			Ret	urn of Or	ganizatior	۱E>	kempt	From I	nco	me Tax		OMB No. 15	45-0047
Form 990		90	Under sectio	on 501(c), 527, c	– or 4947(a)(1) of th	e Inte	- ernal Reve	nue Code (e	except	private founda	tions)	202	21
					cial Security nur			-	-	-		Open to I	Public
		of the Treasury enue Service	▶	Information abo	out Form 990 and	its i	nstructions	s is at www.ii	rs.gov/	form990.		Inspecti	on
AF	or th	ne 2021 cale	endar year, or tax	x year beginni	ng (07/0	1/2021	and endir	ng		06/	30/2022	
Р.		C Nar	ne of organization UN	ITED STATE	S FIGURE					D Employer id	entifica	tion number	
р с	heck if ap	SK	ATING ASSOC	IATION									
	Addre chang		ng Business As							84-0768	8715		
	Name	_{e change} Nur	nber and street (or P.	O. box if mail is not	delivered to street ac	ddress)		Room/suite		E Telephone n	umber		
	Initia	l return 20	FIRST STREE	ET						(719)6	35-5	200	
	Term	inated City	or town, state or pro	vince, country, and	ZIP or foreign postal	code							
	Amer returi	n CO	LORADO SPRIM		906					G Gross receip	ots \$	27,990	,953.
	Appli pend	ration F Nar	ne and address of prir	ncipal officer:	TRACY MARE	IK				H(a) Is this a gro subordinates	up return	for Yes	X No
		20	FIRST STREET	r, colorad	O SPRINGS,	CO	80906			H(b) Are all subore		uded? Yes	No
1	Tax-ex	empt status:	X 501(c)(3)	501(c) () ┥ (insert no.)		4947(a)(1)	or 52	7	lf "No," atta	ch a list. ((see instructions)	
J	Websi	ite: 🕨 🛛 🗤 🕅	.USFSA.ORG							H(c) Group exem	ption nun	nber 🕨	
_		of organization:	X Corporation	Trust As:	sociation Othe	er 🕨		L Year of	f format	ion: 1921 M	State of	f legal domicile:	CO
Pa	art I	Summar	у										
	1	Briefly desc	ribe the organizatio	n's mission or m	ost significant activ	vities:	NATIC	NAL GOV	ERNII	NG_BODY_F	OR T	HE SPORT	
e		OF FIGU	RE_SKATING.										
Governance													
ver	2	Check this b	oox 🕨 📃 if the o	organization disc	ontinued its opera	ations	or dispose	ed of more that	an 25%	of its net asset	s.		
	3	Number of v	oting members of t	the governing bo	dy (Part VI, line 1a)					3		15
Activities &			ndependent voting								4		15
itie			er of individuals em								5		66
ži			er of volunteers (esti								6		2,000
Ac	7a	Total unrela	ted business revenu	ue from Part VIII,	column (C), line 12	2					7a	71	,995.
			d business taxable								7b		NONE
										Prior Year		Current Ye	ar
¢,	8	Contribution	s and grants (Part V	/III, line 1h)		ſ				7,704,09	96.	8,382	,142.
Revenue	9		rvice revenue (Part V					Y FOR		11,004,59	97.	18,070	,037.
eve	10	Investment	income (Part VIII, c	olumn (A), lines 3	3, 4, and 7d)	•••	PUBLIC IN	SPECTION		87,2			,965.
2	11		ue (Part VIII, colum							352,1			,701.
	12		ie - add lines 8 thro			-				19,148,08		26,560	
	13										ONE	.,	NONE
	14		nd similar amounts paid (Part IX, column (A), lines 1-3) paid to or for members (Part IX, column (A), line 4)							ONE	NON	NONE	
6				r compensation, employee benefits (Part IX, column (A), lines 5-10)						3,135,7		5,592	
Expenses			I fundraising fees (P				· •				ONE	- /	NONE
bei			ising expenses (Par										
ш			ses (Part IX, colum							15,846,18	39.	20,330	.705.
	18		ses. Add lines 13-1							18,981,90		25,923	
	19		s expenses. Subtra							166,1			,708.
or									Begin	ning of Current		End of Yea	
et Assets or nd Balances	20	Total assets	(Part X, line 16)							17,642,83		14,861	
Ass Bal	21		es (Part X, line 26)							8,180,74		4,761	
Fund	22		or fund balances. S							9,462,08		10,099	
	rt II		re Block			<u></u>		<u></u>		5,102,00		10,000	<u>,,,,,</u>
			ry, I declare that I have	ve examined this r	eturn, including acc	ompar	iving schedu	les and staten	ments, a	nd to the best o	f my kn	owledge and be	elief, it is
true	e, corre	ect, and comple	ete. Declaration of prep	parer (other than of	ficer) is based on all	inform	ation of whi	ch preparer ha	as any kr	owledge.			
Sign Signature of officer Date													
He	re	TRAC	Y MAREK				CEC)					
			r print name and title		_			•					
			reparer's name	ĺ	reparer's signature	0	100	Date		Check	if PT	IN	
Paic	ł			1	Joner	6	YY Lo	M 2/28	1/202		」"	00841439	
Pre	parer	Eirm's name		עאפידי דיזאיז				7 20	, 202		1	-1509584	
Use	Only		► STOCKMAN		· · · · · · · · · · · · · · · · · · ·		CDDINGO			Firm's EIN			26
Max	the	Firm's addres	his return with the p		SUITE 400 COLOR			CU 00903		Phone no.	/ 1	9-630-118	
			tion Act Notice, se	•		(0115)		<u></u>		<u></u>		X Yes	
1.01	rape	work Reau	AUDIT AULINULICE, SE	se me separate li	130 000015.							roini 33	• (2021)

_	UNITED STATES FIGURE	84-0768715
	m 990 (2021) art III Statement of Program Service Accomplishments	Page 2
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	AS THE NATIONAL GOVERNING BODY, THE MISSION OF THE UNITED STATES	
	FIGURE SKATING ASSOCIATION IS TO PROVIDE PROGRAMS TO ENCOURAGE	
	PARTICIPATION AND ACHIEVEMENT IN THE SPORT OF FIGURE SKATING ON ICE,	
	(CONTINUED ON SCHEDULE O)	
2	Did the organization undertake any significant program services during the year which were not listed	
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any p	
	services?	Yes 🛛 🗶 No
	If "Yes," describe these changes on Schedule O.	m convices on measured by
4	Describe the organization's program service accomplishments for each of its three largest program expenses. Section $501(c)(3)$ and $501(c)(4)$ organizations are required to report the amount of gram	
	the total expenses, and revenue, if any, for each program service reported.	
40	(Code:) (Expenses \$ 9,196,816. including grants of \$) (Revenue \$	
4a		6,635,563.)
	DEVELOPMENT AND SUPPORT OF ATHLETES	
4b	(Code:) (Expenses \$ 5,551,923. including grants of \$) (Revenue \$	4,367,988.)
	SKATING EVENTS	
4c	(Code:) (Expenses \$4,330,986. including grants of \$) (Revenue \$)	7,322,192.)
	MEMBERSHIP ACTIVITIES AND SERVICES, ADMISSIONS, PUBLICATIONS, AND	
	GOVERNANCE AND JUDGING	
<u>.</u> .		
4d	Other program services (Describe on Schedule O.)	
A -	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 19,079,725.	Form 990 (2021)
	020 1.000	Form 990 (2021)

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Form 9	90 (2021)		F	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,"			
2	complete Schedule A. Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	1 2	X X	
2 3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2	A	
3	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	3		
-	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,			
Ū	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
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		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8	Х	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
-	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more			
_	of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b	Х	
C	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 162 /f "Yes" complete Schedule D, Part V/II	110		v
Ь	of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> . Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	11c		X
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d	Х	
۵	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Λ	x
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
4.0	Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17		_X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10		v
20 -	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		X
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
	domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		х
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raue.	—

Form 9	90 (2021)		F	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			
	employees? If "Yes," complete Schedule J.	23	X	
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			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	0.4.5		
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		37
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	0.51		37
20	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	20		37
27	controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> . Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key	26		X
27				
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these	27		v
20	persons? <i>If "Yes," complete Schedule L, Part III</i> . Was the organization a party to a business transaction with one of the following parties (see the Schedule L,	27		X
28				
-	Part IV instructions, for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
a	"Yes," complete Schedule L, Part IV	28a		х
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	20a 28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200		
U	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	- 21
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	23		
50	conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	0.		
02	complete Schedule N, Part II.	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
•	or IV, and Part V, line 1	34	х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
	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	Х	
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		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	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	<u></u> .	<u></u> .	
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		
JSA 1E1030	1.000	Form	990	(2021)

Form 990 (2021)

Page 5

Par	V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return. 2a 66			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	Х	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
τu	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
h	If "Yes," enter the name of the foreign country			
b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
۶a		5a		х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	50 5b		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	50 50		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	30		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6.0		v
	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	<u>сь</u>		
_	gifts were not tax deductible?	6b		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7-		
_	and services provided to the payor?	7a	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	_		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		<u> </u>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		L
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans 13b			
с	Enter the amount of reserves on hand			
	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? If "No," provide an explanation on Schedule O	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		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			
JSA		Form	990	(2021)

