## **Return of Organization Exempt From Income Tax**

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

OMB No. 1545-0047 2018

Department of the Treasury Internal Revenue Service

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

	10
Open to	Public
Inspe	ction

A F	or the	e 2018 calendar year, or tax year beginning	07/01,2018	, and en	ding		06,	/30, <b>20</b> 19				
		C Name of organization UNITED STATES FIGURE				D Employer ide	ntificat	ion number				
В	heck if ap	SKATING ASSOCIATION				84-076	8715					
	Addre					1						
$\vdash$	7	change Number and street (or P.O. box if mail is not delivered to street a	address)	Room/su	ıite	E Telephone number						
$\vdash$	1	return 20 FIRST STREET	(719) 63	5-52	200							
$\vdash$	40	return/ City or town, state or province, country, and ZIP or foreign posts	(113) 03	0 02								
-	termin	nated	a. 5545			G Gross receipts	. e	28,211,387.				
$\vdash$	return		rЦ	_								
_	pendi	20 FIRST STREET, COLORADO SPRINGS				H(a) Is this a ground subordinates						
_	-		1			H(b) Are all subord						
		empt status: X   501(c)(3)   501(c)( ) ◀ (insert no.)	4947(a)(1)	or	527	4		st. (see instructions)				
		te: ▶ WWW.USFSA.ORG				H(c) Group exem						
		of organization: X Corporation Trust Association Ott	her 🕨	LY	ear of forma	tion: 1921 M	State c	of legal domicile: CO				
Pa	art I	Summary										
	1	Briefly describe the organization's mission or most significant ac	tivities: NATIO	NAL GO	OVERNI	IG BODY FO	R TH	IE SPORT				
ce		OF FIGURE SKATING.										
nar												
Governance	2	Check this box ▶ ☐ if the organization discontinued its ope	rations or dispos	ed of mor	e than 25%	6 of its net asset	S.					
	3	Number of voting members of the governing body (Part VI, line 1	a)				3	15.				
රේ		Number of independent voting members of the governing body					4	15.				
tie		Total number of individuals employed in calendar year 2018 (Pa					5	62.				
Activities &		Total number of volunteers (estimate if necessary)					6	2,000.				
A		Total unrelated business revenue from Part VIII, column (C), line					7a	63,484.				
		Net unrelated business taxable income from Form 990-T, line 38					7b	-162,279.				
		·				Prior Year		Current Year				
	8	Contributions and grants (Part VIII, line 1h)				5,399,74	5.	5,026,554.				
Revenue		Program service revenue (Part VIII, line 2g)				16,883,23		16,485,461.				
e ve		Investment income (Part VIII, column (A), lines 3, 4, and 7d).				260,49		141,141.				
N.		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and				434,09		694,272.				
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, colu				22,977,56		22,347,428.				
-		Grants and similar amounts paid (Part IX, column (A), lines 1-3)				22/3///00	0.	0.				
	14	Benefits paid to or for members (Part IX, column (A), line 4)					0.	0.				
	15	Salaries, other compensation, employee benefits (Part IX, column				1,745,92		1,842,536.				
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)			• • • • • • • • • • • • • • • • • • • •	17,13,32	0.	0.				
ben				8 8 800	1802		0.	0.				
Ex		Total fundraising expenses (Part IX, column (D), line 25) ▶			-	21,294,84	5	19,957,144.				
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)				23,040,77		21,799,680.				
		Total expenses. Add lines 13-17 (must equal Part IX, column (A)				-63,20		547,748.				
_ v	19	Revenue less expenses. Subtract line 18 from line 12					-					
Net Assets or Fund Balances					Begii	nning of Current		End of Year				
sse	20	Total assets (Part X, line 16)				13,024,10		12,375,739.				
at A	21	Total liabilities (Part X, line 26)			• • -	6,200,72		5,006,461.				
$\overline{}$	U - Y	Net assets or fund balances. Subtract line 21 from line 20.				6,823,37	6.	7,369,278.				
Pa	rt II	Signature Block										
Und	der pen	nalties of perjury, I declare that I have examined this return, including act, and complete. Declaration of preparer (other than officer) is based on a	companying sched	ules and s	statements, er has anv k	and to the best of	f my ki	nowledge and belief, it is				
	,	10000		ion propa	o			9				
c:~	-					02/1	9/20	020				
Sig He		Signature of officer				Date						
ne	i e	DAVID C. RAITH	EXECUT	IVE D	IRECTO	3						
		Type or print name and title										
De:		Print/Type preparer's name Areparer's signature	2 m.	Date		Check	if P	TIN				
Paid		DOREEN B MERZ	DIM	102	/19/202		1	P00841439				
	Only	Firm's name ▶STOCKMAN KAST RYAN & CO, LLP		0		Firm's EIN > 8	4-15	509584				
	•	Firm's address ▶102 N. CASCADE AVENUE, SUITE 400 COLORADO				Phone no. 7	19-6	630-1186				
Ma	y the	IRS discuss this return with the preparer shown above? (	see instructions	)				X Yes No				
For	Paner	rwork Reduction Act Notice, see the separate instructions.						Form <b>990</b> (2018)				

Form 990 (2018) Page 2

Part	
	Check if Schedule O contains a response or note to any line in this Part III
	fly describe the organization's mission:
_	THE NATIONAL GOVERNING BODY, THE MISSION OF THE UNITED STATES
_	SURE SKATING ASSOCIATION IS TO PROVIDE PROGRAMS TO ENCOURAGE
_	TICIPATION AND ACHIEVEMENT IN THE SPORT OF FIGURE SKATING ON ICE,
	ONTINUED ON SCHEDULE O)
	the organization undertake any significant program services during the year which were not listed on the r Form 990 or 990-EZ?
lf	es," describe these new services on Schedule O.
	the organization cease conducting, or make significant changes in how it conducts, any program rices?
	es," describe these changes on Schedule O.
ex	ecribe the organization's program service accomplishments for each of its three largest program services, as measured enses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe total expenses, and revenue, if any, for each program service reported.
4a (C	de:) (Expenses \$6,738,720. including grants of \$) (Revenue \$4,055,050) TING EVENTS
_	
_	
_	
_	
4b (C	de:) (Expenses \$2,586,705. including grants of \$) (Revenue \$7,914,092. ] BERSHIP ACTIVITIES AND SERVICE
_	
_	
_	
4c (C	de:) (Expenses \$7,453,628. including grants of \$) (Revenue \$4,341,696. ) VELOPMENT AND SUPPORT OF ATHLETES
_	
_	
_	
_	
44.0	ATTTACUMENT 1
(E	er program services (Describe in Schedule O.) ATTACHMENT 1  penses \$ 1,416,679. including grants of \$ ) (Revenue \$ 111,139. )  al program service expenses \$ 18,195,732.

Form 990 (2018)

Part IV Page 3

Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III .	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
В	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8	Х	
)	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
	Did the organization, directly or through a related organization, hold assets in temporarily restricted	بّ ا		
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10		
	VII, VIII, IX, or X as applicable.			
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
а		11a	X	
_	complete Schedule D, Part VI	па	- 21	
,		116	Х	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
5	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			Х
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets		77	
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	37
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		3.5	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
а	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
}	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
а	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10		21
9		40		Х
	If "Yes," complete Schedule G, Part III	19		
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
1	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			7.7
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
A		Form	990	
21 1.000	5792CS P091 2/19/2020 4:06:28 PM V 18-7.6F ASSOCIATION			AGE

Form 990 (2018) Page **4** 

Part	V Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated		~	
04.	employees? If "Yes," complete Schedule J	23	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			Х
h	through 24d and complete Schedule K. If "No," go to line 25a	24a 24b		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
C	to defease any tax-exempt bonds?	24c		
ч	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	244		
<b>2</b> 5 a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	200		
~	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	37	X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			Х
24	conservation contributions? If "Yes," complete Schedule M	30		X
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	31		- 1
32	complete Schedule N. Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
55	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
-	or IV, and Part V, line 1	34	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		3,	
	19? Note. All Form 990 filers are required to complete Schedule O.	38	Х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V		Yes	. L
4 -	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		res	No
	Enter the number of Fermi V. 20 molecular line for Enter of infloct applicable [ ] [ ] [ ] [ ]			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	10		
	reportable gaming (gambling) winnings to prize winners?	1c		<u> </u>

