including government fees and contracts		
	3	Membership dues and assessments		
	4	Investment income	4	968
	5a	Gross amount from sale of assets other than inventory		
	b	Less: cost or other basis and sales expenses		
	с	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events:		
	а	Gross income from gaming (attach Schedule G if greater than		
iue		\$15,000) • • • • • • • • • • • • • • • • • •		
Revenue	b	Gross income from fundraising events (not including \$ of contributions		
Re		from fundraising events reported on line 1) (attach Schedule G if the		
		sum of such gross income and contributions exceeds \$15,000) • • • • • • • • 6b		
	С	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		
		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	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	174,649
	10	Grants and similar amounts paid (list in Schedule O)		140,070
	11	Benefits paid to or for members		
es	12	Salaries, other compensation, and employee benefits		
ŝns	13	Professional fees and other payments to independent contractors		515
Expenses	14	Occupancy, rent, utilities, and maintenance		
ш		Printing, publications, postage, and shipping		3,218
	16	Other expenses (describe in Schedule O)		120
	17 18	Total expenses. Add lines 10 through 16 Excess or (deficit) for the year (subtract line 17 from line 9)		143,923
ts	10	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with		30,726
sse	13	end-of-year figure reported on prior year's return)	19	014 603
Net Assets	20	Other changes in net assets or fund balances (explain in Schedule O)		214,683
Ne	20	Net assets or fund balances at end of year. Combine lines 18 through 20		245,409
Foi		vork Reduction Act Notice, see the separate instructions.	- 1 - 1	Form 990-EZ (2023)

	990-EZ (2023) Boredom Busters			85-07	9469	00 Page 2
Par		,				_
	Check if the organization used Schedule O	to respond to any qu	estion in this Part I			x
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			188,118	22	210,027
23	Land and buildings			0	23	0
24	Other assets (describe in Schedule O)			26,565	24	35,382
25	Total assets			214,683	25	245,409
26	Total liabilities (describe in Schedule O)			0	26	0
27	Net assets or fund balances (line 27 of column (B) mu			214,683	27	245,409
Par	¥	•		•		Expenses
	Check if the organization used Schedule O				(Poo	uired for section
What	is the organization's primary exempt purpose? Boredor	n Buster bags t	o sick childre	n		c)(3) and 501(c)(4)
Descr	ibe the organization's program service accomplishments f	or each of its three larg	est program services,			nizations; optional for
	asured by expenses. In a clear and concise manner, desc		led, the number of		othe	rs.)
<u>.</u>	ns benefited, and other relevant information for each progr					
28	Provide gift bags of books, toys, gam					
	children enduring long hospital stays					
	provided to hospitals and Ronald McDo					
	(Grants \$ 134,270) If this amoun	nt includes foreign gran	ts, check here	•••••	28a	134,270
29						
	(Grants \$) If this amoun	nt includes foreign gran	ts, check here •••		29a	
30						
		nt includes foreign gran			30a	
31				_		
		nt includes foreign gran			31a	
32 Par	Total program service expenses (add lines 28a through t IV List of Officers, Directors, Trustees, and				32	
ı aı	Check if the organization used Schedule O					
	Check if the organization used Schedule O				· · ·	•••••
	(a) Name and title	(b) Average	(c) Reportable compensation	(d) Health benefits, contributions to employe	e (6	e) Estimated amount of
	(a) Name and title	hours per week devoted to position	(Forms W-2/1099-MISC/	benefit plans, and		other compensation
			1099-NEC) (if not paid, enter -0-)	deferred compensation		
			(,,,		+	
	ie McCauley ident	20.00	0	0		0
	McCauley	20.00	0	0		0
	etary - Treasurer	5.00	0	0		0
	ica McCauley	5.00	0	0	-	0
	ector	1.00	0	0		0
DILE		1.00	0	0		0
					+	
					+	
					+	
					+	
					+	
		1				