Form 9	90 (202	UNITED STATES FIGURE	84-0768	715	F	Page 6
Part	VI	Governance, Management, and Disclosure. For each "Yes" response to lines 2 thr	ough 7b below	and	for a	"No"
		response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes of				tions.
		Check if Schedule O contains a response or note to any line in this Part VI				Х
Sect	ion A.	Governing Body and Management				
					Yes	No
1a	Enter	the number of voting members of the governing body at the end of the tax year	1a 15			
	If ther	e 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 ittee, explain on Schedule O.				
b		the number of voting members included on line 1a, above, who are independent	1b 15			
2		ny officer, director, trustee, or key employee have a family relationship or a business relating or a business relationship or a	ationship with			
		her officer, director, trustee, or key employee?	-	2		Х
3	•	e organization delegate control over management duties customarily performed by or un				
-		vision of officers, directors, trustees, or key employees to a management company or other p		3		Х
4	-	e organization make any significant changes to its governing documents since the prior Form 990 was file		4		Х
5		e organization become aware during the year of a significant diversion of the organization's a		5		Х
6		e organization have members or stockholders?		6	Х	
7a		e organization have members, stockholders, or other persons who had the power to ele				
-		more members of the governing body?		7a	Х	
b		ny governance decisions of the organization reserved to (or subject to approval l				
		olders, or persons other than the governing body?	• •	7b	Х	
8		e organization contemporaneously document the meetings held or written actions under				
-		ar by the following:				
а		overning body?		8a	Х	
		committee with authority to act on behalf of the governing body?		8b	Х	
9		e any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot				
		ganization's mailing address? If "Yes," provide the names and addresses on Schedule O.		9		Х
Secti	on B. I	Policies (This Section B requests information about policies not required by the Inte	rnal Revenue	Code	.)	
					Yes	No
10a	Did th	e organization have local chapters, branches, or affiliates?		10a		Х
b	If "Yes	s," did the organization have written policies and procedures governing the activities of s	such chapters,			
	affiliat	es, and branches to ensure their operations are consistent with the organization's exempt pu	rposes?	10b		
11a	Has the	e organization provided a complete copy of this Form 990 to all members of its governing body before fil	ing the form? .	11a	Х	
b	Descr	ibe on Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Did th	e organization have a written conflict of interest policy? If "No," go to line 13		12a	Х	
b	Were	officers, directors, or trustees, and key employees required to disclose annually interests the	hat could give			
	rise to	conflicts?		12b	Х	
С	Did th	e organization regularly and consistently monitor and enforce compliance with the po	olicy? If "Yes,"			
	descri	be on Schedule O how this was done		12c	Х	
13	Did th	e organization have a written whistleblower policy?		13	Х	
14	Did th	e organization have a written document retention and destruction policy?		14	Х	
15	Did th	e process for determining compensation of the following persons include a review and	d approval by			
	indepe	endent persons, comparability data, and contemporaneous substantiation of the deliberation	and decision?			
а	The or	ganization'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 on Schedule O. See instructions.				
16a	Did th	e organization invest in, contribute assets to, or participate in a joint venture or similar	r arrangement			
	with a	taxable entity during the year?		16a		X
b	If "Yes	s," did the organization follow a written policy or procedure requiring the organization t	o evaluate its			
		pation in joint venture arrangements under applicable federal tax law, and take steps to				
		zation's exempt status with respect to such arrangements?	<u> </u>	16b		
Secti	on C.	Disclosure				
17		e states with which a copy of this Form 990 is required to be filed \blacktriangleright <u>CO</u> ,				
18		n 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable),		c (sect	ion 5	01(c)
		nly) available for public inspection. Indicate how you made these available. Check all that app	-			
	X (Dwn website Another's website X Upon request Other <i>(explain on Scl</i>	hedule O)			
19	Descr	be on Schedule O whether (and if so, how) the organization made its governing docum	ients, conflict o	f inter	est p	olicy,
	and fir	nancial statements available to the public during the tax year.				
20		the name, address, and telephone number of the person who possesses the organization's b	ooks and record	s 🕨		
		O R REDE 20 FIRST STREET COLORADO SPRINGS, CO 80906				
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Page 7

Part VII	Compensation	of	Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	and
	Independent Co	ntra	actors								

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

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

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

<i></i>					C)				-	-
(A)	(B)	(do r			ition	a than c	ne	(D)	(E)	(F)
Name and title	Average hours	box, unless person is both an						Reportable compensation	Reportable compensation	Estimated amount of other
	per week							from the	from related	compensation
	(list any	or In	ln,	Q	<u>ک</u> و	en Hi	Fo	organization (W-2/	organizations (W-2/	from the
	hours for related	Individual trustee or director	Institutional trustee	Officer	Key employee	ghes	Former	1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)	organization and related organizations
	organizations	ual t	iona	-	oldu	lee o		1000 1120)	1000 (120)	rolatoù organizationo
	below	rust	tru		/ee	mpe				
	dotted line)	e	stee			Highest compensated employee				
						ed				
(1) RAMSEY BAKER	40.00									
EXECUTIVE DIRECTOR	1.00			х				271,583.	NONE	15,346.
(2) CHARLES CHOW	40.00									
CHIEF TECHNOLOGY OFFICER	NONE	1				х		261,577.	NONE	19,483.
(3) JOHN ANDERSON	40.00									
STAFF LEGAL COUNSEL	NONE	1				Х		180,587.	NONE	21,061.
(4) MARIO REDE	40.00									
CHIEF FINANCIAL OFFICER	NONE			Х				161,869.	NONE	13,959.
(5) MITCH MOYER	40.00									
SENIOR DIRECTOR	NONE					X		137,289.	NONE	15,442.
(6) JANIS ENGEL	1.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(7) JENNA LONGO	1.00									
ATHLETE DIRECTOR	NONE	Х		Х				NONE	NONE	NONE
(8) SAMUEL AUXIER	1.00	-								
PRESIDENT	2.00	Х		Х				NONE	NONE	NONE
(9) COLIN MCMANUS	1.00	-								
ATHLETE DIRECTOR	NONE	X		Х				NONE	NONE	NONE
(10) RACHAEL FLATT	1.00	-								
ATHLETE DIRECTOR	NONE	Х		Х				NONE	NONE	NONE
(11) FELICIA ZHANG	1.00	-								
ATHLETE DIRECTOR	NONE	Х		Х				NONE	NONE	NONE
(12) AMANDA EVORA WILL	1.00									
VICE PRESIDENT (FROM 5/2022)	NONE	Х		Х				NONE	NONE	NONE
(13) VICTORIA HILDEBRAND	1.00									
TREAS. / DIRECTOR(FROM 5/2022)	1.00	Х		Х				NONE	NONE	NONE
(14) KRISTINA LUNDGREN	1.00									
DIRECTOR (FROM 5/2022)	NONE	Х						NONE	NONE	NONE

Form 990 (2021) Part VII Section A. Officers, Directors, T	wataoo Ka		nla			and		haat Component	ad Employees (Page 8
		∋у ∈п	пріс			and	HIG			· · · · · · · · · · · · · · · · · · ·
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted	box,	unles	Pos heck ss pe	erson	e than o is both tor/trust 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)	trustee r	al trustee		ууее	Highest compensated employee				organizations
(15) KIMBERLEY MOORE	1.00									
SECRETARY	NONE	X		Х				NONE	NONE	NONE
(16) HEATHER PAIGE	1.00									
DIRECTOR	NONE	X						NONE	NONE	NONE
(17) KEVIN ROSENSTEIN	1.00	_								
DIRECTOR (FROM 5/2022)	NONE	X						NONE	NONE	NONE
(<u>18</u>) KYM WORTHY	1.00	-								
DIRECTOR (FROM 5/2022)	NONE	X						NONE	NONE	NONE
(19) JACKIE CHANG	1.00_									
INDEPENDENT DIR (FROM 5/2022)	NONE	X						NONE	NONE	NONE
(20) MATT SLATUS	1.00									
INDEPENDENT DIR (FROM 5/2022)	NONE	X						NONE	NONE	NONE
(21) KRISTIN ARNESON CUTLER	1.00	-								
DIRECTOR (TO 5/2022)	NONE	X						NONE	NONE	NONE
(22) HEATHER NEMIER	1.00_									
DIRECTOR (TO 5/2022)	NONE	X						NONE	NONE	NONE
(23) LYNN GOLDMAN	1.00_									
DIRECTOR (TO 5/2022)	NONE	Х						NONE	NONE	NONE
(24) LOIS LONG	1.00_									
DIRECTOR (TO 5/2022)	NONE	Х						NONE	NONE	NONE
(25) SHAWN RETTSTATT	1.00									
DIRECTOR (TO 5/2022)	NONE	Х						NONE	NONE	NONE
1b Sub-total								1,012,905.	NONE	85,291.
c Total from continuation sheets to Part VII,								NONE	NONE	NONE
d Total (add lines 1b and 1c)								1,012,905.	NONE	85,291.
2 Total number of individuals (including but no reportable compensation from the organizati		hose	liste	d al	bov	,	o re	ceived more than	\$100,000 of	
	reportable compensation from the organization > 5									

3	Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.	4
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5
-		

Section B. Independent Contractors

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

	(A) Name and business address	(B) Description of services	(C) Compensation
2	Total number of independent contractors (including but not limited to those more than \$100,000 in compensation from the organization ►		

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Yes No

Part VII Section A. Officers, Directors, T		ey ⊏n	рюу			пıg			
(A)	(B)			(C)			(D)	(E)	(F)
Name and title	Average hours per	(do		Posit	ion nore than	one	Reportable compensation	Reportable compensation from	Estimated m amount of
	week (list any				son is bot		from	related	other
	hours for			-	rector/trus	_	the	organizations	compensation
	related	or d	Inst	Officer	High Key	Former	organization	(W-2/1099-MISC	
	organizations below dotted	irec	ituti	er	loye	ner	(W-2/1099-MISC)		organization and related
	line)	for al tr	onal		Highest comp employee Key employee				organizations
		Individual trustee or director	Institutional trustee		Highest compensated employee Key employee				
		e	tee		Isate				
				_	ă.				
26) PATRICIA ST. PETER	1.00								
DIRECTOR (TO 5/2022)	NONE	X		_			NONE	NON	1E NON
27) ROBERT HOREN	NONE	-							
DIRECTOR (TO 5/2022)	NONE	X					NONE	NON	1E NOI
28) KELLEY MORRIS-ADAIR	1.00	-							
DIRECTOR (TO 5/2022)	NONE	X					NONE	NON	1E NOI
29) JEFF THEILER	1.00	4							
DIRECTOR (TO 5/2022)	NONE	X					NONE	NON	JE NOI
30) TODD SAND	1.00								
DIRECTOR (TO 5/2022)	NONE	Х					NONE	NON	JE NOI
31) JACYLN WARD-HELMS	1.00								
DIRECTOR (TO 5/2022)	NONE	Х					NONE	NON	JE NOI
32) ANNE CAMMETT	1.00								
PAST PRESIDENT (TO 5/2022)	NONE	x		x			NONE	NON	JE NOI
33) TROY GOLDSTEIN	1.00								
TREASURER (TO 5/2022)	NONE			x			NONE	NON	JE NOI
	-+								
1b Sub-total						►			
c Total from continuation sheets to Part VII,	Section A					►			
d Total (add lines 1b and 1c)						►			
2 Total number of individuals (including but no						no re	eceived more than	\$100,000 of	
reportable compensation from the organizati	on 🕨								
									Yes No
3 Did the organization list any former off	icer. directo	or. or	trus	stee	. kev	emr	olovee. or hiahes	t compensated	
employee on line 1a? If "Yes," complete Sche									3 2
4 For any individual listed on line 1a, is the									
organization and related organizations of	reater than	5011au		лпр 0?	If "Ye	лга 99 ″	complete Schedu	le I for such	
individual									4 X
5 Did any person listed on line 1a receive of							related organizati	on or individual	
for services rendered to the organization? If "									5 2
Section B. Independent Contractors	,								
1 Complete this table for your five highest compensated independent						ors f	that received more	e than \$100 000	of
compensation from the organization. Report									
year.	·				,		Ū	U	
							(C)		
(A) SEE SCHEDULE O Name and business a	ddress						(B) Description of se	ervices	(C) Compensation
							1		