Form 990 (2018) Page 5

Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 62			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization			
	solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
_	and services provided to the payor?	7a	Х	
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
·	required to file Form 8282?	7c		X
Ч	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
-	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
-	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
~	the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> · · · · ·	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
. •	excess parachute payment(s) during the year?	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			

Form 990 (2018) UNITED STATES FIGURE 84-0768715 Page **6** 

Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Sect	ion A. Governing Body and Management				21
Occi	ion A. Ooverning body and management			Yes	No
10	Enter the number of voting members of the governing body at the end of the tax year <u>1a</u>	15			
Ia	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar				
	committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent 1b	15			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	p with			
	any other officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under the	direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person	1?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		Х
6	Did the organization have members or stockholders?		6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint			
	one or more members of the governing body?		7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) me	mbers,			
	stockholders, or persons other than the governing body?		7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken	during			
	the year by the following:		_	37	
а	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read				v
Cooti	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9	١	X
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Re	<u>venue</u>	Coae	<i>.)</i> Yes	No
		Γ	10-	103	X
	Did the organization have local chapters, branches, or affiliates?		10a		
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch		10b		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		11a	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the filing t	orm? .	па		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		12a	Х	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		124		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that cou	-	12b	Х	
	rise to conflicts?				
С	describe in Schedule O how this was done		12c	Х	
13	Did the organization have a written whistleblower policy?		13	Х	
14	Did the organization have a written document retention and destruction policy?		14	Х	
15	Did the process for determining compensation of the following persons include a review and approximately and approximately and approximately approximately and approximately approximately and approximately approxi				
15	independent persons, comparability data, and contemporaneous substantiation of the deliberation and de				
а	The organization's CEO, Executive Director, or top management official		15a	Х	
b	Other officers or key employees of the organization		15b	Х	
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a		ement			
	with a taxable entity during the year?		16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safegua	ard the			
	organization's exempt status with respect to such arrangements?		16b		
Secti	ion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ▶ <sup>CO</sup> ,				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, ar	nd 990-T	(Sec	tion 5	01(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.				
	X Own website Another's website X Upon request Other (explain in Schedule O	•			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, confl	ict of inte	erest	policy	, and
	financial statements available to the public during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organization's books an MARIO R REDE 20 FIRST STREET COLORADO SPRINGS, CO 80906 719-635-5200	d records	s 🕨		

Form **990** (2018)

Form 990 (2018) UNITED STATES FIGURE 84-0768715 Page 7

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

<b>(A)</b> Name and Title	(B) Average hours per week (list any hours for related organizations below dotted	box, office or dir	not ch unles	s pe	ition more	e than of the sorth trust Highest compensated employee	an	(D)  Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related
	line)	rustee	ıl trustee		/ee	mpensated				organizations
(1)CAMMETT, ANNE	1.00									
PRESIDENT	2.00	Х		Х				0.	0.	0.
(2)ARNESON CUTLER, KRISTIN	1.00									
MIDWESTERN VICE PRESIDENT	0.	Х		Х				0.	0.	0.
(3)ENGEL, JANIS	1.00									
PACIFIC COAST VICE PRESIDENT	0.	Х		Х				0.	0.	0.
(4)NEMIER, HEATHER	1.00									
EASTERN VICE PRESIDENT	0.	Х		Χ				0.	0.	0.
(5)GOLDSTEIN, TROY	1.00									
TREASURER	0.	Х		Х				0.	0.	0.
(6)BONNIE, GRETCHEN	1.00									
SECRETARY	0.	Х		Х				0.	0.	0.
(7)GOLDMAN, LYNN	1.00									
GROUP COORDINATOR - ATHLETE SE	0.	Х						0.	0.	0.
(8)PEREZ, RICHARD	1.00									
GROUP COORDINATOR - TECHNICAL	0.	Х						0.	0.	0.
(9)TERRY PERREAULT, KAREN	1.00									
GROUP COORDINATOR - ADMIN/LEGA	0.	Х						0.	0.	0.
(10)WOLF, ALAN	1.00									
GROUP COORDINATOR - MEMBERSHIP	0.	Х						0.	0.	0.
(11)LADWIG, MARK	1.00									
ATHLETE MEMBER	0.	Х						0.	0.	0.
(12)LONGO, JENNA	1.00									
ATHLETE MEMBER	2.00	Х						0.	0.	0.
(13)RAZZANO, DOUGLAS	1.00									
ATHLETE MEMBER	0.	Х						0.	0.	0.
(14)BINDER, CHRISTINE FOWLER	1.00									
COACHING MEMBER	0.	X						0.	0.	0.

Form **990** (2018)

JSA.

Form 990 (2018) Page **8** 

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
(A) Name and title	(B) Average hours per week (list any hours for	box,	unles er and	Pos heck ss pe d a d	rson	e than o	an ee)	(D)  Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
15) MARTIN, BOBBY	1.00									
COACHING MEMBER	0.	X						0.	0.	0.
16) AUXIER, SAMUEL	1.00									
PAST PRESIDENT	2.00	X						0.	0.	0.
17) MCMANUS, COLIN	1.00									
ATHLETE MEMBER - NON VOTING	0.	X						0.	0.	0.
18) LONG, LOIS	1.00									
MEMBER, ISU SYNCHRONIZED SKATI	0.	X						0.	0.	0.
19) RETTSTATT, SHAWN	1.00									
MEMBER, ISU ICE DANCE TECHNICA	0.	X						0.	0.	0.
20) ST. PETER, PATRICIA	1.00									0
MEMBER, ISU COUNCIL	0.	X						0.	0.	0.
21) HOREN, ROBERT ISU REPRESENTATIVE	1.00	Х						0.	0.	0.
22) MORRIS-ADAIR, KELLEY	1.00									
PSA REPRESENTATIVE	0.	Х						0.	0.	0.
23) SANTEE, DAVID	0.									
ISI REPRESENTATIVE	0.	Х						0.	0.	0.
24) THEILER, JEFF STAR REPRESENTATIVE	1.00	Х						0.	0.	0.
25) RAITH, DAVID	40.00									
EX-OFFICIO	1.00	Х		Х				366,769.	0.	36,437.
1b Sub-total	I.						_	0.	0.	0.
c Total from continuation sheets to Part VII, S	ection A		• •	• •	• •		•	1,021,194.	0.	121,250.
d Total (add lines 1b and 1c)	-						•	1,021,194.	0.	121,250.
2 Total number of individuals (including but not							o re	eceived more than	\$100,000 of	
reportable compensation from the organization			5			,			· ,	
3 Did the organization list any former office employee on line 1a? If "Yes," complete Schedu										Yes No
4 For any individual listed on line 1a, is the organization and related organizations graindividual.	sum of rep eater than	ortab \$15	ole o 50,0	com 00?	per	sation	n ai	nd other compens	sation from the	4 X
5 Did any person listed on line 1a receive or										

#### **Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

for services rendered to the organization? If "Yes," complete Schedule J for such person

(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 3

Form **990** (2018)

Χ

Part VII Section A. Officers, Directors, Tru	ıstees, Ke	y Em	plo			and I	lig	1	ed Employees	
(A) Name and title	(B) Average hours per week (list any hours for	(C) Position (do not check more than box, unless person is bot officer and a director/tru					an	from	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC	
26) REDE, MARIO CHIEF FINANCIAL OFFICER	40.00	Х		Х				173,561.	0	. 16,355
27) BAKER, RAMSEY CHIEF MARKETING OFFICER	40.00			Х				204,092.	0	. 31,813
28) MOYER, MITCHELL SENIOR DIRECTOR OF ATHLETE HIG	40.00					Х		134,630.	0	. 25,228
29) JOHN ANDERSON STAFF LEGAL COUNSEL	40.00					Х		142,142.	0	. 11,417
1b Sub-total										
c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	ection A						<b>&gt;</b>			
Total number of individuals (including but not reportable compensation from the organization)	limited to t	hose					o re	eceived more than	\$100,000 of	1
3 Did the organization list any former office employee on line 1a? If "Yes," complete Schedu										Yes No
For any individual listed on line 1a, is the sorganization and related organizations graindividual	sum of repeater than	ortab \$15	ole c 50,0	com 00?	per	sation	n a	nd other compens	sation from the	4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Yo	accrue co	mpen	sati	on f	fron	n any	un	related organization		5 X
Section B. Independent Contractors										
<ol> <li>Complete this table for your five highest com compensation from the organization. Report of year.</li> </ol>										
(A) Name and business add	Iroce							(B) Description of se	ervices	(C) Compensation