Part	90-EZ (2023) Boredom Busters 85-07946	590	F	Page
	Other Information (Note the Schedule A and personal benefit contract statement requirements in the			
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part \	/		. [
			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			
-				
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O. See instructions	34		X
5a	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		X
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		x
6	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		x
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a			
b	Did the organization file Form 1120-POL for this year?	37b		
		370		X
8a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b			
9	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
0a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911: ; section 4912: ; section 4955:			
h				
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		X
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			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
Ŭ	transaction? If "Yes," complete Form 8886-T	40e		x
		400	I	
¥1	List the states with which a copy of this return is filed:			
12a	The organization's books are in care of: The Organization Telephone no. 703–6		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	N
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	1	
		420		x
		420		X
	If "Yes," enter the name of the foreign country:	420		x
	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	420		x
	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).			x
С	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). At any time during the calendar year, did the organization maintain an office outside the United States?	420 42c		
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3	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). At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		Yes	- x
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3 4a	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). At any time during the calendar year, did the organization maintain an office outside the United States?		Yes	
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3 4a b	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). At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	42c	Yes	- - - - -
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3 4a b	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). At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year At any time organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization receive any payments for indoor tanning services during the year?. If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	42c	Yes	- - - -
3 4a b c	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). At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization receive any payments for indoor tanning services during the year?.	42c	Yes	- - - - -
-3 -4a b c d	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). At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization receive any payments for indoor tanning services during the year?. If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	42c 44a 44b 44c	Yes	- X
I3 I4a b c d	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). At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year bid the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization receive any payments for indoor tanning services during the year?. If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O Did the organization have a controlled entity within the meaning of section 512(b)(13)?	42c 44a 44b 44c 44d	Yes	- X
I3 I4a b c d I5a	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). At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization receive any payments for indoor tanning services during the year?. If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule 0 Did the organization have a controlled entity within the meaning of section 512(b)(13)? Did the organization receive any payment from or engage in any transaction with a controlled entity within the	42c 44a 44b 44c 44d	Yes	- X
43 44a b c d 45a	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). At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year bid the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization receive any payments for indoor tanning services during the year?. If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O Did the organization have a controlled entity within the meaning of section 512(b)(13)?	42c 44a 44b 44c 44d	Yes	x x x x x x x x x x x x x x x x x x x

Form 99	0-EZ (2	023) Boredom Busters					85-0	07946	590	F	Page 4
										Yes	No
46		e organization engage, directly or indirect				••					
Deut		didates for public office? If "Yes," comple						••	46		х
Part		Section 501(c)(3) Organization: All section 501(c)(3) organization		ctions 17	10b and F	2 and	complete th	o tob	loc fo	r lino	
		50 and 51.	s must answer que	5110115 47-	490 and C	oz, anu	complete th	e lau	165 10		5
		Check if the organization used So	chedule O to respor	nd to any	question i	n this F	Part VI				
					94656611			<u>···</u>	• • •	Yes	No
47	Did th	e organization engage in lobbying activitie	es or have a section 501(h) election ir	n effect durin	n the tax				165	NO
-11		If "Yes," complete Schedule C, Part II	`	,					47		x
48	•	organization a school as described in sec							48		x
49a		e organization make any transfers to an e							49a		x
b		s," was the related organization a section s	•	-					49b		
50		lete this table for the organization's five hi	-					d key			1
		yees) who each received more than \$100						-			
		· · · · ·			eportable		ealth benefits,				
	(a	Name and title of each employee	(b) Average hours per week		ensation 2/1099-MISC/		tions to employee ans, and deferred	1	Estimate other co		
			devoted to position		99-NEC)		ompensation			nponou	
NONE											
f		number of other employees paid over \$10					<u> </u>				
51		lete this table for the organization's five hi			itractors who	each ree	ceived more tha	n			
	\$100,	000 of compensation from the organizatio	n. If there is none, enter	"None."							
		(a) Name and business address of each independent	nt contractor	(b) Type of service	e		(c) Com	pensatio	n	
NONE											
NONE											
d	Total ı	number of other independent contractors	each receiving over \$100	,000 • • •							
52	Did th	e organization complete Schedule A? Not	e: All section 501(c)(3) o	rganizations	must attach	а					
	compl	eted Schedule A	<u></u>				<u></u>	. <u>x</u>	Yes	<u> </u>	lo
Under pe	enalties	of perjury, I declare that I have examined this re	eturn, including accompanyin	ig schedules a	and statements	, and to th	e best of my know	vledge a	and beli	ef, it is	
true, cor	rect, an	d complete. Declaration of preparer (other than	officer) is based on all inform	nation of whic	h preparer has	any knov	/ledge.				
~.		Marcie McCauley									
Sign		Signature of officer					Date				
Here		Marcie McCauley, Presiden	t								
		Type or print name and title	<u> </u>								
Date		Print/Type preparer's name F	Preparer's signature		Date		Check if	PTI	IN		
Paid		John Mullins	John Mullins		06-19-	2024	self-employed	P01	14293	307	
Prepa		Firm's name Mullins, PC				Fir	m's EIN				
Use C	niy	Firm's address 7625 Wisconsin A						_			
		Bethesda MD 2081					one no. 202-	-770-	-		
iviay the	i KS d	iscuss this return with the preparer shown	above? See instruction	s				. <u>X</u>	Yes	⊔Ւ	0

SCHE	DU	LE	Α
(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.