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 \blacktriangleright 4

Form 990 (202	1)	UNI
Part VIII	Statement of	Revenue

r

		Check if Schedule O cc	ontains a ro	espor	ise or note to an	y line in this Part \ (A) Total revenue	(III (B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under
Contributions, Gifts, Grants and Other Similar Amounts	1a b c	Federated campaigns Membership dues Fundraising events	[1a 1b 1c					sections 512-514
	d e f	Related organizations Government grants (contribut All other contributions, gifts, and similar amounts not included	itions) grants,	1d 1e 1f	5,728,639. 745,810. 1,907,693.				
	g h	Noncash contributions inclue lines 1a-1f Total. Add lines 1a-1f	<u> </u>	1g 🗄		8,382,142.			
					Business Code				
e	2a	BROADCASTING & LICENSING			711210	6,635,563.	6,635,563.		
Program Service Revenue	b	MEMPERSHIP DUES			711210	5,190,478.	5,190,478.		
	с С	SKATING EVENTS			711210	4,367,988.	4,367,988.		
an		ADMISSIONS & ACTIVITY			711210	1,703,269.	1,703,269.		
20°	d	PUBLICATIONS			711210	172,739.	100,744.	71,995.	
Pro	e f g	All other program service rev Total. Add lines 2a-2f				18,070,037.			
	3	Investment income (includ other similar amounts)	ding divide	ends,	interest, and	28,485.			28,485
	4	Income from investment of				NONE			
	5	Royalties	•		· .	NONE			
	6a b c d 7a		(i) Rea		(ii) Personal	-			
		Gross roots 6a							
		Gross rents 6a							
		Less: rental expenses 6b		NONE	NONE				
		Rental income or (loss) 6c				NONE			
		Net rental income or (loss).				NONE			
		Gross amount from	(i) Securi	lies	(ii) Other				
		sales of assets							
		other than inventory 7a	1,020	,269.					
ue	b	Less: cost or other basis							
Revenue		and sales expenses . . 7b	1,267	,719.					
Śe	c	Gain or (loss) 7c	-247	7,450.					
	d	Net gain or (loss)		<u></u>	<u></u> ▶	-247,450.			-247,450
Other	8a	Gross income from f	0						
		events (not including \$							
		of contributions reported		8.0	NONE				
		1c). See Part IV, line 18		8a	NONE				
	b	Less: direct expenses		8b		NONE			
	С	Net income or (loss) from fu	-	vents		NONE			
	9a	Gross income from	gaming	0	NONT				
		activities. See Part IV, line 19			NONE				
	b	Less: direct expenses		9b	NONE				
	c	Net income or (loss) from g	aming activ	vities .	<u></u> ▶	NONE			
	10a	Gross sales of invento							
		returns and allowances			489,840.				
	b	Less: cost of goods sold		10b	162,319.				
	c	Net income or (loss) from sal	les of invent	ory		327,701.	327,701.		
ns					Business Code				
Miscellaneous Revenue	11a								
lan	b				ļ				
ev le	c				ļ ļ				
Alis, R	d	All other revenue							
	е	Total. Add lines 11a-11d				NONE			
	12	Total revenue. See instruction	ons			26,560,915.	18,325,743.	71,995.	-218,965

Check if Schedule O contains a resp			<u></u> .	<u> </u>
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations				
and domestic governments. See Part IV, line 21	NONE			
2 Grants and other assistance to domestic				
individuals. See Part IV, line 22	NONE			
3 Grants and other assistance to foreign				
organizations, foreign governments, and				
foreign individuals. See Part IV, lines 15 and 16	NONE			
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors,				
trustees, and key employees	515,642.		435,142.	80,500
6 Compensation not included above to disqualified				
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)	NONE			
7 Other salaries and wages	4,775,330.	3,400,980.	946,164.	428,186
8 Pension plan accruals and contributions (include	47,158.		47,158.	
section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	157,827.	1,513.	156,314.	
10 Payroll taxes	96,545.		96,545.	
1 Fees for services (nonemployees):				
a Management	NONE			
b Legal	111,652.		111,652.	
c Accounting	NONE			
d Lobbying	NONE			
e Professional fundraising services. See Part IV, line 17.	NONE			
f Investment management fees	66,595.		66,595.	
g Other. (If line 11g amount exceeds 10% of line 25, column				
(A), amount, list line 11g expenses on Schedule O.)	139,269.	48,234.	91,035.	
12 Advertising and promotion	389,724.	186,502.		203,222
13 Office expenses	764,822.	554,582.	58,202.	152,038
4 Information technology	598,858.	74,925.	523,933.	
15 Royalties	NONE			
16 Occupancy	274,872.	66,700.	192,526.	15,640
17 Travel	1,930,823.	1,930,823.		
18 Payments of travel or entertainment expenses				
for any federal, state, or local public officials	NONE			
I9 Conferences, conventions, and meetings	123,303.	123,303.		
20 Interest	NONE			
21 Payments to affiliates	NONE			
22 Depreciation, depletion, and amortization	1,190,604.		1,190,604.	
23 Insurance	718,226.	587,244.	130,982.	
24 Other expenses. Itemize expenses not covered				
above. (List miscellaneous expenses on line 24e. If				
line 24e amount exceeds 10% of line 25, column				
(A), amount, list line 24e expenses on Schedule O.)				
a ATHLETE SUPPORT & DEVELOPMEN	7,731,431.	7,731,431.		
b ATHLETIC PRIZES & AWARDS	2,824,800.	2,488,825.		335,975
c SKATING PRODUCTION & COMPLIA	1,873,811.	1,860,289.	13,522.	
d PROGRAM BAD DEBT EXPENSE	1,500,000.	_,,	1,500,000.	
e All other expenses	91,915.	24,374.	66,115.	1,42
25 Total functional expenses. Add lines 1 through 24e	25,923,207.	19,079,725.	5,626,489.	1,216,993
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and	23,723,201.	17,017,123.	5,020,102.	I, 2IO, 993
fundraising solicitation. Check here ► if following SOP 98-2 (ASC 958-720)				

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following SOP 98-2 (ASC 958-720)

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rm 990 (2021)		04-1	Page 11
Part X				
απ	Check if Schedule O contains a response or note to any line in this Pa	art X		
			•••	
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	3,591,824.	1	1,684,634
2	Savings and temporary cash investments.			NON
3	Pledges and grants receivable, net	281,000.		281,000
4	Accounts receivable, net	1,446,131.	4	980,238
5	Loans and other receivables from any current or former officer, director,	1,110,151.	-	200,230
J	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons	NONE	5	NON
6	Loans and other receivables from other disqualified persons (as defined			1101
U U	under section $4958(f)(1)$, and persons described in section $4958(c)(3)(B)$.	NONE	6	NON
2 7	Notes and loans receivable, net	NONE		NON
7 7 8 0	Inventories for sale or use	200,395.		255,261
2 g	Prepaid expenses and deferred charges	450,027.		685,337
-	Land, buildings, and equipment: cost or other	150,027.	<u> </u>	000,007
100	basis. Complete Part VI of Schedule D 10a 11,371,954.			
h	Less: accumulated depreciation	5,774,788.	100	5,220,535
11	Investments - publicly traded securities.	951,092.		820,308
12	Investments - other securities. See Part IV, line 11	3,232,918.		2,938,238
13	Investments - program-related. See Part IV, line 11	NONE		
14	Intangible assets	NONE		NOI
15	Other assets. See Part IV, line 11	1,714,658.		1,995,981
16	Total assets. Add lines 1 through 15 (must equal line 33)	17,642,833.		14,861,532
17	Accounts payable and accrued expenses	3,752,907.		2,510,490
18	Grants payable	NONE		NO1
19	Deferred revenue	3,227,841.	19	2,251,249
20	Tax-exempt bond liabilities	NONE	-	NOI
21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE		NO
	Loans and other payables to any current or former officer, director,			1101
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons	NONE	22	NOI
23	Secured mortgages and notes payable to unrelated third parties	NONE		NOI
24	Unsecured notes and loans payable to unrelated third parties	NONE		NO
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	1,200,000.	25	NOI
26	Total liabilities. Add lines 17 through 25.	8,180,748.		4,761,739
-	Organizations that follow FASB ASC 958, check here ► X	0,200,7101		1,,01,,05
	and complete lines 27, 28, 32, and 33.			
27	Net assets without donor restrictions	7,731,783.	27	8,514,328
28	Net assets with donor restrictions	1,730,302.		1,585,465
	Organizations that do not follow FASB ASC 958, check here ►			
	and complete lines 29 through 33.			
29	Capital stock or trust principal, or current funds		29	
30	Paid-in or capital surplus, or land, building, or equipment fund		30	
31	Retained earnings, endowment, accumulated income, or other funds		31	
27 28 29 30 31 32	Total net assets or fund balances	9,462,085.	32	10,099,793
33	Total liabilities and net assets/fund balances	17,642,833.		14,861,532
				Form 990 (202 ⁻

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Form 99	00 (2021)				Pa	ge 12			
Part	XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI								
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2	26,560,915.					
2	Total expenses (must equal Part IX, column (A), line 25)								
3	Revenue less expenses. Subtract line 2 from line 1	3		<u>637,708</u> . 9,462,085.					
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4								
5	Net unrealized gains (losses) on investments								
6	Donated services and use of facilities	6							
7	Investment expenses	7							
8	Prior period adjustments	8							
9	Other changes in net assets or fund balances (explain on Schedule O).	9							
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line								
	32, column (B))	10	1	.0,0	99,	<u>793</u> .			
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," ex	olain	on						
	Schedule O.								
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		<u>X</u>			
	If "Yes," check a box below to indicate whether the financial statements for the year were com	piled	or						
	reviewed on a separate basis, consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
b	Were the organization's financial statements audited by an independent accountant?			2b	Χ				
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed or	па						
	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 ove	•		2	77				
	the audit, review, or compilation of its financial statements and selection of an independent accountain			2c	Χ				
	If the organization changed either its oversight process or selection process during the tax year, ex	plain	on						
-	Schedule O.								
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	th in f	the	3a		Х			
	Single Audit Act and OMB Circular A-133?	• • •	•••	Ja					
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	•		3b					
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au	uits .		30					

Form **990** (2021)

SCHE		A
(Form	990)	