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶

Form 990 (2018) UNITED STATES FIGURE 84-0768715 Page **9** 

### Part VIII Statement of Revenue

		Check if Schedule O contains a respor	nse or note to an	ny line in this Part VI	II		
		,		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts nts	1a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b					
ts,	С	Fundraising events 1c					
ia g	d	Related organizations 1d	3,197,942.				
ons, Sim	е	Government grants (contributions) 1e					
e të	f	All other contributions, gifts, grants,					
흕		and similar amounts not included above . 1f	1,828,612.				
in Sign	g	Noncash contributions included in lines 1a-1f: \$	193,711.				
	h	Total. Add lines 1a-1f		5,026,554.			
Program Service Revenue			Business Code				
Seve	2a	DUES/ADMISSIONS/FEES	711210	7,914,092.	7,914,092.		
Se F	b	SKATING EVENTS & SPONSORSHIPS	711210	4,055,050.	4,055,050.		
Ž	С	BROADCASTING & LICENSING	711210	4,341,696.	4,341,696.		
Š	d	PUBLICATIONS	711210	174,623.	111,139.	63,484.	
ran	е						
o 0	f	All other program service revenue		16 405 461			
	g	Total. Add lines 2a-2f		16,485,461.			
	3	Investment income (including dividen		65,795.			65,795
		and other similar amounts)		03,793.			03,793
	4 5	Income from investment of tax-exempt bond Royalties		0.			
		(i) Real	(ii) Personal	0.			
		· · · · · · · · · · · · · · · · · · ·	. ,				
	6a	Gross rents					
	b	Less: rental expenses					
	c d	Rental income or (loss)		0.			
	7a	Gross amount from sales of (i) Securities	(ii) Other	0.			
	'a	assets other than inventory 5,932,938.	. ,				
	١.	,					
	b	Less: cost or other basis					
	_	and sales expenses					
	c d	Gain or (loss)		75,346.			75,346
		• , ,		,			,
nue	8a	Gross income from fundraising					
e e		events (not including \$ of contributions reported on line 1c).					
Š		See Part IV, line 18 a	0.				
Other Revenue	b						
0	C	Net income or (loss) from fundraising events	`	0.			
	9a	Gross income from gaming activities.					
	Ja	See Part IV, line 19	0.				
	b	Less: direct expenses b	0.				
	c	Net income or (loss) from gaming activities		0.			
	10a	Gross sales of inventory, less					
		returns and allowances a	443,109.				
	b	Less: cost of goods sold b	6,367.				
	С	Net income or (loss) from sales of inventory.	▶	436,742.			436,742
		Miscellaneous Revenue	Business Code				
	11a	MISC REVENUE	711210	257,530.			257,530
	b						
	С						
	d	All other revenue					
	е	Total. Add lines 11a-11d		257,530.			
	12	Total revenue. See instructions.	▶	22,347,428.	16,421,977.	63,484.	835,413

Form **990** (2018)

84-0768715 Page **10** 

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a response or note to any line in this Part IX							
Do	not include amounts reported on lines 6b, 7b,				(D)			
	9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	Fundraising expenses			
			expenses	general expenses	expenses			
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0.						
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0.						
3	Grants and other assistance to foreign							
	organizations, foreign governments, and foreign							
	individuals. See Part IV, lines 15 and 16	0.						
4	Benefits paid to or for members	0.						
5	Compensation of current officers, directors, trustees, and key employees	599,986.		504,148.	95,837.			
6	Compensation not included above, to disqualified							
	persons (as defined under section 4958(f)(1)) and							
_	persons described in section 4958(c)(3)(B)	1,076,333.		403,714.	672,619.			
	Other salaries and wages	1,070,333.		403,714.	0/2,019.			
8	Pension plan accruals and contributions (include	5,352.		5,352.				
	section 401(k) and 403(b) employer contributions)	101,502.		101,502.				
9	Other employee benefits	59,363.		59,363.				
10	Payroll taxes	33,3331		32,3331				
11	Fees for services (non-employees):  Management	0.						
	Legal	50,141.		50,141.				
	Accounting	59,366.		59,366.				
	Lobbying	0.						
	Professional fundraising services. See Part IV, line 17	0.						
	Investment management fees	51,981.		51,981.				
g	Other. (If line 11g amount exceeds 10% of line 25, column							
	(A) amount, list line 11g expenses on Schedule O.)	466,983.	37,041.	429,658.	284.			
12	Advertising and promotion	181,668.	124,093.	248.	57,327.			
13	Office expenses	36,379.	6,864.	28,254.	1,261.			
14	Information technology	132,335.	109,828.	12,229.	10,278.			
15	Royalties	127,689.	41,560.	80,016.	6,114.			
16	Occupancy	2,425,304.	2,406,651.	17,538.	1,115.			
17	Travel	2,423,304.	2,400,031.	17,550.				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0.						
19	Conferences, conventions, and meetings	156,749.	156,749.					
20	Interest	0.						
21	Payments to affiliates	0.						
22	Depreciation, depletion, and amortization	538,669.		538,669.				
23	Insurance	383,411.	294,732.	88,679.				
24	Other expenses. Itemize expenses not covered							
	above (List miscellaneous expenses in line 24e. If							
	line 24e amount exceeds 10% of line 25, column							
	(A) amount, list line 24e expenses on Schedule O.)							
_	SKATING EVENTS	5,917,371.	5,917,371.					
-	ATHLETE PROGRAM	4,618,663.	4,618,663.					
-	MEMBERSHIP ACTIVITIES/SERVIC	2,246,963.	2,246,963.					
_	PUBLICATIONS	427,358.	427,358. 1,807,859.	126,403.	201,852.			
	All other expenses	2,136,114.	18,195,732.	2,557,261.	1,046,687.			
	Total functional expenses. Add lines 1 through 24e  Joint costs. Complete this line only if the	21,199,000.	10,190,134.	2,331,201.	1,040,007.			
-0	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here							
	following SOP 98-2 (ASC 958-720)	0.						

Page **11** Form 990 (2018)

### Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X  (A)  Beginning of year  1 Cash - non-interest-bearing 2,332,173 1 2 Savings and temporary cash investments 0. 2 3 Pledges and grants receivable, net 0. 3	(B) End of year 1,210,124.
2 Savings and temporary cash investments 0. 2	0.
2 Savings and temporary cash investments	<u> </u>
	0.
o i lougos ana granto recolvable, net	• •
4 Accounts receivable, net 619,936. 4	1,589,041.
5 Loans and other receivables from current and former officers, directors,	
trustees, key employees, and highest compensated employees.	
	0.
Complete Part II of Schedule L  6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary	
organizations (see instructions). Complete Part II of Schedule I	0.
7 Notes and loans receivable, net 0. 7 8 Inventories for sale or use 197,658. 8	0.
8 Inventories for sale or use 197,658. 8	234,732.
9 Prepaid expenses and deferred charges	597,954.
10a Land, buildings, and equipment: cost or	
other basis. Complete Part VI of Schedule D 10a 9,399,766.	
<b>b</b> Less: accumulated depreciation	<b>c</b> 4,615,970.
11 Investments - publicly traded securities 677,432. 11	714,695.
12 Investments - other securities. See Part IV, line 11 3,585,519. 12	1,754,251.
13 Investments - program-related. See Part IV, line 11	0.
14 Intangible assets 0 · 14	0.
15 Other assets. See Part IV, line 11 1,792,444. 15	1,658,972.
<b>16</b> Total assets. Add lines 1 through 15 (must equal line 34)	12,375,739.
17 Accounts payable and accrued expenses 3,990,123. 17	3,014,834.
18 Grants payable	
<b>19</b> Deferred revenue 2,210,606. <b>19</b>	1,991,627.
20 Tax-exempt bond liabilities	0.
21 Escrow or custodial account liability. Complete Part IV of Schedule D 0 21	0.
g 22 Loans and other payables to current and former officers, directors,	
22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	
disqualified persons. Complete Part II of Schedule L 0. 22	
23 Secured mortgages and notes payable to unrelated trill parties	
24 Unsecured notes and loans payable to unrelated third parties 0. 24	0.
25 Other liabilities (including federal income tax, payables to related third	
parties, and other liabilities not included on lines 17-24). Complete Part X	
of Schedule D	
<b>26</b> Total liabilities. Add lines 17 through 25	5,006,461.
Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34.  Unrestricted net assets  Temporarily restricted net assets  Permanently restricted net assets  Organizations that do not follow SFAS 117 (ASC 958), check here and	
27 Unrestricted net assets 5,464,024. 27	
28 Temporarily restricted net assets 858,877. 28	
29 Permanently restricted net assets	500,475.
complete lines 30 through 34.	
	0
31 Paid-in or capital surplus, or land, building, or equipment fund	1
32 Retained earnings, endowment, accumulated income, or other funds 32	
34 Total liabilities and net assets/fund balances 13,024,105. 34	12,375,739.