2023
Open to Public
Los a constantes de la

OMB No. 1545-0047

		of the Treasury		Attac	h to Form 990 or Form	990-EZ.			Open to Public
Interna	al Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.				Inspection				
Name	of the	organization						Employer identification	n number
Bore	dom	Busters						85-079469	0
Part	: I	Reason	for Public Cha	rity Status. (A	ll organizations mus	st compl	ete this p	part.) See instruct	ions.
The or	ganiz	ation is not a	private foundation b	ecause it is: (For li	nes 1 through 12, check	only one b	ox.)		
1	🗌 A	church, conv	ention of churches,	or association of ch	nurches described in sec	tion 170(b)(1)(A)(i).		
2	🗌 A	school descri	ibed in section 170 ((b)(1)(A)(ii). (Attach	n Schedule E (Form 990)	.)			
3	🗌 A	hospital or a	cooperative hospital	l service organizati	on described in section '	170(b)(1)(A	A)(iii).		
4	🗌 A	medical rese	arch organization op	perated in conjuncti	on with a hospital describ	oed in sect	ion 170(b)	(1)(A)(iii). Enter the	
	h	ospital's name	e, city, and state:						
5	🗌 A	n organization	n operated for the be	enefit of a college o	r university owned or ope	erated by a	a governme	ental unit described in	
	S	ection 170(b)	(1)(A)(iv). (Complet	e Part II.)					
6	□ A	federal, state	, or local governmer	nt or governmental	unit described in section	n 170(b)(1)	(A)(v).		
7	ХА	n organization	n that normally recei	ves a substantial p	art of its support from a g	governmen	tal unit or f	rom the general public	;
	de	escribed in se	ction 170(b)(1)(A)(vi). (Complete Part	II.)				
8	□ A	community tr	ust described in sec	tion 170(b)(1)(A)(v	/i). (Complete Part II.)				
9	A	n agricultural	research organizatio	on described in sec	tion 170(b)(1)(A)(ix) ope	erated in co	onjunction	with a land-grant colle	ge
	O	r university or	a non-land-grant co	ollege of agriculture	(see instructions). Enter	the name,	, city, and s	tate of the college or	
	_ u	niversity:							
10	re su a	eceipts from a upport from gr cquired by the	ctivities related to its ross investment inco organization after J	s exempt functions, ome and unrelated June 30, 1975. See	33 1/3% of its support fro subject to certain excep business taxable income section 509(a)(2). (Com	tions; and (less sect plete Part	(2) no mor ion 511 tax III.)	e than 33 1/3% of its) from businesses	SS
11	=	0	•		test for public safety. Se				
12		-	•	•	or the benefit of, to perfor			• • •	
					ed in section 509(a)(1) of				
_	th	7	•	•	pe of supporting organiz		•	-	
а	L				vised, or controlled by its		-	.,	ng
			•		rly appoint or elect a maj	ority of the	directors	or trustees of the	
	Г	- ·· ·	-	-	t IV, Sections A and B.				
b	L			•	controlled in connection w		-	.,	
			•		ation vested in the same	persons th	at control o	or manage the support	ed
	Г		n(s). You must con	-		nnaction	ith and fu	notionally intograted w	:+6
С	L				ganization operated in co				iui,
d	Г			,	ou must complete Part				n(c)
u			-		n generally must satisfy a				
				-	te Part IV, Sections A a				633
е	Г	-			en determination from the			I Type II Type III	
U		-	•		integrated supporting or		• •	i, iype ii, iype iii	
f	Ente	-	of supported organ	-					
g			ving information abo		ganization(s).				
		Name of supported	-	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))		rganization Ir governing nent?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
(A)									
(B)									
(C)									
(D)									
(E)									