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

		nt of the Treasury evenue Service			ov/Form990 for instructi			information.	Open to Public Inspection	
Nam	e of ti	ne organization	INTTED STA	TES FIGURE				Employer identifi		
		NG ASSOCIA						84-0	768715	
Ра				rity Status. (All o	organizations must	complet	te this pa			
The	orga	anization is not	a private fou	ndation because it	is: (For lines 1 throug	, h 12, ch	eck only	one box.)		
1		A church, con	vention of chu	urches, or associa	tion of churches desci	ibed in s	ection 1	70(b)(1)(A)(i).		
2		A school desc	ribed in secti	on 170(b)(1)(A)(ii)	. (Attach Schedule E	Form 99	90).)			
3		A hospital or a	cooperative hospital service organization described in section 170(b)(1)(A)(iii).							
4		A medical res	research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the							
		hospital's nam	name, city, and state:							
5		•	ganization operated for the benefit of a college or university owned or operated by a governmental unit described in on 170(b)(1)(A)(iv). (Complete Part II.)							
6		A federal, stat	te, or local go	vernment or gove	rnmental unit describe	d in sect	ion 170(b)(1)(A)(v).		
7	X	An organizatio	on that norm	ally receives a sub	stantial part of its su	pport fro	om a go	vernmental unit or fro	om the general public	
		described in s	ection 170(b)	(1)(A)(vi). (Compl	ete Part II.)		-			
8					b)(1)(A)(vi). (Complete	Part II.)				
9		-			ed in section 170(b)(1		operated	I in conjunction with a	land-grant college	
		or university o	or a non-land-	grant college of ag	riculture (see instruct	ions). Ei	nter the i	name, city, and state o	f the college or	
		university:								
10		receipts from support from	activities rela gross investm	ted to its exempt f tent income and u	ore than 331/3 % of its unctions, subject to c nrelated business tax 975. See section 509	ertain ex able inco	ceptions	s; and (2) no more thar s section 511 tax) from	331/3 % of its	
11		An organizatio	on organized	and operated exclu	usively to test for publi	c safety.	See sec	tion 509(a)(4).		
12		An organization	on organized a	and operated exclu	sively for the benefit o	f, to perf	form the	functions of, or to car	ry out the purposes of	
		one or more p	ublicly suppo	rted organizations	described in section 5	09(a)(1)	or secti	on 509(a)(2). See sec	tion 509(a)(3). Check	
	_	the box on line	es 12a throug	h 12d that describ	es the type of suppor	ting orga	anization	and complete lines 1	2e, 12f, and 12g.	
а		🗌 Type I. A ຣເ	upporting orga	anization operated	, supervised, or contr	olled by	its supp	orted organization(s),	typically by giving	
		the supporte	ed organizatio	on(s) the power to	regularly appoint or e	lect a ma	ajority of	the directors or truste	es of the	
	_	_ supporting c	organization.	ou must complet	e Part IV, Sections A	and B.				
b		_ Type II. A s	upporting org	anization supervise	ed or controlled in co	nnection	with its	supported organization	on(s), by having	
		control or m	anagement o	of the supporting o	rganization vested in	the sam	e persor	is that control or man	age the supported	
	_	_ organization	(s). You must	complete Part IV	, Sections A and C.					
С		Type III fund	ctionally integ	grated. A supporti	ng organization opera	ted in co	onnectio	n with, and functional	ly integrated with,	
	_	_ its supporte	d organizatior	n(s) (see instruction	s). You must comple	te Part l'	V, Sectio	ons A, D, and E.		
d		_ Type III non	-functionally	integrated. A sup	porting organization o	perated	in conne	ection with its suppor	ted organization(s)	
		that is not fu	unctionally inte	egrated. The organ	nization generally mus	t satisfy	a distrib	ution requirement and	d an attentiveness	
	_	_ requirement	(see instruct	ions). You must co	omplete Part IV, Sect	ions A a	nd D, an	d Part V.		
е		Check this b	oox if the orga	nization received	a written determinatio	n from tl	he IRS th	nat it is a Type I, Type I	I, Type III	
		functionally	integrated, or	Type III non-funct	ionally integrated sup	porting c	organizat	ion.		
f	En	ter the number	of supported	organizations						
g	Pro	ovide the follow	ing information	on about the suppo	orted organization(s).					
	(i) N	ame of supported of	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)										
(C)										
(D)										
(E)										
Tota	al									

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Page **2**

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) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total				
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5,399,745.	5,026,554.	7,463,461.	7,704,096.	8,382,142.	33,975,998.				
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE				
3	The value of services or facilities furnished by a governmental unit to the organization without charge						NONE				
4	Total. Add lines 1 through 3	5,399,745.	5,026,554.	7,463,461.	7,704,096.	8,382,142.	33,975,998.				
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).						NONE				
6	Public support. Subtract line 5 from line 4						33,975,998.				
	tion B. Total Support						3373737373				
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total				
7	Amounts from line 4	5,399,745.	5,026,554.	7,463,461.	7,704,096.	8,382,142.	33,975,998.				
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	59,218.	65,795.	41,838.	29,234.	28,485.	224,570.				
9	Net income from unrelated business activities, whether or not the business is regularly carried on						NONE				
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						NONE				
11	Total support. Add lines 7 through 10						34,200,568.				
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	76,758,675.				
13	First 5 years. If the Form 990 is for organization, check this box and stop here										
Sec	tion C. Computation of Public Sup	port Percenta	ge								
14	Public support percentage for 2021 (lin	ne 6, column (f), divided by line	11, column (f))		14	99.34 %				
15	Public support percentage from 2020					15	99.18 %				
16a	331/3% support test - 2021. If the org	-									
	box and stop here. The organization qu										
b	331/3% support test - 2020. If the org										
	this box and stop here. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is										
17a											
	10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in										
	Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported										
h	rganization										
D	10%-facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain										
	in Part VI how the organization meets					-	-				
	_			-	-						
18	organization										
10	•										
	instructions						<u> </u>				

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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						
	Amounts included on lines 1, 2, and 3						
<i>i</i> a	received from disqualified persons						
b	Amounts included on lines 2 and 3						
-	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
с 8	Add lines 7a and 7b Public support. (Subtract line 7c from						
0							
800	line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
-		(a) 2017	(6) 2010	(6) 2013	(u) 2020	(6) 2021	
9 10 a	Amounts from line 6 Gross income from interest, dividends,						
IUU	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 carried on.						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for	the organizati	on's first, secor	d, third, fourth,	or fifth tax ye	ar as a section	n 501(c)(3)
	organization, check this box and stop here .	<u>.</u>				<u></u>	►
Sec	tion C. Computation of Public Supp	port Percenta	ige				
15	Public support percentage for 2021 (line 8,	column (f), divid	led by line 13, colu	ımn (f))		15	%
16	Public support percentage from 2020 Sche	dule A, Part III, lir	ne 15			16	%
Sec	tion D. Computation of Investment	t Income Perc	centage				
17	Investment income percentage for 2021 (lir	ne 10c, column ((f), divided by line	13, column (f))		17	%
18	Investment income percentage from 2020					18	%
19 a	331/3% support tests - 2021. If the or					ore than 331/3%	6, and line
	17 is not more than 331/3%, check this	-					
b	331/3% support tests - 2020. If the orga	-	-				
	line 18 is not more than 331/3%, check						
20	Private foundation. If the organization of		•	0			
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Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*
- **c** Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*
- **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 line 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

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Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No

	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>
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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 Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).					
а		The organization satisfied the Activities Test. Complete line 2 below.				
b	The organization is the parent of each of its supported organizations. Complete line 3 below.					
С		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (se	e instru	uction	s).	
2	Activ	vities Test. Answer lines 2a and 2b below.		Yes	N	

а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of				
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify				
	those supported organizations and explain how these activities directly furthered their exempt purposes,				
	how the organization was responsive to those supported organizations, and how the organization determined				
	that these activities constituted substantially all of its activities.				

- **b** Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- Parent of Supported Organizations. Answer lines 3a and 3b below. 3
- Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or а trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

2a

2b

3a

1

2

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1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organi			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (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 Yea (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
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 0.015 of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	6		
emergency temporary reduction (see instructions). 7 Check here if the current year is the organization's first as a non-functional		· · · · · · · · · · · · · · · · · · ·	

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2021

Page 7

Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)		Page
	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish ex	xempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer		ed		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - p	provide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.	· · ·		6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior	าร	(iii) Distributable
		Excess Distributions	Pre-2021		Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021				
	(reasonable cause required - <i>explain in Part VI).</i> See				
	instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
С	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from				
	Section D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2017				
b	Excess from 2018				
С	Excess from 2019				
d	Excess from 2020				
е	Excess from 2021				

Schedule A (Form 990) 2021

Schee	dule B
(Form	990)

Department of the Treasury Internal Revenue Service

Name of the organization

UNITED STATES FIGURE SKATING ASSOCIATION

Schedule of Contributors

OMB No. 1545-0047

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

Employer identification number

84-076871	!
-----------	---

Organization type (check one):

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

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

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

5792CS P091 02/28/2023 12:03:35 V21-7.8F ASSOCIATION

Name of o	organization UNITED STATES FIGURE SKATING ASSOCIATION		Employer identification number 84-0768715
Part I	Contributors (see instructions). Use duplicate cop	ies of Part I if additional space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	N/A	\$1,314,700.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	<u>N/A</u>	\$745,810.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	<u>N/A</u>	\$5,728,639.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

JSA 1E1253 2.000

Schedule B (Form 990) (2021)

Page **2**

		Page
ganization UNITED STATES FIGURE SKATING ASSOCIATION		lentification number -0768715
Noncash Property (see instructions). Use duplicate copies of	of Part II if additional space is ne	eded.
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
	SKATING ASSOCIATION Noncash Property (see instructions). Use duplicate copies of (b) Description of noncash property given (c) (b) Description of noncash property given (c)	SKATING ASSOCIATION 84- Noncash Property (see instructions). Use duplicate copies of Part II if additional space is ne (c) Description of noncash property given (c) S (c) Description of noncash property given S (b) FMV (or estimate) Description of noncash property given (c) (b) FMV (or estimate) Description of noncash property given (c) (b) FMV (or estimate) Description of noncash property given (c) (b) FMV (or estimate) Description of noncash property given (c) (b) FMV (or estimate) (See instructions.) (c) (b) FMV (or estimate) (c) FMV (or estimate) (b) S (c) FMV (or estimate) (c) FMV (or estimate) (c) FMV (or estimate) (c) FMV (or estimate)

Schedule B (Form 990) (2021)

JSA 1E1254 2.000

Schedule B	(Form 990) (2021)			Page 4
Name of o	rganization UNITED STATES FIGURE SKATING ASSOCIATION			Employer identification number 84-0768715
Part III	(10) that total more than \$1,000 for	the year from any ions completing Par e year. (Enter this in	one contributor. (t III, enter the total formation once. S	Complete columns (a) through (e) and of <i>exclusively</i> 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, a	(e) Transf and ZIP + 4	-	ship of transferor to transferee
(a) No. from				
`fŕom Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transf	-	ship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
		(e) Transf	-	
	Transferee's name, address, a	and ZIP + 4	Relations	ship 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, a	(e) Transf and ZIP + 4	-	ship of transferor to transferee
JSA				Schedule B (Form 990) (2021)

	IEDULE D rm 990)	Complete if t	ental Financial Statemer he organization answered "Yes" on Form 9 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, 0	90,	OMB No. 1545-0047
	rtment of the Treasury al Revenue Service	► Go to www.irs.gov	Attach to Form 990. <i>Form990</i> for instructions and the latest inference of the latest infere	ormation.	Open to Public Inspection
	of the organization	UNITED STATES FIGURE			lentification number
SKA	TING ASSOCIAT				0768715
Pa			ised Funds or Other Similar Funds	or Accounts.	
	Complete	e if the organization answered	"Yes" on Form 990, Part IV, line 6.		
			(a) Donor advised funds	(b) Fun	ds and other accounts
1		nd of year			
2		of contributions to (during year)			
3 4		of grants from (during year)			
4 5		-	advisors in writing that the assets he	Id in donor ac	lvised
Ū	-		e organization's exclusive legal control?		
6	-		and donor advisors in writing that grant		
			fit of the donor or donor advisor, or for		
	conferring imperm	issible private benefit?			Yes 🔄 No
Ра		tion Easements.			
			"Yes" on Form 990, Part IV, line 7.		
1			organization (check all that apply).		
		n of land for public use (for example of natural habitat			ally important land area
		n of open space			
2			eld a qualified conservation contribution	in the form of	a conservation
-		last day of the tax year.			at the End of the Tax Year
а				2a	
b			8	2b	
С	Number of conser	vation easements on a certified	historic structure included in (a)	2c	
d			e) acquired after 7/25/06, and not on a		
		•			
3		rvation easements modified, tra	nsferred, released, extinguished, or ter	minated by th	e organization during the
4	tax year ►	where property subject to coppe	nuction accompant is located		
4 5		where property subject to conse	garding the periodic monitoring, inspe	action bandlin	 a of
5		orcement of the conservation ea			
6			ecting, handling of violations, and enforcing	ng conservation	
	►		3,	3	J
7	Amount of expens	es incurred in monitoring, inspec	ting, handling of violations, and enforcing	conservation	easements during the year
	▶\$				
8			2(d) above satisfy the requirements of se		
_					
9		c .	conservation easements in its revenue a	•	
		counting for conservation easeme	of the footnote to the organization's final nts.	ncial statement	
Pa			of Art, Historical Treasures, or Oth	ner Similar A	ssets.
		e if the organization answered	"Yes" on Form 990, Part IV, line 8.		
1a	If the organization of art, historical t service, provide in	n elected, as permitted under FA treasures, or other similar asse Part XIII the text of the footnote	SB ASC 958, not to report in its reve is held for public exhibition, educatio to its financial statements that describes	nue statement n, or research s these items.	and balance sheet works in furtherance of public
b	art, historical treas provide the follow	sures, or other similar assets he ing amounts relating to these iter		esearch in furt	herance of public service,
	(i) Revenue inclu	ded on Form 990, Part VIII, line 1			► \$
2	•		rt, historical treasures, or other simila	r assets for f	inancial gain, provide the
~			ASB ASC 958 relating to these items:		¢
a b	Assets included in	Form 990, Part VIII, line 1			► ⊅ ► \$
_		Act Notice, see the Instructions for			Schedule D (Form 990) 2021
JSA	8 1.000				