Form **990** (2018)

Page **12** Form 990 (2018)

Part					·	
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1			47,4	
2	Total expenses (must equal Part IX, column (A), line 25)	2	2		99,6	
3	Revenue less expenses. Subtract line 2 from line 1	3			47,7	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		6,8	23,3	376.
5	Net unrealized gains (losses) on investments	5			-1,8	346.
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8				0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10		7,3	69,2	278.
Part						
	Check if Schedule O contains a response or note to any line in this Part XII					
			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain	in			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		L	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted or	n a			
	separate basis, consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for	oversi	ght			
	of the audit, review, or compilation of its financial statements and selection of an independent acc	ounta	nt?	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, e	xplain	in			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth	in			
	the Single Audit Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	ergo	the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au			3b		

#### **SCHEDULE A** (Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

SKATING ASSOCIATION

UNITED STATES FIGURE

Employer identification number 84-0768715

_								
Pa	rt I	Reason for Public Cha	rity Status (All o	organizations must o	omplet	e this pa	art.) See instructions	
The	org	anization is not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)	
1		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 or 990-EZ).)						
3		A hospital or a cooperative	hospital service o	rganization described	in <b>sectio</b>	n 170(b)	(1)(A)(iii).	
4		A medical research organiz	ation operated in	conjunction with a hos	spital de	scribed ir	section 170(b)(1)(A)	(iii). Enter the
		hospital's name, city, and st	ate:					
5		An organization operated t	for the benefit of	a college or universit	y owne	d or ope	rated by a governme	ental unit described in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)					
6		A federal, state, or local go		rnmental unit describe	d in <b>sect</b>	ion 170(	b)(1)(A)(v).	
7	X	An organization that norma						om the general public
		described in section 170(b)	=	· ·	• •	J		5 1
8		A community trust describe		·	Part II.)			
9		An agricultural research org	-		-		Lin conjunction with a	land-grant college
•		or university or a non-land-	=			-		
		university:	gram conege or ag	grioditaro (oco motraol	.ioiio). L	11101 1110 1	name, only, and orate o	Title college of
10		An organization that norma	lly receives: (1) m	ore than 331/2 % of its	support	from co	ntributions mambaret	nin face and arnes
		receipts from activities rela	ted to its exempt f	unctions - subject to	certain e	exception	s, and (2) no more tha	n 331/3 % of its
		support from gross investm	rent income and ur	nrelated business tax	able inco	ome (less	s section 511 tax) from	businesses
11		acquired by the organization  An organization organized a					•	
11 12			•	•	-			orm, out the numero
12		An organization organized	•	-	-			
		of one or more publicly su						
		Check the box in lines 12a t	=				•	_
а	L	Type I. A supporting orga	·		-			
		the supported organization				ajority of	the directors or truste	es of the
		$_{\_}$ supporting organization. $ ho$	-					
b	L	<b>Type II.</b> A supporting org	· · · · · · · · · · · · · · · · · · ·					
		control or management of		=	the sam	e person	s that control or man	age the supported
	_	organization(s). <b>You must</b>	complete Part IV	, Sections A and C.				
С	L	☐ Type III functionally integrated integrated in the property in the pro	<b>grated.</b> A supportii	ng organization opera	ited in c	onnectio	n with, and functional	lly integrated with,
		$\_$ its supported organization	n(s) (see instruction	s). You must comple	te Part I	V, Section	ons A, D, and E.	
d		Type III non-functionally	integrated. A supp	porting organization o	perated	in conne	ection with its suppor	ted organization(s)
		that is not functionally inte	egrated. The orgar	nization generally mus	st satisfy	a distrib	ution requirement and	d an attentiveness
		requirement (see instruct	ions). <b>You must co</b>	omplete Part IV, Sect	ions A a	nd D, and	d Part V.	
е		Check this box if the orga	nization received	a written determinatio	n from t	he IRS th	nat it is a Type I, Type I	I, Type III
		functionally integrated, or						
f	Er	iter the number of supported	organizations					
g	Pr	ovide the following information	on about the suppo	orted organization(s).				
	(i) N	lame of supported organization	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of
				(described on lines 1-10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)
					Yes	No		,
(A)								
(^) —								
(B)								
( <u> </u>								
(C)								
( <del>)</del>								
(D)								
(J) —								
(E)								
				i e	į.			l .

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

Schedule A (Form 990 or 990-EZ) 2018

Page 2 Schedule A (Form 990 or 990-EZ) 2018

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	<b>(e)</b> 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,924,971.	6,492,986.	4,647,367.	5,399,745.	5,026,554.	25,491,623.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	3,924,971.	6,492,986.	4,647,367.	5,399,745.	5,026,554.	25,491,623.
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).						0.
_6	Public support. Subtract line 5 from line 4						25,491,623.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	<b>(e)</b> 2018	(f) Total
7	Amounts from line 4	3,924,971.	6,492,986.	4,647,367.	5,399,745.	5,026,554.	25,491,623.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	29,264.	46,084.	44,451.	59,218.	65,795.	244,812.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
11	Total support. Add lines 7 through 10						25,736,435.
12	Gross receipts from related activities, etc. (s	,				12	80,589,755.
13	First five years. If the Form 990 is forganization, check this box and stop here	<u> </u>					
Sec	tion C. Computation of Public Sup						00.05
14	Public support percentage for 2018 (lin		-			14	99.05 <b>%</b> 98.43 <b>%</b>
15	Public support percentage from 2017					15	
16a	331/3% support test - 2018. If the org						
	box and <b>stop here.</b> The organization qu	•		•			
b	331/3% support test - 2017. If the org						
	this box and <b>stop here.</b> The organization	-		-			
17a	10%-facts-and-circumstances test - 2	_					
	10% or more, and if the organization					•	•
	Part VI how the organization meets t			=	-		
_	organization						
b	10%-facts-and-circumstances test - 2	•					
	15 is 10% or more, and if the orga						-
	Explain in Part VI how the organization				_	-	
40	supported organization						
18	Private foundation. If the organization						
	instructions					obodulo A (Form 0)	

### Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support	,		, i	'	,	
Cale	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	<b>(e)</b> 2018	(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						
7 a	Amounts included on lines 1, 2, and 3						
h	received from disqualified persons  Amounts included on lines 2 and 3						
J	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c from						
	line 6.)						
	tion B. Total Support		T		1	1	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	<b>(e)</b> 2018	(f) Total
9	Amounts from line 6						
10 a	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 in line 10b,						
	whether or not the business is regularly						
12	Other income. Do not include gain or						
14	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for	or the organiza	tion's first seco	nd third fourth	or fifth tax w	ear as a section	501(c)(3)
	organization, check this box and <b>stop here</b> .	J	•	, ,			` ` ` ' _
Sac	tion C. Computation of Public Supp						
15	Public support percentage for 2018 (line 8,			mn (f))		. 15	%
16	Public support percentage from 2017 Sche					16	
_	tion D. Computation of Investment					10	/0
	Investment income percentage for 2018 (lin			13 column (f))		17	%
17 18	Investment income percentage from 2017 S						
18						18	
туа	331/3% support tests - 2018. If the org						
	17 is not more than 331/3%, check thi		_				
b	331/3% support tests - 2017. If the orga				•		
	line 18 is not more than 331/3%, check		-	•		• • •	
20	Private foundation. If the organization of	ala not check	a box on line	14, 19a, or 19b	o, cneck this b	ox and see instr	uctions -

JSA 8E1221 1.000

Schedule A (Form 990 or 990-EZ) 2018

#### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

1	Are all of the organization's supported organizations listed by name in the organization's governing	g				
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by	Эy				
	class or purpose, describe the designation. If historic and continuing relationship, explain.					

- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in 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.**
- 10 a 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.
  - 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.)

		Yes	No
ng by			
	1		
us,			
ed	,		
	2		
er	3a		
nd	- Ju		
he			
	3b		
B)			
•	3с		
If			
	4a		
gn			
on	4b		
	40		
on ed			
B)			
,	4c		
s, "			
IN			
n;			
on			
	5a		
dy	Eh		
	5b 5c		
to			
ed			
or			
	6		
or			
ty	7		
70	7		
7?	8		
re			
ed			
	9a		
ch			
	9b		
fit	9с		
n	36		
on ed			
	10a		
to			
	10b		
	~~~		

Schedule A (Form 990 or 990-EZ) 2018

				- 3
Part l	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 in (b) and (c)	44-		
h	below, the governing body of a supported organization? A family member of a person described in (a) above?	11a 11b		
	A 35% controlled entity of a person described in (a) above? If "Yes" to a, b, or c, provide detail in <b>Part VI.</b>	11c		
	on B. Type I Supporting Organizations	110		
	7 2 3 3 3 3 3 3 3		Yes	No
4	Did the directors, trustoco, or membership of one or more supported organizations have the newer to			
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's 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 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>			
	<b>VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.			
Soction	on C. Type II Supporting Organizations	2		
Secur	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 directors		103	110
'	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	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			
1	Did the experiencian provide to each of its supported experiencians by the last day of the fifth month of the		Yes	No
ı	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior			
	tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of			
	the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <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 (2), 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 ins	tructi	ons).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	Yes	
2	Activities Test. Answer (a) and (b) below.		162	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 <b>Part VI identify</b>			
	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 in (a) constitute activities that, but for the organization's involvement, one or more			
J	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		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	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? <i>Provide details in Part VI.</i>	3a		
b	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 Part VI the role played by the organization in this regard.</i>	3b		
	or its supported organizations: if Tes, describe in Fait VI the Fole played by the organization in this regard.	<u>3D</u>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	s	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	a trust o	n Nov. 20, 1970 (expla	in in Part VI). See
instructions. All other Type III non-functionally integrated supporting organization	-		•
Section A. Adjusted Not Income	(A) Prior Voor	(B) Current Year	
Section A - Adjusted Net Income		(A) Prior 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		
Section 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):	4.		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e 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 1-1/2% 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 .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 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-functionally	y integra	ated Type III supporting	g organization (see
instructions).	-		

Schedule A (Form 990 or 990-EZ) 2018

Page 7 Schedule A (Form 990 or 990-EZ) 2018 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Secti	ection D - Distributions				
1	Amounts paid to supported organizations to accomplish ex				
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed		
	organizations, in excess of income from activity				
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organi	zations		
4	Amounts paid to acquire exempt-use assets	11			
5	Qualified set-aside amounts (prior IRS approval required)				
6	Other distributions (describe in Part VI). See instructions.				
7	Total annual distributions. Add lines 1 through 6.				
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in <b>Part VI</b> ). See instructions.	3			
9	Distributable amount for 2018 from Section C, line 6				
10	Line 8 amount divided by line 9 amount				
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018	
1	Distributable amount for 2018 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2018				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2018				
а	From 2013				
b	From 2014				
С	From 2015				
d	From 2016				
е	From 2017				
f	Total of lines 3a through e				
g	Applied to underdistributions of prior years				
h	Applied to 2018 distributable amount				
i	Carryover from 2013 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.				
4	Distributions for 2018 from				
	Section D, line 7:				
а	Applied to underdistributions of prior years				
b	Applied to 2018 distributable amount				
С	Remainder. Subtract lines 4a and 4b from 4.				
5	Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2019. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2014				
b	Excess from 2015				
C	Excess from 2016				
d	Excess from 2017				
е	Excess from 2018				

Schedule A (Form 990 or 990-EZ) 2018

Part V

Schedule A (Form 990 or 990-EZ) 2

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part 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 B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

### Schedule of Contributors

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

2018

**Employer identification number** Name of the organization UNITED STATES FIGURE SKATING ASSOCIATION 84-0768715 Organization type (check one): Filers of: Section: X Form 990 or 990-EZ 501(c)(3 ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule**  $\mid$  X  $\mid$  For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization UNITED STATES FIGURE SKATING ASSOCIATION

Employer identification number 84-0768715

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	UNITED AIRLINES		Person
	3080 TERMINALE ROWE	\$135,879.	Payroll X Noncash
	DALLAS, TX 75261		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	DENVER FOUNDATION		Person
	55 MADISON ST	\$82,943.	Payroll Noncash
	DENVER, CO 80206		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	ELIZABETH EMERICK		Person
	367 HOMELAND SOUTHWAY APT 2B	\$50,000.	Payroll Noncash
	BALTIMORE, MD 21212		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	VA OFFICE ON NATIONAL VETERANS		Person
			Payroll
	810 VERMONT AVE NW	\$30,477.	Noncash
	810 VERMONT AVE NW WASHINGTON, DC 20420	\$30,477.	
(a) No.		\$	Noncash (Complete Part II for
	WASHINGTON, DC 20420 (b)	(c)	Noncash (Complete Part II for noncash contributions.)  (d) Type of contribution  Person
No.	WASHINGTON, DC 20420  (b)  Name, address, and ZIP + 4	(c)	Noncash (Complete Part II for noncash contributions.)  (d) Type of contribution  Person Payroll Noncash
No.	WASHINGTON, DC 20420  (b)  Name, address, and ZIP + 4  LISA MCGRAW FOUNDATION	(c) Total contributions	Noncash (Complete Part II for noncash contributions.)  (d) Type of contribution  Person Payroll
No.	WASHINGTON, DC 20420  (b)  Name, address, and ZIP + 4  LISA MCGRAW FOUNDATION  PO BOX 627	(c) Total contributions	Noncash (Complete Part II for noncash contributions.)  (d) Type of contribution  Person Payroll Noncash (Complete Part II for
No. 5 (a)	WASHINGTON, DC 20420  (b) Name, address, and ZIP + 4  LISA MCGRAW FOUNDATION  PO BOX 627  PRINCETON, NJ 08542  (b)	(c) Total contributions  \$	Noncash (Complete Part II for noncash contributions.)  (d) Type of contribution  Person Payroll Noncash (Complete Part II for noncash contributions.)  (d) Type of contribution  Person  X Payroll Noncash  Complete Part II for noncash contributions.)
(a) No.	WASHINGTON, DC 20420  (b)  Name, address, and ZIP + 4  LISA MCGRAW FOUNDATION  PO BOX 627  PRINCETON, NJ 08542  (b)  Name, address, and ZIP + 4	(c) Total contributions  \$	Noncash (Complete Part II for noncash contributions.)  (d) Type of contribution  Person Payroll Noncash (Complete Part II for noncash contributions.)  (d) Type of contribution

Name of organization UNITED STATES FIGURE SKATING ASSOCIATION

