Public Disclosure Copy

Form 990

PLEASE SIGN THIS COPY AND RETAIN FOR YOUR RECORDS

Public Inspection Requirement

An exempt organization must make available for public inspection, upon request and without charge, a copy of its original and amended annual information returns. Each information return must be made available from the date it is required to be filed (determined without regard to any extensions), or is actually filed, whichever is later. An original return does not have to be made available if more than 3 years have passed from the date the return was required to be filed (including any extensions) or was filed, whichever is later. An amended return does not have to be made available if more than 3 years have passed from the date it was filed.

An annual information return includes an exact copy of the return (Form 990 or 990–EZ and amended return, if any) and all schedules, attachments, and supporting documents filed with the IRS. In the case of a tax-exempt organization other than a private foundation, the names and addresses of contributors to the organization need not be disclosed, and Schedule B has been redacted accordingly.

For returns filed by Section 501(c)(3) organizations after August 17, 2006, Form 990-T must also be made available for public inspection. However, only those schedules, statements, and attachments to Form 990-T that relate to the imposition of the unrelated business income tax must be made available for public inspection.

This copy of the return is provided only for Public Disclosure purposes. Any confidential information regarding donors, and schedules or attachments to Form 990-T that do not relate to the calculation of unrelated business income tax, have been removed.

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

A I	For the	\pm 2022 calendar year, or tax year beginning ± 0.01 ± 1 , ± 2.022 and	ل ending	UN 30, 202.	3			
В	Check if applicable	C Name of organization		D Employer identi	fication number			
	Addres	UNITED STATES FIGURE SKATING ASSOCIATI	ON					
	Name change	Doing business as		84-0768	715			
F	Initial return	Number and street (or P.O. box if mail is not delivered to street address) 20 FIRST STREET	Room/suite	E Telephone number 719-635-5200				
	⊥return/ termin ated			G Gross receipts \$ 28,797,566.				
	Ameno	, , , , , , , , , , , , , , , , , , ,		H(a) Is this a group				
	Application			for subordinate				
	pendin	SAME AS C ABOVE		H(b) Are all subordinates included? Yes No				
$\overline{}$	Tax-exe	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) o	or 527	1 ` ′	a list. See instructions			
	Websit		<u></u>	H(c) Group exempt				
		organization: X Corporation Trust Association Other	L Year		M State of legal domicile: CO			
	art I	Summary	12 100	01101111ation; ====	THE CLUEGO OF TOYAL GOTTHORD, 4			
	1	Briefly describe the organization's mission or most significant activities: NATIO	ONAL G	OVERNING BO	DDY FOR THE			
Governance		SPORT OF FIGURE SKATING.						
rna	2	Check this box if the organization discontinued its operations or dispos	sed of more	than 25% of its net a	ssets.			
Ş	3	Number of voting members of the governing body (Part VI, line 1a)		3	16			
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			16			
တ္	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)			93			
)ţ	6	Total number of volunteers (estimate if necessary)						
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			48,712.			
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		7	ь 0.			
ø				Prior Year	Current Year			
	8	Contributions and grants (Part VIII, line 1h)		8,382,142				
ž	9	Program service revenue (Part VIII, line 2g)		18,070,037				
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-218,965				
~	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		327,701				
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		26,560,915	. 26,971,252.			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0				
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0				
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		5,592,502				
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0	. 0.			
x	. b	Total fundraising expenses (Part IX, column (D), line 25) 2,520,05						
Ш	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		20,330,705				
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		25,923,207				
		Revenue less expenses. Subtract line 18 from line 12		637,708				
Net Assets or	3		Ве	ginning of Current Year				
sets	20	Total assets (Part X, line 16)		14,861,532				
T A	21	Total liabilities (Part X, line 26)		4,761,739				
ڪَڙ	22	Net assets or fund balances. Subtract line 21 from line 20		10,099,793	6,320,044.			
	art II	Signature Block						
		Ities of perjury, I declare that I have examined this return, including accompanying schedules			ny knowledge and belief, it is			
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	lich preparer	nas any knowledge.				
C:	_	Signature of officer		I Date				
Sig		TRACY MAREK, CEO		Dato				
Hei	re	Type or print name and title						
			11	Date Check	PTIN			
Paid	d	Print/Type preparer's name DORI J. EGGETT Preparer's signature DORI J. EGGETT		5/15/24 self-emp				
	parer	Firm's name PLANTE & MORAN, PLLC			38-1357951			
	Only	Firm's address 8181 E TUFTS AVE, SUITE 600		I IIIII 2 EIN	JU 1331331			
	J,	DENVER, CO 80237	Phone no 3	03-740-9400				
Mar	v the IF	RS discuss this return with the preparer shown above? See instructions		1. 110110 110. 0	X Yes No			
		1 1						