200	1.000					
	5792CS	P091	02/28/2023	12:03:35	V21-7.8F	ASSOCIATION

Schee	dule D (Form 990) 2021 UNI	TED STATES FI	GURE					84-0	768715	Page 2
Ра	rt III Organizations Maintaini	ng Collections of	Art, Histo	rical Tre	asures,	or Other	Similar A	ssets (c	ontinued	d)
3	Using the organization's acquisition	n, accession, and	other record	ds, check	any of	he follow	ing that m	ake sign	ificant us	se of its
	collection items (check all that appl	y):								
а	X Public exhibition		d	Loan c	r exchan	ge prograi	m			
b	Scholarly research		e	Other						
с	X Preservation for future gener	rations		· .						
4	Provide a description of the organ		s and expla	in how t	hey furth	er the or	ganization's	s exempt	purpose	in Part
	XIII.				.,		0		1 - 1	
5	During the year, did the organization	n solicit or receive	donations o	f art, histo	orical trea	sures, or (other simila	ar		
•	assets to be sold to raise funds rath								Yes	X No
Pa	rt IV Escrow and Custodial A				- guinzati			<u> </u>		
ľ	Complete if the organiza	-	es" on Forr	n 990. P	art IV. lir	ne 9. or r	eported ar	n amoun	t on For	m
	990, Part X, line 21.				,,		op 0.100 a ai			
1a	Is the organization an agent, trus	tee, custodian or o	other interm	ediarv fo	r contrib	utions or	other asse	ets not		
	included on Form 990, Part X?			-					Yes	No
b	If "Yes," explain the arrangement in							••• ∟		
~	in roo, oxplain the analygement i			o ming tab				Amount		
с	Beginning balance				1	с		/ into and		
	Additions during the year					d				
e	Distributions during the year									
f	Ending balance					e r				
	Did the organization include an am						account lial	hility?	Yes	No
2a ⊾	If "Yes," explain the arrangement in									
	rt V Endowment Funds.			pianation		provided		<u></u>		
Га	Complete if the organiza	tion answered "V	es" on Forr	m 990 F	Part IV li	10 ac				
		(a) Current year	(b) Prior			ears back	(d) Three ye	ars back	(e) Four ye	ars hack
	_	255,811.		2,401.		1,454.		1,215.		18,293.
1a	Beginning of year balance	255,611.			0.9		07		0.	
b	Contributions		4	5,000.		NONE		NONE		NONE
С	Net investment earnings, gains,	0.61 0.07			0.61					
	and losses	261,207.	12	7,411.	26	7,947.	2	3,239.		22,922.
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses			9,001.						
g	End of year balance	517,018.		5,811.		2,401.		4,454.	65	71,215.
2	Provide the estimated percentage	of the current year		e (line 1g,	column (a	a)) held as	:			
a	Board designated or quasi-endowm		_%							
b	Permanent endowment 96.8									
С	Term endowment ► 3.2000									
	The percentages on lines 2a, 2b, a									
3a	Are there endowment funds not in	the possession of t	he organiza	tion that a	are held a	and admir	histered for	the		
	organization by:									es No
	(i) Unrelated organizations								3a(i)	X
	(ii) Related organizations								3a(ii)	X
b	If "Yes" on line 3a(ii), are the relate	•	•						3b	
4	Describe in Part XIII the intended u		ation's endov	vment fur	nds.					
Pa	rt VI Land, Buildings, and Equ Complete if the organization	iipment. ation answered "Y	es" on For	m 990 F	Part IV li	ne 11a 🤉	See Form	990 Pa	rt X line	10
	Description of property		or other basis		or other basis	1	cumulated		Book valu	
		(inve	stment)		her)		eciation			
1a	Land									
b	Buildings									
С	Leasehold improvements	• • • • •								
d	Equipment			11,3	71,954	. 6,1	51,419.		5,220	,535.
e	Other									
Tota	I. Add lines 1a through 1e. (Column	(d) must equal For	m 990, Part	X, columr	n (B), line	10c.)			5,220	,535.

Schedule D (Form 990) 2021

Part VII **Investments - Other Securities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (b) Book value (c) Method of valuation: (including name of security) Cost or end-of-year market value (1) Financial derivatives (2) Closely held equity interests (3) Other (A) INVESTMENT IN US OLYMPIC FUND FMV 2,938,238 (B) (C) (D) (E) (F) (G) (H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) 2,938,238 Investments - Program Related. Part VIII Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1)HISTORICAL ARTIFACTS 688,261 (2)DUE FROM 20 FIRST STREET 1,307,720 (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ► 1,995,981 Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4)(5) (6)(7)(8) (9)

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

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

JSA 1E1270 1.000 Х

Schedu	le D (Form 990) 2021 UNITED STATES FIGURE		84-	0768715 Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Re Complete if the organization answered "Yes" on Form 990, Part IV, line		۱.	
1	Total revenue, gains, and other support per audited financial statements		1	26,731,044.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments			
b	Donated services and use of facilities	7,990.		
С	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)	162,139.		
е	Add lines 2a through 2d		2e	170,129.
3	Subtract line 2e from line 1		3	26,560,915.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a			
b	Other (Describe in Part XIII.) 4b			
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	26,560,915.
Part	XII Reconciliation of Expenses per Audited Financial Statements With Ex Complete if the organization answered "Yes" on Form 990, Part IV, line		rn.	
1	Total expenses and losses per audited financial statements		1	26,093,336.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities 2a	7,990.		
b	Prior year adjustments			
С	Other losses			
d	Other (Describe in Part XIII.)	162,139.		
е	Add lines 2a through 2d		2e	170,129.
3	Subtract line 2e from line 1		3	25,923,207.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a			
b	Other (Describe in Part XIII.) 4b			
С	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	25,923,207.
Part	XIII Supplemental Information.	<u> </u>		

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

SEE SUPPLEMENTAL PAGE

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. THE ORGANIZATION'S ENDOWMENT ASSETS WERE RESTRICTED FOR THE FOLLOWING PURPOSES: SKATER ATHLETE SUPPORT.

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. 20 FIRST 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 PART XI LINE 2D

COST OF GOODS SOLD REPORTED IN THE AUDITED FINANCIAL STATEMENTS IN EXPENSE, RECLASSIFIED TO REVENUE FOR THE TAX RETURN: \$162,139.

SCHEDULE D PART XII LINE 2D

COST OF GOODS SOLD REPORTED IN THE AUDITED FINANCIAL STATEMENTS IN EXPENSE, RECLASSIFIED TO REVENUE FOR THE TAX RETURN: \$162,139.

SCH	EDULE J	Compen	sation Information		OMB No.	1545-0	047		
(Forr	n 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest					୬ଲ ୨ 1		
		Compensated Employees ► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.							
	nent of the Treasury	· · · · •	Attach to Form 990. 990 for instructions and the latest information.		Open to				
	Revenue Service of the organization	· •	990 for instructions and the latest information.	Employer identificati			n		
	FING ASSOC	UNITED STATES FIGURE		84-07687					
Part		is Regarding Compensation		04 07007	1.5				
r ar c						Yes	No		
1a	Check the app	propriate box(es) if the organization pro	ovided any of the following to or for a pers	on listed on Forr	n 🗌				
	990, Part VII,	Section A, line 1a. Complete Part III to	provide any relevant information regarding	g these items.					
	First-cla	ss or charter travel	Housing allowance or residence for	personal use					
	Travel fo	or companions	Payments for business use of perso	nal residence					
	Tax inde	emnification and gross-up payments	Health or social club dues or initiation	on fees					
	Discretio	onary spending account	Personal services (such as maid, ch	auffeur, chef)					
b	If any of the or reimburse	boxes on line 1a are checked, did the ment or provision of all of the ex	e organization follow a written policy represented above? If "No," com	egarding paymer	nt o				
	explain				1b				
2	•		to reimbursing or allowing expenses	•					
		-	D/Executive Director, regarding the items						
					2				
3			on used to establish the compensation of at apply. Do not check any boxes for metho						
			e CEO/Executive Director, but explain in P						
	X Comper	sation committee	X Written employment contract						
		dent compensation consultant	X Compensation survey or study						
	X Form 99	00 of other organizations	X Approval by the board or compensation	ation committee					
4		ar, did any person listed on Form 990, or a related organization:	Part VII, Section A, line 1a, with respect to	o the filing					
а			ayment?		4a		X		
b			tal nonqualified retirement plan?				X		
С	•		sed compensation arrangement?		4c		X		
	If "Yes" to an	y of lines 4a-c, list the persons and pr	rovide the applicable amounts for each it	em in Part III.					
-	-		rganizations must complete lines 5-9.						
5	•	n contingent on the revenues of:	on A, line 1a, did the organization pa	ly of accrue an	У				
а		0			5a		х		
b					5b		Х		
		e 5a or 5b, describe in Part III.							
6	-	listed on Form 990, Part VII, Sectin contingent on the net earnings of:	on A, line 1a, did the organization pa	ay or accrue an	У				
а	•	.			6a		x		
b					6b		X		
~	-	e 6a or 6b, describe in Part III.							
7	For persons	listed on Form 990, Part VII, Sectio	n A, line 1a, did the organization prov						
			escribe in Part III		7	X	<u> </u>		
8			paid or accrued pursuant to a contract the						
		-	Regulations section 53.4958-4(a)(3)? If						
•							X		
9			low the rebuttable presumption proced						
	regulations s	ecuon 33.4930-0(0)?	<u> </u>		9		L		

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

Schedule J (Form 990) 2021

	,			. ugo _
Schedule J (Fo	orm 990) 2021	UNITED STATES FIGURE	84-0768715	Page 2

Partil 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 and/or 1099-NEC 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
MARIO REDE	(i)	147,969.	13,900.		10,561.	3,398.	175,828.	
1 CHIEF FINANCIAL OFFIC	(ii)							
RAMSEY BAKER	(i)	213,043.	58,540.		8,970.	6,376.	286,929.	
2 EXECUTIVE DIRECTOR	(ii)							
	(i)	156,087.	24,500.		11,058.	10,003.	201,648.	
3 STAFF LEGAL COUNSEL	(ii)							
CHARLES CHOW	(i)	239,077.	22,500.		13,083.	6,400.	281,060.	
	(ii)							
MITCH MOYER	(i)	125,269.	12,020.		8,469.	6,973.	152,731.	
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2021

Schedule J (Form 990) 2021

Part III Supplemental Information

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

SCH J LINE 7

BONUSES FOR THE FOLLOWING INDIVIDUALS REPORTED ON SCHEDULE J, WERE MADE

AT THE DISCRETION OF THE EXECUTIVE DIRECTOR: MARIO REDE, CFO, RAMSEY

BAKER, EXECUTIVE DIRECTOR, JOHN ANDERSON, STAFF LEGAL COUNSEL, AND MITCH

MOYER, SENIOR DIRECTOR.