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

Schedu Part	(Complete only if you checked the	ations Desc he box on line	e 5, 7, or 8 of	Part I or if th	e organizatio	n failed to qua)(vi)
0	Part III. If the organization fails t	o qualify und	er the tests lis	sted below, p	lease comple	ete Part III.)	
	ion A. Public Support	(-) 2010	(1-) 2020	(-) 2021	(4) 2022	(-) 2022	(f) Tatal
Caler	ndar year (or fiscal year beginning in) Gifts, grants, contributions, and	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	membership fees received. (Do not include any "unusual grants.")						
•	Tax revenues levied for the		109,779	183,063	137,475	173,681	603,998
2	organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities						
3	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3		100 770	102.002	107 475	170 001	<u> </u>
5	The portion of total contributions by		109,779	183,063	137,475	173,681	603,998
5	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)						254 254
6	Public support. Subtract line 5 from line 4						254,354
	ion B. Total Support						349,644
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	(0) = 0.00	109,779	183,063	137,475	173,681	603,998
8	Gross income from interest, dividends,		105,775	103,003	137,473	1/3/001	
-	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources					968	968
9	Net income from unrelated business					500	
	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						604,966
12	Gross receipts from related activities, etc	. (see instructi	ons)			12	,
13	First 5 years. If the Form 990 is for the o					a section 501(c)(3)
	organization, check this box and stop he	re				· · · · · · · · · `	· · · · · · x
Sect	ion C. Computation of Public Suppo						
14	Public support percentage for 2023 (line	6, column (f), o	divided by line	11, column (f))		14	%
15	Public support percentage from 2022 Sch					15	%
16a	33 1/3% support test - 2023. If the organ						
	box and stop here. The organization qua	•		•			
b	33 1/3% support test - 2022. If the organ						
	this box and stop here. 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	•					
	15 is 10% or more, and if the organization					•	
	in Part VI how the organization meets the	e facts-and-ciro	cumstances tes	st. The organiz	ation qualifies	as a publicly su	upported
	organization						
18							

	(Form 990) 2023
Part III	Support

 Boredom Busters

 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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	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						
<u> </u>	line 6.)						
	on B. Total Support		ı	1	· · · · · ·		
	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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						
C	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether						
40	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
40	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	and 12.) First 5 years. If the Form 990 is for the or	appization's fi	 rst_cocond_thi	rd fourth or f	ifth tax year as	a coction 50	1(0)(3)
14	organization, check this box and stop her	•			•		
Secti	on C. Computation of Public Suppo						· · · · · · · · ·
15	Public support percentage for 2023 (line 8			13 column (f))	15	%
16	Public support percentage for 2023 (inte c	.,	-		, 	16	%
	on D. Computation of Investment In			<u></u>			//0
17	Investment income percentage for 2023 (ov line 13 colu	umn (f))	17	%
18	Investment income percentage from 2023 (.,	•		18	%
19a	33 1/3% support tests - 2023. If the orga					-	
	17 is not more than 33 1/3%, check this b						_
b	33 1/3% support tests - 2022. If the organization	-					
~	line 18 is not more than 33 1/3%, check this box						_
20	Private foundation. If the organization di		-			-	
				, 100, (·····

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 No Yes 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. 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 Part VI how the organization determined that the supported 2 organization was described in section 509(a)(1) or (2). Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer 3a 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 Part VI when and how the 3b organization made the determination. С 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. 3c Was any supported organization not organized in the United States ("foreign supported organization")? If 4a "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 Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. 4b Did the organization support any foreign supported organization that does not have an IRS determination С 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) 4c purposes. Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes." 5a 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). 5a Type I or Type II only. Was any added or substituted supported organization part of a class already b designated in the organization's organizing document? 5b Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c С 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 8 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. 9a b Did one or more disgualified 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 Did a disgualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit С from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI. 9c Was the organization subject to the excess business holdings rules of section 4943 because of section 10a 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated 10a supporting organizations)? If "Yes," answer line 10b below. Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to b determine whether the organization had excess business holdings.) 10b

		-0794690	l	Page 5
Part	IV Supporting Organizations (continued)			· • •
11	Has the organization accorted a gift or contribution from any of the following persons?		Yes	No
a	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described on lines	11b and		
u	11c below, the governing body of a supported organization?	11	a	
b	A family member of a person described on line 11a above?	11	_	<u> </u>
c	A 35% controlled entity of a person described on 11a or 11b above? If "Yes" to line 11a, 11b, or 11c		-	
	provide detail in Part VI .	110	c	
Secti	on 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 o	one or		
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's o	fficers,		
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one sup	-		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated amon supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	<i>ig ine</i>		
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	n in Part		
	VI how providing such benefit carried out the purposes of the supported organization(s) that operate			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the d			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how			
	or management of the supporting organization was vested in the same persons that controlled or mathe supported organization(s).	anaged		
Secti	on D. All Type III Supporting Organizations			
<u></u>			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 su			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in I			
2	how the organization maintained a close and continuous working relationship with the supported org			
3	By reason of the relationship described in line 2, above, did the organization's supported organization a significant voice in the organization's investment policies and in directing the use of the organization			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization			
	supported organizations played in this regard.	3		
Secti	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 t	the year (see in	struct	ions).
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>			
c	The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity</i>	(see instructions).		NI -
2	Activities Test. Answer lines 2a and 2b below. Did substantially all of the organization's activities during the tax year directly further the exempt pur	nosos of	Yes	No
а	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI ide			
	those supported organizations and explain how these activities directly furthered their exempt pu	-		
	how the organization was responsive to those supported organizations, and how the organization de			
	that these activities constituted substantially all of its activities.	2a	1	
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			
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s)			
-	have engaged in these activities but for the organization's involvement.	26		
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, trustees of each of the supported organizations? If "Ves" or "No." provide details in Port VI			
b	trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>	3a		
U	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If</i> "Yes," <i>describe in</i> Part VI <i>the role played by the organization in this regard.</i>	3b		
EEA		Schedule A) 2023 (