Employer identification number 84-0768715

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	JULIE LAMMEL  415 CHURCH ST APT 1902  NASHVILLE, TN 37219	\$12,500.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	MARGERITE COLE FOUNDATION  7301 TRAVERTINE DR #302  BALTIMORE, MD 21209	\$12,000.	Person Payroll Noncash (Complete Part II for
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	noncash contributions.)  (d)  Type of contribution
9	ANDREW DEPEW 4109 MANTLE AVE N LAS VEGAS, NV 89084	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	JILL LAWRENCE KOPLIN  896 MUSKINGUM AVE  PACIFIC PLSDS, CA 90272	\$7,500.	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	SUSAN STRONG DAVIS  13701 RIVERSIDE DR SUITE 500  SHERMAN OAKS, CA 91423	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	WELLS FARGO BANK  420 MONTGOMERY ST  SAN FRANSISCO, CA 94104	\$57,832.	Person Payroll Noncash  (Complete Part II for noncash contributions.)

Name of organization UNITED STATES FIGURE **Employer identification number** 84-0768715 SKATING ASSOCIATION

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

(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (See instructions.)	(d) Date received
1	AIRLINE TICKETS			
			135,879.	VAR
		\$_	133,079.	VAK
(a) No. from Part I	(b)  Description of noncash property given		(c) FMV (or estimate) (See instructions.)	(d) Date received
12	POINTS CONVERSION			
			57,832.	VAR
		\$_	57,032.	NAN
(a) No. from Part I	(b)  Description of noncash property given		(c) FMV (or estimate) (See instructions.)	(d) Date received
		•		
		\$_		
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$_		
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (See instructions.)	(d) Date received
		•		
		\$_		
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (See instructions.)	(d) Date received
		_		
		\$_		

Name of or	rganization UNITED STATES FIGURE SKATING ASSOCIATION		Employer identification number 84-0768715
Part III	Exclusively religious, charitable, etc., c (10) that total more than \$1,000 for the	ne year from any one cont ns completing Part III, enter year. (Enter this information	ions described in section 501(c)(7), (8), or tributor. Complete columns (a) through (e) and the total of exclusively religious, charitable, etc.
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of gift  ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of gift  ZIP + 4	Relationship of transferor to transferee
(a) No.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of gift  ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of gift	Relationship of transferor to transferee

## SCHEDULE D (Form 990)

Department of the Treasury

### Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

OMB No. 1545-0047

2018

Open to Public Inspection

► Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service Name of the organization UNITED STATES FIGURE Employer identification number SKATING ASSOCIATION 84-0768715 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose No Yes **Conservation Easements.** Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year. 2a а 2b 2c Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet

works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

Schedule D (Form 990) 2018

▶ \$

public service, provide the following amounts relating to these items:

Page 2 Schedule D (Form 990) 2018

Pa	rt    Organizations Maintaini	ing Collections of	Art, Historical Tre	easures, or Othe	er Similar Assets (	continu	ed)	age <b>=</b>
3	Using the organization's acquisition	on, accession, and c	ther records, chec	k any of the follo	owing that are a sign	nificant	use c	of its
	collection items (check all that app	ly):						
а	X Public exhibition		d Loan	or exchange prog	rams			
b	Scholarly research		e Other					
С	X Preservation for future gene	rations						
4	Provide a description of the organ	nization's collections	and explain how	they further the	organization's exemp	t purpos	se in	Part
	XIII.							
5	During the year, did the organization							_
	assets to be sold to raise funds rath		nined as part of the	organization's col	lection?	Yes	X	No
Pa	rt IV Escrow and Custodial A				_	_		
	Complete if the organiza	ation answered "Ye	s" on Form 990, I	Part IV, line 9, or	reported an amou	nt on Fo	orm	
	990, Part X, line 21.							
1a	Is the organization an agent, truste					<b>—</b>		٦
_	included on Form 990, Part X?					Yes		No
b	If "Yes," explain the arrangement i	n Part XIII and comp	lete the following ta	ole:				
					Amount	İ.		
C	Beginning balance							
d	Additions during the year							
е	Distributions during the year							
f	Ending balance							Τ
2a	· · · · <b>3</b> · · · · · · · · · · · · · · · · · · ·					Yes		No
	If "Yes," explain the arrangement i	n Part XIII. Check he	ere if the explanation	has been provide	d on Part XIII			
Pa	rt V Endowment Funds.	ation anawarad "Va	o" on Form 000	Part IV/ line 10				
	Complete if the organiza				( N T)			
		(a) Current year	(b) Prior year	(c) Two years back	, , ,	(e) Four		
1a	Beginning of year balance	671,215.	648,293.	648,440				911.
b	Contributions			9,458	9,457.		9,	,458.
С	Net investment earnings, gains,	22 220	22 022	0.605	. г это		1 /	205
	and losses	23,239.	22,922.	-9,605	5,319.		14,	, 295 <sub>.</sub>
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs							
f	Administrative expenses	694,454.	671,215.	640 003	C 4 0 4 4 0		(22	<u> </u>
g	End of year balance	L		1			033,	664.
2	Provide the estimated percentage		· · · -	, column (a)) held	as:			
a	Board designated or quasi-endown		_%					
b	Permanent endowment ► 79.2							
С	Temporarily restricted endowment		000/					
٥.	The percentages on lines 2a, 2b, a				a incidence al face de a			
3a	Are there endowment funds not in	the possession of th	le organization that	are neid and adn	ministered for the	Г	Yes	No
	organization by:					20(i)	163	X
	(i) unrelated organizations					3a(i)		X
_	(ii) related organizations If "Yes" on line 3a(ii), are the relate					3a(ii) 3b		
_	* **	•	•			30		—
4	Describe in Part XIII the intended of the control o		lion's endowment id	nus.				
Га	Complete if the organize	ation answered "Ye	es" on Form 990,	Part IV, line 11a	. See Form 990, Pa	art X, Iin	e 10	
	Description of property	(a) Cost or				d) Book va	lue	
12	Land	(invest	ment) (i	other) de	epreciation			
ı a b	Buildings							
ņ	Leasehold improvements							
d	Equipment		9	399,766. 4,	783,796.	4 . 6	15 °	970.
	Other			1, 30, 1,		1,0	, ,	
	I. Add lines 1a through 1e. (Column		- 000 D( )/ /	- (D) (' 10-)		1 (	1	970.

Schedule D (Form 990) 2018			Page
Part VII Investments - Other Securities.  Complete if the organization answered	l "Yes" on Form 990	), Part IV, line 11b. See Form 99	0, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valu Cost or end-of-year ma	ation:
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A) INVESTMENTS MANAGED BY USFS	1,754,251.	FMV	
(B)			
(C)			
(D)			
(E)			
(F)			
(G) (H)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	1,754,251.		
Part VIII Investments - Program Related.	1,751,251.		
Complete if the organization answered	l "Yes" on Form 990	Part IV line 11c See Form 99	0 Part X line 13
(a) Description of investment	(b) Book value	(c) Method of value	
(a) Description of investment	(b) book value	Cost or end-of-year ma	
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX Other Assets.			
Complete if the organization answered	l "Yes" on Form 990	), Part IV, line 11d. See Form 99	0, Part X, line 15.
	scription		(b) Book value
(1) HISTORICAL ARTIFACTS			688,261
(2) SEE PART XIII			281,000
(3) DUE FROM FOUNDATION			58,172
(4) DUE FROM 20 FIRST STREET			631,539
(5)			
(6)			
(7)			
(8)			
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) l.	ino 15 )		1,658,972
Part X Other Liabilities.	<i>inc 10.)</i>		170307772
Complete if the organization answered line 25.	l "Yes" on Form 990	), Part IV, line 11e or 11f. See Fo	orm 990, Part X,
1. (a) Description of liability	(b) Book valu	le	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	<b>&gt;</b>		

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

PAGE 31

Schedule D (Form 990) 2018 Page **4** 

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Returnation Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	22,351,949.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
	Net unrealized gains (losses) on investments		
a	Net unrealized gains (1035es) of investments 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.		