SCHEDULE M (Form 990)

Noncash Contributions

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

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Attach to Form 990.
 Go to www.irs.gov/Form990 for instructions and the latest information.

Employer identification number

Name of the organization

SKATING ASSOCIATION

UNITED STATES FIGURE

84-0768	0768715

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 contri	determinin	
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						
13	contribution - Historic						
	structures						
14	Qualified conservation						
14	contribution - Other						
45	Real estate - Residential						
15							
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						
25	Other ►()						
26	Other ►()						
27	Other ►()						
28							
29	Number of Forms 8283 received						
	which the organization completed F	Form 8283,	Part V, Donee Acknowledge	ement	29		
					Г	Yes	No
30a	During the year, did the organizat				- 1		
	28, that it must hold for at least the	•					
	to be used for exempt purposes for		olding period?			30a	X
b	If "Yes," describe the arrangement i						
31	Does the organization have a						
	contributions?					31	X
32a	Does the organization hire or use		•	•			
	contributions?				3	32a	X
b	If "Yes," describe in Part II.						
33	If the organization didn't report an	amount in c	column (c) for a type of pro	perty for which column (a)	is checked,		
	describe in Part II.						
For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2021							

5792CS P091 02/28/2023 12:03:35 V21-7.8F ASSOCIATION

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.

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



Department of the Treasury Internal Revenue Service

UNITED STATES FIGURE

Employer identification number

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 A LINE 6, 7A

THE GOVERNMENT OF US FIGURE SKATING IS VESTED IN A GOVERNING COUNCIL, WHICH CONSISTS OF DELEGATES WHO ARE APPOINTED OR ELECTED. EACH ACTIVE FULL-MEMBER CLUB MUST APPOINT FROM AMONG ITS REGISTERED HOME CLUB MEMBERS A NUMBER OF DELEGATES TO THE GOVERNING COUNCIL, BASED ON THE TOTAL NUMBER OF REGISTERED MEMBERS DURING THE PRECEDING FISCAL YEAR.

THE MANAGEMENT OF THE BUSINESS AND AFFAIRS OF US FIGURE SKATING IS VESTED IN AND EXERCISED BY OR UNDER THE AUTHORITY OF A BOARD OF DIRECTORS, WHO ARE ELECTED BY THE GOVERNING COUNCIL. EACH OF THE GOVERNING COUNCIL DELEGATES HAS ONE VOTE ON THE BOARD OF DIRECTORS. THE GOVERNING COUNCIL, BY MAJORITY VOTE, ELECTS A PRESIDENT, THREE VICE PRESIDENTS, ONE SECRETARY, ONE TREASURER, FOUR GROUP COORDINATORS, AND TWO COACHES. THE

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

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

Name of the organization

ATHLETE ADVISORY COMMITTEE ELECTS FOUR ATHLETE MEMBERS, THREE OF WHOM ARE

VOTING AND ONE IS NONVOTING.

FORM 990 PART VI SECTION A LINE 7B

AMENDMENTS TO THE ORGANIZATION'S BYLAWS REQUIRE APPROVAL FROM THE

GOVERNING COUNCIL.

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 CONTRACTS AND RECOMMENDATIONS 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

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.

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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 EXTERNAL 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 X, LINES 3, 16

COLUMN (A) LINE 3, PLEDGES RECEIVABLE, AND LINE (15) OTHER ASSETS WERE UPDATED TO REFLECT THE RECLASSIFICATION OF PLEDGES RECEIVABLE TO LINE 3.

Name of the organization	Employer ider	ntification number
UNITED STATES FIGURE	84-076	8715
ORM 990, PART VII-COMPENSATION OF THE 5		
IAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
RED BRICK SPORTS LLC		
917 GOLD HILL COURT		

TV PRODUCTION

LEGAL SERVICES

IT DEVELOPMENT SERVI

IT DEVELOPMENT SERVI

FRANKLIN, TN 37069

6515 HASTINGS DRIVE

COLORADO SPRINGS, CO 80919

164 SPRING VALLEY CIRCLE

COLORADO SPRINGS, CO 80960

THE LAW OFFICES OF THOMAS M. JAMES PC

LUKE ANDERSON

JANET PERRY

PO BOX 60506

DIVIDE, CO 80814

432,290.

125,865.

139,464.

104,643.

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.

OMB No. 1545-0047

Open to Public

Inspection

21

2

Employer identification number

84-0768715

Department of the Treasury Internal Revenue Service

Part I

Name of the organization UNITED STATES FIGURE

SKATING ASSOCIATION

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

Name, address, and	(a) 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	1,367,182.	12,042,072.	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) EIN of related organization	(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	(g Section 5 contr enti	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	х	
(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	USFSA	х	
_(3)								
(4)								
(5)								
(6)								
(7)								

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

Schedule R (Form 990) 2021

JSA

Schedule R (Form 990) 2021

UNITED STATES FIGURE

84-0768715

Page **2**

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

because it had one of	inore related org	anizatior	is irealed as a p	armership during in	e lax year.							
(a) Name, address, and EIN of related organization	(b) Primary activity Lo dor (sta for cou		(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	(h Dispropo allocati	ortionate	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man	j) eral or aging tner?	(k) Percentage ownership
				,			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) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes No
(1)								Tes NO
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								

Schedule R (Form 990) 2021

i j k m n o p q r	 h Purchase of assets from related organization(s). i Exchange of assets with related organization(s). j Lease of facilities, equipment, or other assets to related organization(s). k Lease of facilities, equipment, or other assets from related organization(s). k Lease of services or membership or fundraising solicitations for related organization(s). 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). o Sharing of paid employees with related organization(s) for expenses. q Reimbursement paid to related organization(s) for expenses. r Other transfer of cash or property to related organization(s). 									
	Other transfer of cash or property from related organization(s). If the answer to any of the above is "Yes," see the instructions for information on who must complete			<u></u>	1s		X			
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	Method of	(d)	minin	g			
(1)	US FIGURE SKATING FOUNDATION	C	5,728,639.	CASH						
(2)	US FIGURE SKATING FOUNDATION	R	1,200,000.	CASH						
(3)	20 FIRST STREET PROPERTIES	D	272,665.	CASH						
(4)	20 FIRST STREET PROPERTIES	D	1,307,720.	CASH						
(5)										
(6)										
JSA			Sci	nedule R (F	orm 9	90) 2	2021			
1E130	1.000	46								

Schedule R (Form 990) 2021

Part V

1

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s).

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

Page 3

Yes No

1a

1b 1c X

1e

1d X

Х

Х

Х

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	organiz	ction total income (c)(3) zations?		(g) Share of end-of-year assets	Disprop	h) ortionate ations?	amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			sections 512 - 514)	Yes	No			Yes	No	(* 6111 * 666)	Yes	No]
(1)	_												
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
10)													
11)													
12)													
13)													
14)													
15)													
16)													

Schedule R (Form 990) 2021

Schedule R (Form 990) 2021 UNITED STATES FIGURE

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, AND INVEST FUNDS CONTRIBUTED TO IT BY OR FOR BENEFIT OF THE US FIGURE SKATING ASSOCIATION.

Form	990-T	E>	cempt Organization Business Income Tax Retur (and proxy tax under section 6033(e))	'n	OMB No. 1545-0047
		For cale	ndar year 2021 or other tax year beginning <u>07/01</u> , 2021, and ending <u>06/30</u> , 20	o <u>22</u>	2021
Depai	tment of the Treasury		► Go to www.irs.gov/Form990T for instructions and the latest information.		
Intern	al Revenue Service	► Do	not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).	Open to Public Inspection for 501(c)(3) Organizations Only
A	Check box if		Name of organization (Check box if name changed and see instructions.)	D Em	ployer identification number
	address changed.		UNITED STATES FIGURE		-0768715
BEx	empt under section	Print or	Number, street, and room or suite no. If a P.O. box, see instructions.		up exemption number instructions)
X	501(C)(3)	Туре	20 FIRST STRRET	(000	include only
	408(e) 220(e)		City or town, state or province, country, and ZIP or foreign postal code		
	408A 530(a)	F	Check box if an amended return.		
	529(a) 529A				
	heck organization t	<i>,</i>	X 501(c) corporation 501(c) trust 401(a) trust Other trust		
	heck if filing only to	-	Claim credit from Form 8941 Claim a refund shown on Form		
<u> </u>	heck if a 501(c)(3)	organiza	ation filing a consolidated return with a 501(c)(2) titleholding corporation		<u></u>
			Schedules A (Form 990-T)		
ΚD	uring the tax year,	was the	corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? .		▶ Yes X No
lf	"Yes," enter the na	ame and	identifying number of the parent corporation 🕨		
LΤ	he books are in care	e of 🕨 N	IARIO R REDE Telephone number ► 719	9-635	5-5200
		2	20 FIRST STREET		
		C	COLORADO SPRINGS, CO 80906		
Pa			Business Taxable Income		
1			ness taxable income computed from all unrelated trades or businesses (se		
	instructions)			1	-41,129.
2	Reserved			. 2	2
3	Add lines 1 and 2			. 3	-41,129.
4	Charitable contrib	outions (s	see instructions for limitation rules)	. 4	L
5	Total unrelated but	usiness t	axable income before net operating losses. Subtract line 4 from line 3	. 5	-41,129.
6	Deduction for net	operatir	g loss. See instructions	. 6	5
7			ness taxable income before specific deduction and section 199A deduction		
	Subtract line 6 fro	m line 5		. 7	-41,129.
8			ally \$1,000, but see instructions for exceptions)		
9			uction. See instructions)
10			s 8 and 9		0
11	Unrelated busine	ess taxa	ble income. Subtract line 10 from line 7. If line 10 is greater than line	7,	
	enter zero		· · · · · · · · · · · · · · · · · · ·	1	1 NONE
Pa	rt II Tax Com	outatio	1		
1	Organizations tax	xable as	corporations. Multiply Part I, line 11 by 21% (0.21)	▶ 1	NONE
2			rates. See instructions for tax computation. Income tax on the amount of		
	Part I, line 11 from	Г	Tax rate schedule or Schedule D (Form 1041)		2
3		-	······································		
4			structions	· –	
5			rusts only)		
6			lity income. See instructions		
7			6 to line 1 or 2, whichever applies		
			lotice, see instructions.	- 1	Form 990-T (2021)