Pai	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	AS THE NATIONAL GOVERNING BODY, THE MISSION OF THE UNITED STATE	res
	FIGURE SKATING ASSOCIATION IS TO PROVIDE PROGRAMS TO ENCOURAGE	∑
	PARTICIPATION AND ACHIEVEMENT IN THE SPORT OF FIGURE SKATING	ON ICE,
	AND PARTICULARLY: A) TO SERVE AS THE NATIONAL GOVERNING BODY	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	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 program services?	Yes X No
3	If "Yes," describe these changes on Schedule O.	165140
4	· · · · · · · · · · · · · · · · · · ·	hu ayaanaa
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total	expenses, and
	revenue, if any, for each program service reported.	0 002 070 .
4a	· · · · · · · · · · · · · · · · · · ·	0,093,070.
	DEVELOPMENT AND SUPPORT OF ATHLETES	
46	(Code:) (Expenses \$10 , 296 , 064including grants of \$) (Revenue \$	5 535 708 \
4b		3,333,700.)
	SKATING EVENTS	
40	(Code:) (Expenses \$ 5,362,452 • including grants of \$) (Revenue \$	6,472,061.)
40	MEMBERSHIP ACTIVITIES AND SERVICES, ADMISSIONS, PUBLICATIONS,	AND
	GOVERNANCE AND JUDGING	AND
	GOVERNANCE AND OUDGING	
_		
4d	Other program services (Describe on Schedule O.)	
-	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 23, 283, 668.	
	· · · · · · · · · · · · · · · · · · ·	Form 990 (2022)

Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
_	similar amounts as defined in 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	۳		
·	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
0	, ,	8	Х	
•	Schedule D, Part III	P		_
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?			x
	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		37	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	_X_	
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	X	
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? If "Yes," complete Schedule D, Part VII	11b	X	
С	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 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
~	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		
"		17		x
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	-''-		 ^
18		40		x
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		 ^
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	ا مر ا		_v
00	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			,,
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		X

Page 4 Part IV | Checklist of Required Schedules (continued) Yes No 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 Х 22 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 Х 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Х 24a Schedule K. If "No," go to line 25a **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a Х b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete Х 25b 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% Х controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled Х entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28a X **b** A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If 28c "Yes," complete Schedule L, Part IV 29 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete 32 Х 32 Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations Х 33 sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Х X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b 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 Х 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? Х If "Yes," complete Schedule R, Part V, line 2 36 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 X 37 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Х Note: All Form 990 filers are required to complete Schedule O 38 Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 325 **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 0 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

232004 12-13-22

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(gambling) winnings to prize winners?