b	Donated Services and use of lacinities 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.		
C	C 267		
d	Other (Describe in Part XIII.)	2e	4,521.
e	Subtract line 2e from line 1	3	22,347,428.
3	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		<u> </u>
4	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
a	Other (Describe in Part XIII.)		
b	Add lines <b>4a</b> and <b>4b</b>	4c	
С 5	Total revenue. Add lines <b>3</b> and <b>4c</b> . ( <i>This must equal Form 990, Part I, line 12.</i> )	5	22,347,428.
Part		_	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	21,806,047.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
	Donated services and use of facilities		
a	Prior year adjustments		
b	Other losses		
C C	Other losses.  Other (Describe in Part XIII.)  2d 6,367.		
d	Add lines 2a through 2d	2e	6,367.
e	· · · · · · · · · · · · · · · · · · ·	3	21,799,680.
3	Subtract line 2e from line 1		, , , , , , , , , , , , , , , , , , , ,
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:  Investment expenses not included on Form 990, Part VIII, line 7h		
a	investment expenses not included on Form 550, Fait Viii, inic 75		
b	Other (Describe in Fait All.)	4c	
С 5	Add lines <b>4a</b> and <b>4b</b>	5	21,799,680.
	XIII Supplemental Information.		, , , , , , , , , , , , , , , , , , , ,
2; Par	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Patt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform PAGE 5		

JSA 8E1271 1.000

Schedule D (Form 990) 2018

Part XIII Supplemental Information (continued)

SCHEDULE D PART III LINE 4

THE ORGANIZATION MAINTAINS COLLECTIONS OF FIGURE SKATING TROPHIES,
MEDALS, AND MEMORABILIA DONATED BY PARTICIPANTS AND SPECTATORS OF THE
SPORT WHICH ARE ON DISPLAY FOR THE ENJOYMENT OF THE PUBLIC.

SCHEDULE D PART V LINE 4

THE ENDOWMENT IS COMPOSED OF DONOR-RESTRICTED CONTRIBUTIONS AND THE

AMOUNT OF UNRESTRICTED NET ASSETS DESIGNATED FOR ENDOWMENT BY THE BOARD

OF DIRECTORS FROM TIME TO TIME (NONE AT PRESENT). EARNINGS FROM

BOARD-DESIGNATED FUNDS ARE UNRESTRICTED.

SCHEDULE D PART IX COLUMN A

NET PROMISES TO GIVE RESTRICTED TO ENDOWMENT: \$281,000

SCHEDULE D PART X LINE 2

THE ASSOCIATION AND THE FOUNDATION ARE EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. IN ADDITION, THESE ENTITIES QUALIFY FOR THE CHARITABLE CONTRIBUTION DEDUCTION AND HAVE BEEN CLASSIFIED AS ORGANIZATIONS THAT ARE NOT PRIVATE FOUNDATIONS. PROPERTIES IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(2). ICE NETWORK IS A DISREGARDED ENTITY FOR INCOME TAX PURPOSES AND IS INCLUDED AND REPORTED AS A PART OF THE ASSOCIATION'S ACTIVITIES.

THE ORGANIZATION BELIEVES THAT IT DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS.

Schedule D (Form 990) 2018

### **SCHEDULE J** (Form 990)

**Compensation Information**For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** 

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

UNITED STATES FIGURE

Employer identification number

Name of the organization 84-0768715 SKATING ASSOCIATION Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form			
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account  Personal services (such as maid, chauffeur, chef)			
h	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment			
b	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the			
	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a			
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee X Written employment contract			
	X   Independent compensation consultant   X   Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
_	organization or a related organization:	4-		X
a	Receive a severance payment or change-of-control payment?	4a 4b		X
D	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4D 4C		X
C	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	40		21
	if tes to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
Ū	compensation contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		X
-	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
-	compensation contingent on the net earnings of:			
а	The organization?	6a		Х
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed			
	payments not described on lines 5 and 6? If "Yes," describe in Part III.	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			_
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2018

Schedule J (Form 990) 2018 Page 2

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

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

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

		(B) Breakdown of W-2 and/or 1099-MISC compensation		(C) Retirement and (D) Nontaxable	(E) Total of columns	(F) Compensation		
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
RAITH, DAVID	(i)	305,769.	61,000.	0.	16,800.	19,637.	403,206.	
1 <sup>EX-OFFICIO</sup>	(ii)	0.	0.	0.				
REDE, MARIO	(i)	125,485.	48,076.	0.	8,383.	7,972.	189,916.	
2 <sup>CHIEF</sup> FINANCIAL OFFICER	(ii)	0.	0.	0.				
BAKER, RAMSEY	(i)	182,492.	21,600.	0.	12,167.	19,646.	235,905.	
3 <sup>CHIEF</sup> MARKETING OFFICER	(ii)	0.	0.	0.				
MOYER, MITCHELL	(i)	120,626.	14,004.	0.	8,258.	16,970.	159,858.	
SENIOR DIRECTOR OF ATHLETE HIG	(ii)	0.	0.	0.				
JOHN ANDERSON	(i)	128,942.	13,200.	0.	8,529.	2,888.	153,559.	
5 STAFF LEGAL COUNSEL	(ii)	0.	0.	0.				
	(i)							
_ 6	(ii)							
	(i)							
_ 7	(ii)							
	(i)							
_ 8	(ii)							
	(i)							
_ 9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)					-		

Schedule J (Form 990) 2018

Schedule J (Form 990) 2018

### Part | Supplemental Information

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

Schedule J (Form 990) 2018

### **SCHEDULE M** (Form 990)

### **Noncash Contributions**

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

UNITED STATES FIGURE

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

SKATING ASSOCIATION

84-0768715

Employer identification number

Par	Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of noncash cont			
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC,							
	or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation							
	contribution - Historic							
	structures							
14	Qualified conservation							
	contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts			100				
25	Other ►(ATCH 1)		2.	193,711.				
26	Other ►()							
27	Other ►()							
28	Other ►()							
29	Number of Forms 8283 received							
	which the organization completed I	Form 8283,	Part IV, Donee Acknowledg	ement	29			
	<b>-</b>						Yes	No
30a	During the year, did the organizat		•		•			
	28, that it must hold for at least the	-			-	20-		Х
	to be used for exempt purposes for		olding period?			30a		
	If "Yes," describe the arrangement i		12 41 4					
31	Does the organization have a					24	Х	
20-	contributions?					31	^	
32a	Does the organization hire or use	-	_	•		222		Х
L	contributions?					32a		27
	If "Yes," describe in Part II.	amount in -	alumn (a) for a time of	norty for which column (-)	ic chadicad			
33	If the organization didn't report an describe in Part II.	amount in C	olumn (c) for a type of pro	perty for which column (a)	is checked,			
	accombo in r die in							

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

Schedule M (Form 990) 2018

Schedule M (Form 990) (2018) Page 2

Part II

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

SCH M, PART 1, COLUMN B

THIS COLUMN REPRESENTS THE NUMBER OF CONTRIBUTORS.

Schedule M (Form 990) (2018)

Schedule M (Form 990) (2018) Page 2

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

ATTACHMENT 1

#### SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

DESCRIPTION	(A) CHECK	(B) NUMBER OF CONTRIBUTIONS	(C) REVENUES REPORTED	(D) METHOD OF DETERMINING
AIRLINE TICKETS	X	1.	135,879.	FMV
POINTS CONVERSION	X	1.	57,832.	FMV
TOTALS	_	2.	193,711.	

### SCHEDULE O (Form 990 or 990-EZ)

#### 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 990-EZ.

OMB No. 1545-0047

On Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

UNITED STATES FIGURE Employer ide

SKATING ASSOCIATION

84-0768715

FORM 990 PART III LINE 1 CONTINUED

AND PARTICULARLY A) TO SERVE AS THE NATIONAL GOVERNING BODY IN THE SPORT OF FIGURE SKATING ON ICE AS RECOGNIZED BY THE UNITED STATES OLYMPIC COMMITTEE (USOC), AND TO SERVE AS THE UNITED STATES MEMBER OF THE INTERNATIONAL SKATING UNION (ISU), B) TO TAKE ALL STEPS NECESSARY TO REGULATE, GOVERN AND PROMOTE FIGURE SKATING ON ICE THROUGHOUT THE UNITED STATES, INCLUDING THE RAISING OF FUNDS TO SUPPORT ACTIVITIES OF US FIGURE SKATING BY DUES, THE SALE OF PUBLICATIONS, THE CONDUCT OF COMPETITIONS, CARNIVAL ASSESSMENTS, SANCTION FEES AND ANY OTHER LAWFUL MEANS, PROVIDED THAT NONE OF THE INCOME OF US FIGURE SKATING INURES TO THE PRIVATE PROFIT OF ANY OF ITS MEMBERS, AND C) TO DEFINE AND MAINTAIN UNIFORM STANDARDS OF SKATING PROFICIENCY