Form	990-T (2021)		84-0768715	Page 2
Par	t III Tax and Payments			
1 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 1	la		
b	Other credits (see instructions)	lb		
С	General business credit. Attach Form 3800 (see instructions)	1c		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	ld		
е	Total credits. Add lines 1a through 1d.		1e	
2	Subtract line 1e from Part II, line 7.		2	NONE
3	Other amounts due. Check if from: Form 4255 Form 8611 Form 8697 Form 8697	rm 8866		
	Other (attach statement)		3	
4	Total tax. Add lines 2 and 3 (see instructions).			
	section 1294. Enter tax amount here		4	NONE
5	Current net 965 tax liability paid from Form 965-A, Part II, column (k)		5	
6 a		ба	-	
b	2021 estimated tax payments. Check if section 643(g) election applies	6b	_	
С	Tax deposited with Form 8868	ôc	_	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d	_	
е		6e		
f		6f	-	
g	Other credits, adjustments, and payments: Form 2439			
	Form 4136 Other Total ▶ 6	6g	-	
7	Total payments. Add lines 6a through 6g		7	
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached		8	
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed		9	NONE
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid.			
11	Enter the amount of line 10 you want: Credited to 2022 estimated tax	Refunded ►		
Par	t IV Statements Regarding Certain Activities and Other Infor			
1	At any time during the 2021 calendar year, did the organization have an inter	-		'es No
	over a financial account (bank, securities, or other) in a foreign country? If "	-		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes,"	enter the name of the	foreign country	
_	here			<u> </u>
2	During the tax year, did the organization receive a distribution from, or was it the g	grantor of, or transferor to	a foreign trust?	X
-	If "Yes," see instructions for other forms the organization may have to file.	• •		
3	Enter the amount of tax-exempt interest received or accrued during the tax year			
4	Enter available pre-2018 NOL carryovers here \blacktriangleright \$849,810. Do not includ			
	shown on Schedule A (Form 990-T). Don't reduce the NOL carryover show	vn here by any deducti	on reported on	
-	Part I, line 6.			
5	Post-2017 NOL carryovers. Enter available Business Activity Code and po		Don't reduce	
	the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the			
	Business Activity Code	Available post-2017 N	IOL carryover	
	541800	\$ <u>191,113.</u>		
		\$		
		\$		
6-2	Did the organization change its method of accounting? (see instructions)	\$		37
	If 6a is "Yes," has the organization described the change on Form 990, 99			X
D D				
Par	explain in Part V			
	de the explanation required by Part IV, line 6b. Also, provide any other additional information	on. See instructions.		

		nder penalt elief, it is true																		best	of m	y know	ledge and
Sign Here	- <u> </u>	TRACY MAREK Signature of officer									Date Title						May the IRS discuss this ret with the preparer shown be						
Paid		Print/Typ	e prepar	er's na	ime					arer's sig	gnature	B	me	Date	/28/	2023	Che	ck	if		PTIN	8414	
Prepar Use O		Firm's na	me 🕨	STO	CKM	AN	KAST	RYA	Ν&	CO, 1	LLP			\cap)		Firm	's E	IN 🕨	84	-15	0958	4
Use U	шу	Firm's ad	dress 🕨	102	Ν.	CA	SCAD	e av	ENUE	, SU	ITE	400,	COLO	RADO	SPF	RINGS	Pho	ne n	o. 71	9-	630	-118	6
JSA 1X2741 1.	000																				Form	990-	T (2021)

SCHE	DULE A	١
(Form	990-T)	

Department of the Treasury Internal Revenue Service

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0074

► Go to www.irs.gov/Form990T for instructions and the latest information.

Open to Public Inspection for

20

A	Name	of the	organization

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). 501(c)(3) Organizations Only

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A Name of the organization	B Employer identification number			
UNITED STATES FIGURE SKATING ASSOCIATION	84-0768715			
C Unrelated business activity code (see instructions) ► 541800	D Sequence: 1 of 1			

E Describe the unrelated trade or business ► ADVERTISING INCOME

Par	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses	s	(C) Net
1a	Gross receipts or sales					
b	Less returns and allowances c Balance ►	1c				
2	Cost of goods sold (Part III, line 8).	2				
3	Gross profit. Subtract line 2 from line 1c	3				
4a	Capital gain net income (attach Sch D (Form 1041 or Form					
	1120)). See instructions	4a				
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b				
с	Capital loss deduction for trusts	4c				
5	Income (loss) from a partnership or an S corporation (attach					
	statement)	5				
6	Rent income (Part IV)	6				
7	Unrelated debt-financed income (Part V)	7				
8	Interest, annuities, royalties, and rents from a controlled					
	organization (Part VI)	8				
9	Investment income of section 501(c)(7), (9), or (17)					
	organizations (Part VII)	9				
10	Exploited exempt activity income (Part VIII)	10				
11	Advertising income (Part IX)		71,995.	113,12	24.	-41,129.
12	Other income (see instructions; attach statement)					
13	Total. Combine lines 3 through 12		71,995.	113,12		-41,129.
Par			nitations on deduct	ions. Deductio	ons m	nust be
	directly connected with the unrelated business incom					
1	Compensation of officers, directors, and trustees (Part X)				1	
2	Salaries and wages				2	
3	Repairs and maintenance			H	3	
4	Interest (attach statement). See instructions				4	
5	Taxes and licenses				5 6	
6 7	Depreciation (attach Form 4562). See instructions			•••••	0	
7 8	Less depreciation claimed in Part III and elsewhere on return				8b	
9	Depletion.				9	
10	Contributions to deferred compensation plans				10	
11	Employee benefit programs				11	
 12	Excess exempt expenses (Part VIII)				12	
13	Excess readership costs (Part IX)				13	
14	Other deductions (attach statement)				14	
15	Total deductions. Add lines 1 through 14				15	
16	Unrelated business income before net operating loss deduction					
-	column (C)				16	-41,129.
17	Deduction for net operating loss. See instructions			F	17	,
18	Unrelated business taxable income. Subtract line 17 from line				18	-41,129.
For Pa	aperwork Reduction Act Notice, see instructions.				edule	A (Form 990-T) 2021