UNITED STATES FIGURE SKATING ASSOCIATION
Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			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 2a93							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х					
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	Х					
b	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					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a							
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х				
b	If "Yes," enter the name of the foreign country							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).							
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X				
С	, , , , , , , , , , , , , , , , , , , ,							
6a	6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit							
_	any contributions that were not tax deductible as charitable contributions?							
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	١.,						
_	were not tax deductible?	6b						
7	Organizations that may receive deductible contributions under section 170(c).	7-		Х				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Λ				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7b						
С		70		Х				
d	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year 7d	7c		21				
e		7e		Х				
f								
g g								
h								
8								
	sponsoring organization have excess business holdings at any time during the year?							
9	9 Sponsoring organizations maintaining donor advised funds.							
а	a Did the sponsoring organization make any taxable distributions under section 4966?							
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b						
10	Section 501(c)(7) organizations. Enter:							
а	Initiation fees and capital contributions included on Part VIII, line 12							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities							
11	Section 501(c)(12) organizations. Enter:							
a	Gross income from members or shareholders 11a							
b	Gross income from other sources. (Do not net amounts due or paid to other sources against							
10-	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	100						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	-						
	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.	100						
b								
	organization is licensed to issue qualified health plans							
С	Enter the amount of reserves on hand							
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х				
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or							
	excess parachute payment(s) during the year?	15		Х				
	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		Х				
	If "Yes," complete Form 4720, Schedule O.							
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities							
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17						
	If "Yes," complete Form 6069.							

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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 16 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 16 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Х 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the 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 that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Х The organization's CEO, Executive Director, or top management official 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16h Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records ERIC FEHR - 719-635-5200 FIRST STREET, COLORADO SPRING, CO

Form **990** (2022)

80906

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- 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.

(A) Name and title	(B) Average hours per	(do box	not c	Pos heck	c) ition more rson is		one n an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	the organization		from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) RAMSEY BAKER EXECUTIVE DIRECTOR (END 12/2022)	1.00			x				293,906.	0.	21,975.
(2) CHARLES CHOW	40.00							,		•
CHIEF TECHNICAL OFFICER	0.00					х		256,915.	0.	21,106.
(3) JOHN ANDERSON	40.00									•
STAFF LEGAL COUNSEL	0.00					Х		206,484.	0.	23,733.
(4) MARIO REDE	40.00									
CHIEF FINANCIAL OFFICER	1.00			Х				173,924.	0.	11,933.
(5) MITCH MOYER	40.00									
SENIOR DIRECTOR	0.00					Х		145,406.	0.	15,123.
(6) JUSTIN DILLON	40.00									
SENIOR DIRECTOR	0.00					Х		121,508.	0.	14,672.
(7) ROBERT DUNLOP	40.00									
SENIOR DIRECTOR	0.00					Х		127,415.	0.	8,217.
(8) SAM AUXIER	1.00]							_	_
PRESIDENT	2.00	Х		Х				0.	0.	0.
(9) VICTORIA HILDEBRAND	1.00	1								_
TREASURER	1.00	Х		Х				0.	0.	0.
(10) KIMBERLEY MOORE	1.00	ļ								
SECRETARY	1.00	Х		Х				0.	0.	0.
(11) AMANDA EVORA WILL	1.00	ļ		l					•	•
VICE PRESIDENT	1.00	Х		Х				0.	0.	0.
(12) TRACY MAREK	40.00	4							0	0
EXECUTIVE DIRECTOR (BEG 1/2023)	1.00			Х				0.	0.	0.
(13) ERIC FEHR	40.00	1		٠,					0	•
CFO (BEG 5/2023)	1.00			Х				0.	0.	0.
(14) JACKIE CHANG DIRECTOR	0.00	Х						0.	0.	0.
(15) JANIS ENGEL	1.00	^						0.	0.	<u> </u>
DIRECTOR	0.00	v						0.	0.	0.
(16) KRISTINA LUNDGREN	1.00							0.	0.	<u></u>
DIRECTOR	0.00	x						0.	0.	0.
(17) HEATHER PAIGE	1.00	 	\vdash	\vdash		\vdash			•	<u> </u>
DIRECTOR		х						0.	0.	0.
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Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

Yes No Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on Х 3 line 1a? If "Yes," complete Schedule J for such individual 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 Х 4 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services Х rendered to the organization? If "Yes." complete Schedule J for such person