FORM 990 PART VI SECTION B LINE 11

FORM 990 IS INITIALLY REVIEWED BY THE CFO, EXECUTIVE DIRECTOR, AND TREASURER. ONCE APPROVED, IT IS THEN REVIEWED AND PRESENTED TO THE BOARD OF DIRECTORS FROM A MEMBER OF THE AUDIT COMMITTEE FOR THEIR REVIEW AND COMMENTS PRIOR TO FILING. POST REVIEW BY THE BOARD OF DIRECTORS THE 990 IS THEN FILED TO THE IRS.

FORM 990 PART VI SECTION B LINE 12C

THE RULES OF THE US FIGURE SKATING ASSOCIATION REQUIRE THAT PRIOR TO

APPOINTMENT AS A BOARD MEMBER, COMMITTEE CHAIR, PAID STAFF OR APPOINTMENT

TO ANY RELATED OUTSIDE ORGANIZATION, THE MEMBER MUST EXECUTE THE CONFLICT

OF INTEREST AND ETHICAL BEHAVIOR STATEMENT. DETERMINATION OF WHETHER A VIOLATION EXISTS, AND ANY ACTION TO BE TAKEN, LIES WITH THE CHAIR OF THE ETHICS COMMITTEE.

FORM 990 PART VI SECTION B LINE 15

THE ORGANIZATION'S BOARD OF DIRECTORS DETERMINES THE SALARY AND BONUS OF
THE EXECUTIVE DIRECTOR BASED ON EMPLOYMENT CONTRACT AND RECOMMENDATION BY
THE ORGANIZATION'S COMPENSATION COMMITTEE. THE COMPENSATION STRUCTURE
FOR ALL OTHER EMPLOYEES IS BASED ON EXPERIENCE, TITLE AND RANGE FOR THE
POSITION. THE COMPENSATION IS EVALUATED ON AN ANNUAL BASIS AND IS
OVERSEEN BY THE EXECUTIVE DIRECTOR. FOR ALL NEW EMPLOYEES, A FORMAL
LETTER IS PREPARED REGARDING THE TERMS OF EMPLOYMENT. THE SIGNED LETTER
SERVES AS DOCUMENTATION OF THE EMPLOYEE'S TERMS OF EMPLOYMENT AND IS KEPT
IN EACH EMPLOYEE'S PERMANENT FILE. THESE PROCESSES APPLY TO ALL EMPLOYEES
OF THE ORGANIZATION AND WERE LAST CONDUCTED BY OUR AUDITORS WHERE
APPLICABLE IN 2019.

FORM 990 PART VI SECTION C LINE 19

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC VIA ITS WEBSITE.

FORM 990 PART XI LINE 9

TEMPORARILY RESTRICTED DONATION TRANSFERRED TO FOUNDATION FOR HOLDING.

UNITED STATES FIGURE Name of the organization Employer identification number 84-0768715 SKATING ASSOCIATION ATTACHMENT 1

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

DESCRIPTION GRANTS EXPENSES REVENUE 1,416,679. 111,139.

GOVERNANCE, JUDGING, & PUBLICATIONS

111,139. TOTALS 1,416,679.

ATTACHMENT 2

### 990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
RED BRICK SPORTS LLC 917 GOLD HILL COURT FRANKLIN, TN 37069	TV PRODUCTION	223,891.
LUKE ANDERSON 1955 ATHERTON WAY COLORADO SPRINGS, CO 80919	IT DEVELOPMENT SERVI	123,793.
GIBIX COMPUTING PO BOX 63345 COLORADO SPRINGS, CO 80962	IT DEVELOPMENT SERVI	113,194.

#### SCHEDULE R (Form 990)

### **Related Organizations and Unrelated Partnerships**

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

► Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047
2018
Open to Public Inspection

Name of the organization UNITED STATES FIGURE

SKATING ASSOCIATION

Employer identification number 84-0768715

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

(a) Name, address, and EIN (if applicable) of disregarded entity		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) ICE NETWORK LLC	20-5439721					
20 FIRST STREET	COLORADO SPRINGS, CO 80906	SEE PART VII	CO	1,172,884.	4,749.	SEE PART VII
(2)						
(3)						
(4)						
(5)						
(6)						

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

(a)  Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 5 contr	12(b)(13) olled
						Yes	No
(1) 20 FIRST STREET PROPERTIES 20-0950494							
20 FIRST STREET COLORADO SPRINGS, CO 80906	SEE PART VII	CO	501(C)(2)		USFSA	X	
(2) US FIGURE SKATING FOUNDATION 84-1558040							
1365 GARDEN OF THE GODS 105 COLORADO SPRINGS, CO 80907	SEE PART VII	CO	501(C)(3)	12	NONE		X
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2018

Schedule R (Form 990) 2018

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	me (related, income year assets allocations? amo of S unded from ux under (F)		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	- UBI General s box 20 managule K-1 partne		(k) Percentage ownership		
		oounity)					Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13 controlled entity?
(1)								Yes No
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								

Schedule R (Form 990) 2018

Schedule R (Form 990) 2018

Sched	ule R (Form 990) 2018					Pag	je .				
Part	V Transactions With Related Organizations. Complete if the organization answered "Ye	es" on Form 990, Pa	rt IV, line 34, 35b, or 36.								
Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No				
1	During the tax year, did the organization engage in any of the following transactions with one or more	related organizations li	sted in Parts II-IV?								
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		X				
	Gift, grant, or capital contribution to related organization(s)				1b	Х					
С	Gift, grant, or capital contribution from related organization(s)				1c	Х					
d	Loans or loan guarantees to or for related organization(s)				1d		X				
	Loans or loan guarantees by related organization(s)				1e		X				
f	Dividends from related organization(s)				1f						
g	Sale of assets to related organization(s)				1g		X				
h	Purchase of assets from related organization(s).				1h		X				
i	Exchange of assets with related organization(s)				1i		X				
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		X				
k	k Lease of facilities, equipment, or other assets from related organization(s)										
- 1	I Performance of services or membership or fundraising solicitations for related organization(s)										
m	m Performance of services or membership or fundraising solicitations by related organization(s)										
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		X				
0	Sharing of paid employees with related organization(s)				10		X				
р	Reimbursement paid to related organization(s) for expenses				1p		X				
q	Reimbursement paid by related organization(s) for expenses				1q		X				
	Other transfer of cash or property to related organization(s)				1r	Х					
	Other transfer of cash or property from related organization(s).				1s		X				
	If the answer to any of the above is "Yes," see the instructions for information on who must complete t	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	action thres							
	(a) Name of related organization	(b) Transaction	(c) Amount involved	Method o	(d) of deter	mining	g				
		type (a-s)		amou	nt invol	ved					
							_				
(1)											
(')							_				
(2)											
<del>\-</del> /							_				
(3)											
							_				
(4)											
_											
(5)											

Schedule R (Form 990) 2018

(6)

Schedule R (Form 990) 2018

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under	Are all sec	e) partners ction (c)(3) zations?	(f) Share of total income	(g) Share of end-of-year assets	Disprop	(h) isproportionate allocations?  (i)  Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)		proportionate code V - UBI amount in box 20 of Schedule K-1		box 20 managir ule K-1 partner		20 manag (-1 partne		(j) General or managing partner?		(k) Percentage ownership	
			sections 512-514)		No			Yes	No		Yes	No								
(1)																				
(2)																				
(3)																				
(4)																				
(5)																				
(6)																				
(7)																				
(8)																				
(9)																				
10)																				
11)																				
12)																				
13)																				
14)																				
15)																				
16)																				
,																				

Schedule R (Form 990) 2018

Page 4

Schedule R (Form 990) 2018 Page 5

#### Part VII **Supplemental Information**

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

SCHEDULE R PART I COLUMN B

ICE NETWORK LLC PRIMARY ACTIVITY: HOLD RIGHTS TO CERTAIN INTERACTIVE

MEDIA ASSETS LICENSED TO IT BY US FIGURE SKATING ASSOCIATION

SCHEDULE R PART I COLUMN F

ICE NETWORK DIRECT CONTROLLING ENTITY: UNITED STATES FIGURE SKATING

ASSOCIATION (USFSA)

SCHEDULE R PART II COLUMN B

20 FIRST STREET PROPERTIES PRIMARY ACTIVITY: OWN, HOLD TITLE TO, AND

MAINTAIN LAND, BUILDINGS, & IMPROVEMENTS FOR US FIGURE SKATING

ASSOCIATION

US FIGURE SKATING FOUNDATION PRIMARY ACTIVITY: HOLD, MANAGE, INVEST FUNDS

CONTRIBUTED TO IT BY OR FOR BENEFIT OF US FIGURE SKATING ASSOCIATION