Part				.
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 Part VI). See
	instructions. All other Type III non-functionally integrated supporting organ	nizati	ons must complete Sec	tions A through E.
Section 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		
Secti	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):			
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		
Secti	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-functiona	ally i	ntegrated Type III suppo	orting organization
	(see instructions).	-		

Schedule A (Form 990) 2023

Boredom Busters

Schedule A (Form 990) 2023

85-0794690

Page 6

Schedul	e A (Form 990) 2023 Boredom Busters V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ		94690 Page 7
	on D - Distributions	b) Supporting Organ		Current Year
1	Amounts paid to supported organizations to accomplish e	xempt purposes		
2	Amounts paid to supported organizations to accomplish e			
-	organizations, in excess of income from activity			2
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organ		3
4	Amounts paid to acquire exempt-use assets			1
5	Qualified set-aside amounts (prior IRS approval required)	- provide details in Par		5
6	Other distributions (<i>describe in Part VI</i>). See instructions.			5 5
7	Total annual distributions. Add lines 1 through 6.			7
8	Distributions to attentive supported organizations to which	the organization is res		
Ŭ	(provide details in Part VI). See instructions.			3
9	Distributable amount for 2023 from Section C, line 6			
10	Line 8 amount divided by line 9 amount		1	·
	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii)
1	Distributable amount for 2023 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2023			
	(reasonable 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			
е	From 2022			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2023 distributable amount			
i	Carryover from 2018 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2023 from			
	Section D, line 7: \$			
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, <i>explain in Part VI</i> . See instructions.			
6	Remaining underdistributions for 2023. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2024. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2019			
b	Excess from 2020			
С	Excess from 2021			
d	Excess from 2022			
е	Excess from 2023			
EEA				Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

line 17e er 1

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

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

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.

2023 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Boredom Busters

Employer identification number 85-0794690

01. List of grants and similar amounts paid (Part I, line 10)			
Activity	Boredom Busters Bags		
Grantee	RMCH Charlottesville		
Ctreat	200 Nisth Street SW		
Street	300 Ninth Street SW		
<u>City, State, Zip</u>	Charlottesville, VA 22903		
Relationship	None		
Amount	13,730		
Activity	Boredom Busters Bags		
Grantee	Fairfax Police Department		
Street	3730 Blenheim Blv		
<u>City, State, Zip</u>	Fairfax, VA 22030		
Relationship	None		
Amount	21 490		
Amount	21,480		
Activity	Boredom Busters Bags		
Grantee	Pediatrics Specialists of Virginia		
Street	3023 Hamaker Ct		
<u>City, State, Zip</u>	Fairfax, VA 22031		
city, State, Zip	Falliax, VA 22031		
Relationship	None		
Amount	11,250		
Activity	Boredom Busters Bags		
Crantoo	Life With Concer		
Grantee	Life With Cancer		
Street	8411 Pennell St		

Schedule O (Form 990) 2023 Name of the organization		Page 2
Boredom Busters		85-0794690
<u>City, State, Zip</u>	Fairfax, VA 22031	
Relationship	None	
Amount	5,025	
Activity	Boredom Busters Bags	
Grantee	RMCH Fairfax	
Street	3312 Gallows Road	
<u>City, State, Zip</u>	Falls Church, VA 22042	
Relationship	None	
Amount	22,157	
Activity	Boredom Busters Bags	
Grantee	RMCH Washington	
Street	3727 14th Street NE	
City, State, Zip	Washington, DC 20017	
Relationship	None	
Amount	8,400	
Activity	Boredom Busters Bags	
Grantee	All Others Less than \$5k	
Street	1667 K Street NW	
<u>City, State, Zip</u>	Washington, DC 20036	
Relationship	None	
Amount	58,028	

Schedule O (Form 990) 2023		Page 2
Name of the organization		Employer identification number
Boredom Busters		85-0794690
02. Description of other expense	s (Part I, line 16)	
Description	Amount	
Technology	120	
03. Description of other assets	(Part II, line 24)	
Category	Beginning of Year	End of Year
Inventory	26,565	35,382