Section B. Independent Contractors

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

the organization: rieport compensation for the edichad year chaing with or with	the organization of tax year.	
(A)	(B)	(C)
Name and business address	Description of services	Compensation
RED BRICK SPORTS LLC	TELEVISION	
917 GOLD HILL COURT, FRANKLIN, TN 37069	PRODUCTION	375,658.
LUKE ANDERSON, 6515 HASTINGS DRIVE,		
COLORADO SPRING, CO 80919	SOFTWARE DEVELOPMENT	141,400.
DIVIDE SOFTWARE SERVICES LLC		
164 SPRING VALLEY CIRCLE, DIVIDE, CO 80814	SOFTWARE DEVELOPMENT	136,929.
2 Total number of independent contractors (including but not limited to those listed	d above) who received more than	

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11

\$100,000 of compensation from the organization

Form 990 (2022) UNITED Part VIII Statement of Revenue

			Check if Schedule O contai	ins a response (or note to any lin	e in this Part VIII			
			Check if Concade C conta	ino a respense i	or riote to driy iiii	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded
							function revenue	business revenue	from tax under sections 512 - 514
(0, (0	_	•	Enderstad compaigns	1a					0001101101011210111
nts ar	'		Federated campaigns Membership dues						
င်္ပိ ဋ									
fts, Ar			Fundraising events	11	4,575,206.				
Contributions, Gifts, Grants and Other Similar Amounts			Related organizations		1,373,200.				
Sir			Government grants (contribution						
e E			All other contributions, gifts, grants		1,824,144.				
Ę.			similar amounts not included above		1,021,111.				
ng D		-	Noncash contributions included in lines 1a	-1f 1g \$		6,399,350.			
Oe		n	Total. Add lines 1a-1f		Business Code	0,333,330.			
_	^	_ F	BROADCASTING & LICENSING	<u>.</u>	711210	6,611,546.	6,611,546.		
ice	2		MEMBERSHIP DUES		711210	5,571,211.	5,571,211.		
er ne			SKATING EVENTS	711210	5,535,708.	5,535,708.			
Program Service Revenue		Ϊ.	ADMISSIONS & ACTIVITY		711210	1,916,700.	1,916,700.		
gra Re			PUBLICATIONS		711210	198,853.	150,141.	48,712.	
Š		_			711210	150,055.	130,141.	40,712.	
_			All other program service reven			19,834,018.			
			Total. Add lines 2a-2f			15,001,010.			
	3	3 Investment income (including dividends, interest, other similar amounts)			23,474.			23,474.	
	4		ncome from investment of tax-	overnt hand n	rocoode	20,171.			20,1/1.
	5		Royalties		loceeus				
	3	'	noyaities	(i) Real	(ii) Personal				
	6	- (Gross rents 6a	(1) 1 1041	(ii) i diddiidi				
			Gross rents 6a 6b						
			Rental income or (loss) 6c						
			Net rental income or (loss)						
			Gross amount from sales of	(i) Securities	(ii) Other				
	•		assets other than inventory 7a	2,083,976.	(", " : " : " :				
			Less: cost or other basis	, , ,					
<u>o</u>			and sales expenses 7b	1,685,899.					
her Revenue			Gain or (loss) 7c	398,077.					
Še,			Net gain or (loss)		l	398,077.			398,077.
P.			Gross income from fundraising eve			,			,
₽	·		ncluding \$	•					
			contributions reported on line 1						
			Part IV, line 18	· I					
			Less: direct expenses	I .					
			Net income or (loss) from fundr		•				
			Gross income from gaming acti						
			Part IV, line 19	I .					
			Less: direct expenses						
			Net income or (loss) from gamir						
	10	а (Gross sales of inventory, less re	eturns					
		á	and allowances	10a	456,748.				
			_ess: cost of goods sold		140,415.				
		o 1	Net income or (loss) from sales		316,333.	316,333.			
,					Business Code				
Miscellaneous Revenue	11	а _							
ane		b _							
le ye		c _							
Misc			All other revenue						
			Total. Add lines 11a-11d						
	12	1	Total revenue. See instructions .			26,971,252.	20101639.	48,712.	421,551.