Part III Cost of Cocods Sold Enter method of inventory valuation ▶ 1 Inventory at beginning of year 1 2 Purchases 2 3 Cost of back* 3 4 Additional section 283A costs (attach statement) 4 5 Total: Additional section 283A with respect to property grouperty produced or acquired for result) apply to the organization? Yes 2 Cost of goods sold. Subtract line 7 from line 6. Enter there and in Part I, line 2 7 - 6 Total: Additional section 283A (with respect to property grouperty produced or acquired for result) apply to the organization? Yes 2 Cost of goods sold. Subtract line 7 from line 6. Enter there and in Part I, line 2 - - 7 Cost of goods sold. Subtract line 7 from line 6. Enter there and in Part I, line 2 - - 2 Cost of goods sold. Subtract line 7 from line 6. Enter there and in Part I, line 6. column. - - 8	1	ule A (Form 990-T) 2021					Page 2
2 Purchases 2 4		t III Cost of Goods Sold	Enter method of inventor	y valuation 🕨			
Cost of labor,	~	Inventory at beginning of year					
Additional section 283A costs (attach statement) Other costs (attach statement) Tatal. Add lines 1 through 5 Total. Add lines 1 through 5 Cost of goods sold. Subtach line 7 from line 6. Enter here and in Part I, line 2 Cost of goods sold. Subtach line 7 from line 6. Enter here and in Part I, line 2 Debergietion of property (property atreet address, city, state, ZIP code). Check if a dual-use. See instructions. A B C D Rent received or accrued A B C D Rent received or accrued by property Depergietion of property (fit he percentage of income 1, line 6, column (A) Cost of goods of add. Subtach line 7 Cost of goods of add. Subtach line 7 Total. Add lines 4 columns A through D. Enter here and on Part I, line 6, column (A) Cost of good add. Subtach line 7 Total rents received or accrued Add line 2 columns A through D. Enter here and on Part I, line 6, column (A) Cost of good add. Subtach line 7 Total rents received or accrued Add line 2 columns A through D. Enter here and on Part I, line 6, column (A) Cost of good add. Subtach line 7 Total rents received or accrued Add line 2 columns A through D. Enter here and on Part I, line 6, column (A) Cost of good add. Subtach statement) Deductions directly connected with the income In lines 2(a) add 2(b) (attach statement) Description of ded-Inanced property (street address, city, state, ZIP code). Check if a dual-use. See instructions. A B C D	2	Purchases			2		
5 Other costs (attain statement) 5 6 Total. Add lines 1 through 5 7 7 Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2 7 8 0 Total. Add lines 1 through 5 7 9 Do the nucles of section 2534 (with respect to property rotated or acquired for resule) apply to the organization? Ves Part W Rent Income (From Real Property and era part line 2 Image: Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2 Image: Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2 Image: Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2 Image: Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2 Image: Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2 Image: Cost of goods sold. Subtract line 7 from line 6. Enter here and on Part I, line 6. Cost of goods sold. Subtract line 7 from real and personal property (if the percentage of rent for personal property (if the percentage of rent for personal property. Add lines 2 and 20, columns A through D. Enter here and on Part I, line 6, column (A)	3				••••		
6 Total: Add lines 1 through 5	4						
7 Inventory at end of year 7 8 Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2	5						
Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2,	6						
9 Do the rules of section 283.4 (with respect to property produced or acquired for resells) apply to the organization? Yes Part IV Rent Income (From Real Property and Personal Property Leased with Real Property) Yes Yes 9 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions. A B C D 8 C D D C D C D 9 C A B C D D 9 C D A B C D 9 C D A B C D 9 C D A B C D 9 C D C D C D C D 9 From real and personal property is more than 10% Learner do a second property acceeds 50% of the rent is based on property acceeds 50% of the rent is based on property acceeds 50% of the rent is based on property acceeds 50% of the rent second acceed and by acceeds 50% of the rent second acceed and by acceeds 50% of the rent second acceed acceed acceed acceed acceed acceed acceed acceed acceed							
Part IV Rent Income (From Real Property and Personal Property Leased with Real Property) 1 Description of property (troperty street address, city, state, ZIP code). Check if a dual-use. See instructions. A B C D C B C D C B C D C C C D C C C D C C C D C C C D C C C D D From presonal property (if the percentage of rent for personal property percenty exceeds 50% or if the rent is based on profit or income both or personal property and through D. C C Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A)							1
1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions. 8 C 0 Description of property (fif the percentage of rent for personal property is more than 10%, but not more than 50%). 0 Description of personal property (fif the percentage of rent for personal property is more than 10%, but not more than 50%). 0 Description of personal property (fif the percentage of rent for personal property (fif the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) 0 Total rents received or accrued by property. Add lines 2a and 2b, columns A through D. Enter here and on Part I, line 6, column (A) > 4 Deductions directly connected with the income in lines 2(a) and 2(b) (atths statement) 5 Total rents received or accrued by property. 4 Deductions directly connected with the income in lines (a) and 2(b) (atths statement) 5 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (A) > 6 Description of debt-Financed income (see instructions) 7 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions. 7 Becturins (attach statement) Deductions (attach statement) 8 C <td< th=""><th>_</th><th></th><th></th><th></th><th></th><th>Yes</th><th>No</th></td<>	_					Yes	No
A B C D 2. Rent received or accrued A B C D a From personal property (if the percentage of rent for personal property is more than 10%, but not more than 50%)		· · · · · · · · · · · · · · · · · · ·					
B C D 2 Rent received or accrued A B C D 3 From personal property (if the percentage of rent for personal property is more than 10%, but not more than 50%,			, ony, state, zir code). Oneok		10113.		
C D 2 Rent received or accrued a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)							
A B C D 2 Rent received or accrued A B C D 3 From personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)							
2 Rent received or accrued a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)							
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)			A	В	С	D	
rent for personal property is more than 10% but not more than 50%)	2	Rent received or accrued					
but not more than 50%)	а	From personal property (if the percentage of					
b From real and personal property (if the percentage of rent for personal property exceeds 50% of it the rent is based on profit or income)		rent for personal property is more than 10%					
percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) Total rents received or accrued by property. Add lines 2a and 2b, columns A through D Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A) Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A) Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) Total deductions directly connected with the address, city, state, ZIP code). Check if a dual-use. See instructions. Total deductions directly connected with or allocable Total deductions directly connected with or allocable to debt-financed property Total deductions (attach statement), D Other deductions (attach statement), Total deductions (attach statement),		but not more than 50%)					
exceeds 50% or if the rent is based on profit or income)	b	From real and personal property (if the					
income)							
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D		•					
Add lines 2a and 2b, columns A through D. 3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A)		income)					
3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A)	С						
4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) 5 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B)		-					
in lines 2(a) and 2(b) (attach statement)	3	Total rents received or accrued. Add line 2c co	lumns A through D. Enter here	e and on Part I, line 6, colu	umn (A) 🔜 🕨 🔛		
in lines 2(a) and 2(b) (attach statement)							
5 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B)	4	-					
A B C D C	5			ine 6. column (B)			
1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions. A B B C D C D C D C D C D C D C D C D C D C D C D C D C D C D C D C D Deductions directly connected with or allocable to debt-financed property a Straight line depreciation (attach statement)	Ū				· · · · · · · · · · · · · · · · · · ·		
A B C D 2 Gross income from or allocable to debt-financed property A B C D 3 Deductions directly connected with or allocable to debt-financed property a Image: Connect of the statement	Par	t V Unrelated Debt-Financed Incom	e (see instructions)				
B C D 2 Gross income from or allocable to debt-financed property A B C D 3 Deductions directly connected with or allocable to debt-financed property a Image: Control of the statement	1	Description of debt-financed property (street ad	dress, city, state, ZIP code). C	heck if a dual-use. See in	structions.		
C A B C D 2 Gross income from or allocable to debt-financed property A B C D 3 Deductions directly connected with or allocable to debt-financed property a Straight line depreciation (attach statement) b 4 Straight line depreciation (attach statement) b C D 5 Total deductions (add lines 3a and 3b, columns A through D) c Columns A through D) c 5 Average adjusted basis of or allocable to debt-financed property (attach statement) % % % 6 Divide line 4 by line 5		A					
D A B C D 2 Gross income from or allocable to debt-financed property 3 Deductions directly connected with or allocable to debt-financed property 4 Straight line depreciation (attach statement). b Other deductions (attach statement)		в					
A B C D 2 Gross income from or allocable to debt - financed property		c					
2 Gross income from or allocable to debt - financed property 3 Deductions directly connected with or allocable to debt-financed property a Straight line depreciation (attach statement) b Other deductions (attach statement) c Total deductions (add lines 3a and 3b, columns A through D) 4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement) 5 Average adjusted basis of or allocable to debt-financed property (attach statement) 6 Divide line 4 by line 5 7 Gross income reportable. Multiply line 2 by line 6		D					
financed property			A	В	С	D	
3 Deductions directly connected with or allocable to debt-financed property a Straight line depreciation (attach statement) b Other deductions (attach statement) c Total deductions (add lines 3a and 3b, columns A through D) 4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement) 5 Average adjusted basis of or allocable to debt-financed property (attach statement) 6 Divide line 4 by line 5 7 Gross income reportable. Multiply line 2 by line 6	2	Gross income from or allocable to debt -					
to debt-financed property a Straight line depreciation (attach statement) b Other deductions (attach statement) c Total deductions (add lines 3a and 3b, columns A through D) 4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement) 5 Average adjusted basis of or allocable to debt-financed property (attach statement) 6 Divide line 4 by line 5 7 Gross income reportable. Multiply line 2 by line 6							
a Straight line depreciation (attach statement).	3	Deductions directly connected with or allocable					
b Other deductions (attach statement)							
c Total deductions (add lines 3a and 3b, columns A through D) Image: Columns A through D) Image: Columns A through D) 4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Image: Columns A through D) Image: Columns A through D) 5 Average adjusted basis of or allocable to debt-financed property (attach statement) Image: Columns A through D) Image: Columns A through D) 6 Divide line 4 by line 5 Image: Columns A through D) Image: Columns A through D) 7 Gross income reportable. Multiply line 2 by line 6 Image: Columns A through D) Image: Columns A through D)		Straight line depreciation (attach statement).					
columns A through D)	а						
4 Amount of average acquisition debt on or allocable to debt - financed property (attach statement) 5 Average adjusted basis of or allocable to debt-financed property (attach statement) 6 Divide line 4 by line 5	a b	· · · · · · · · · · · · · · · · · · ·			I. I.		
to debt - financed property (attach statement)	b	Total deductions (add lines 3a and 3b,					
5 Average adjusted basis of or allocable to debt-financed property (attach statement) 6 Divide line 4 by line 5 % 7 Gross income reportable. Multiply line 2 by line 6	b c	Total deductions (add lines 3a and 3b, columns A through D)					
financed property (attach statement) 6 Divide line 4 by line 5 % 7 Gross income reportable. Multiply line 2 by line 6	b c	Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable					
6 Divide line 4 by line 5 % 7 Gross income reportable. Multiply line 2 by line 6	b c 4	Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt - financed property (attach statement)					
7 Gross income reportable. Multiply line 2 by line 6	b c 4	Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt - financed property (attach statement) Average adjusted basis of or allocable to debt-					
	b c 4 5	Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt - financed property (attach statement) Average adjusted basis of or allocable to debt-financed property (attach statement)		0/	۰		0/
8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)	b c 4 5 6	Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt - financed property (attach statement) Average adjusted basis of or allocable to debt-financed property (attach statement) Divide line 4 by line 5	%	%	%		%
	b c 4 5 6 7	Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt - financed property (attach statement) Average adjusted basis of or allocable to debt-financed property (attach statement) Divide line 4 by line 5	%				%
9 Allocable deductions. Multiply line 3c by line 6	b c 4 5 6	Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt - financed property (attach statement) Average adjusted basis of or allocable to debt-financed property (attach statement) Divide line 4 by line 5	%				%
10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)	b c 4 5 6 7 8	Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt - financed property (attach statement) Average adjusted basis of or allocable to debt-financed property (attach statement) Divide line 4 by line 5 Gross income reportable. Multiply line 2 by line 6 Total gross income (add line 7, columns A through 10 and	with the second				%
11 Total dividends-received deductions included in line 10.	b c 4 5 6 7 8 9	Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt - financed property (attach statement) Average adjusted basis of or allocable to debt-financed property (attach statement) Divide line 4 by line 5	wugh D). Enter here and on Pa	rt I, line 7, column (A)	· · · · · · · · •		%
JSA Schedule A (Form 990	b c 4 5 6 7 8 9 10	Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt - financed property (attach statement) Average adjusted basis of or allocable to debt-financed property (attach statement) Divide line 4 by line 5	wugh D). Enter here and on Pa	rt I, line 7, column (A)	····· ▶		%

Schedu	ile A (Form 990-T) 2021					Page 3	
Par	t VI Interest, Ann	nuities, Royalt	ies, and Rents		nizations (see instructions) ontrolled Organizations		
	I. Name of controlled organization	2. Employer identification number	 Net unrelate income (loss) (see instruction 	payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5	
(1)							
(2)							
(3)							
(4)							
			Nonexe	mpt Controlled Organizati	ions		
7. Taxable income		ind	let unrelated come (loss) e instructions)	 9. Total of specified payments made 	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)							
(2)							
(3)							
(4)							
					Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)	
	VIII Investment I			(7) (0) or (17) Organiz	rtion (and instructions)		
Part	Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 1. Description of income 2. Amount of income 3. Deductions 4. Set-asides				4. Set-asides	5. Total deductions	
				directly connected (attach statement)	(attach statement)	and set-asides (add columns 3 and 4)	
(1)							
(2)							
(3) (4)							
		Enter he	ounts in column 2. ere and on Part I, 9, column (A)			Add amounts in column 5. Enter here and on Part I, line 9, column (B)	
-	WIII Exploited Ex		Incomo Oth	er Than Advertising Inco	omo (ana instructiona)		
1	Description of exploited		mcome, our	er man Auvertising inco			
2		2					
3	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) 2 Expenses directly connected with production of unrelated business income. Enter here and on Part I,						
U	line 10, column (B)					3	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete					<u> </u>	
-	lines 5 through 7						
5	Gross income from activity that is not unrelated business income						
6	Expenses attributable					6	
7	•				e than the amount on line		
	4. Enter here and on F	Part II, line 12	<u></u>		<u> </u>	7	

Schedule A (Form 990-T) 2021

Sched	ule A (Form 990-T) 2021				Page 4
Pa	t IX Advertising Income				
1	Name(s) of periodical(s). Check box if r	reporting two or more periodicals o	n a consolidated ba	asis.	
	A SKATING MAGAZI	NE			
	в				
	c				
	D				
Enter	amounts for each periodical listed above	in the corresponding column.			
		A	В	С	D
2	Gross advertising income				
	6				▶ 71,995.
а	Add columns A through D. Enter here a	ind on Part I, line TT, column (A).			► <u>11,995</u> .
•	Direct advertising easts by periodical	113,124.			
3	Direct advertising costs by periodical				▶ 113,124.
а	Add columns A through D. Enter here a	nd on Part I, line 11, column (B).			► <u> </u>
4	Advertising gain (loss). Subtract line 3 fi	om line			
	2. For any column in line 4 showing				
	complete lines 5 through 8. For any co	-			
	line 4 showing a loss or zero, do not co				
	lines 5 through 7, and enter zero on line				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is le				
-	line 5, subtract line 6 from line 5. If line				
	than line 6, enter zero				
8	Excess readership costs allowed				
Ū	deduction. For each column showing a				
	line 4, enter the lesser of line 4 or line 7				
а	Add line 8, columns A through D.		a 8a columns t	otal or zero here and	00
a	Part II, line 13	-			
Par			see instructions)		
I ai	tx compensation of onleers,				
				3. Percentage	4. Compensation
	1. Name	2. Title		of time devoted	attributable to
				to business	unrelated business
(1)				%	
(2)				%	
(3)				%	
(4)				%	
Tota	I. Enter here and on Part II, line 1.				
	t XI Supplemental Information				
		· · · · · · · · · · · · · · · · · · ·			