0	501(1/0) - 1501(1/4)			(.)	
Secti	on 501(c)(3) and 501(c)(4) organizations must comp			nplete column (A).	
	Check if Schedule O contains a respor	nse or note to any line in	this Part IX(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	501,738.		422,768.	78,970.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	6,868,542.	4,119,055.	1,226,970.	1,522,517.
8	Pension plan accruals and contributions (include	-	-	-	-
	section 401(k) and 403(b) employer contributions)	55,331.	33,135.	13,042.	9,154.
9	Other employee benefits	117,282.	82,818.	4,184.	30,280.
10	Payroll taxes	92,879.	52,148.	20,526.	20,205.
11	Fees for services (nonemployees):	-	-	-	-
а	Management				
	Legal	176,899.		176,899.	
	Accounting	•		·	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	55,011.		55,011.	
g	Other. (If line 11g amount exceeds 10% of line 25,	•		·	
ŭ	column (A), amount, list line 11g expenses on Sch 0.)	210,545.	118,212.	46,530.	45,803.
12	Advertising and promotion	574,331.		-	386,882.
13	Office expenses	158,694.	119,687.	32,058.	6,949.
14	Information technology	452,234.	61,414.	390,820.	
15	Royalties	-		-	
16	Occupancy	242,662.	123,183.	62,778.	56,701.
17	Travel	2,723,797.	2,722,624.	-	1,173.
18	Payments of travel or entertainment expenses	-	-		-
•	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	157,323.	157,323.		
20	Interest	-	-		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,428,890.		1,428,890.	
23	Insurance	908,399.	748,986.	159,413.	
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 0.)				
а	ATHLETE SUPPORT & DEVEL	10,632,591.	10,632,591.		
b	ATHLETIC PRIZES & AWARD	2,747,546.	2,389,778.		357,768.
С	COMMUNICATIONS & PUBLIC	478,060.	478,060.		
d	SKATING PRODUCTION & CO	420,033.	420,033.		
е	All other expenses	1,518,537.	837,172.	677,713.	3,652.
25	Total functional expenses. Add lines 1 through 24e	30,521,324.	23,283,668.	4,717,602.	2,520,054.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
_					Farm 990 (0000)

Form **990** (2022)

Par	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	1,684,634.	1	3,122,389.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	281,000.	3	281,000.
	4	Accounts receivable, net	980,238.	4	1,320,285
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	255,261.	8	258,794
۲	9	Prepaid expenses and deferred charges	685,337.	9	764,028
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 12,021,213.			
	b	Less: accumulated depreciation 10b 7,616,377.	5,220,535.	10c	4,404,836
	11	Investments - publicly traded securities	820,308.	11	170,418
	12	Investments - other securities. See Part IV, line 11	2,938,238.	12	1,668,528
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets	1 22- 221	14	
	15	Other assets. See Part IV, line 11	1,995,981.	15	2,030,868
	16	Total assets. Add lines 1 through 15 (must equal line 33)	14,861,532.	16	14,021,146.
	17	Accounts payable and accrued expenses	2,510,490.	17	5,076,867
	18	Grants payable	0 051 040	18	0 604 005
	19	Deferred revenue	2,251,249.	19	2,624,235
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,			
∄		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	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		25	
	26	of Schedule D Total liabilities. Add lines 17 through 25	4,761,739.	26	7,701,102.
	20	Organizations that follow FASB ASC 958, check here	±,70±,735•	20	7,701,102
es		and complete lines 27, 28, 32, and 33.			
ů.	27	Net assets without donor restrictions	8,514,328.	27	5,063,600
3ala	28	Net assets with donor restrictions	1,585,465.	28	1,256,444.
<u>ة</u>		Organizations that do not follow FASB ASC 958, check here			,,
ᆵ		and complete lines 29 through 33.			
þ	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ass	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	10,099,793.	32	6,320,044.
_	33	Total liabilities and net assets/fund balances	14,861,532.	33	14,021,146.

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Form **990** (2022)

Pa	rt 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		<u>,97</u>					
2	Total expenses (must equal Part IX, column (A), line 25)	2	30	,52	<u>1,3</u>	24.			
3	Revenue less expenses. Subtract line 2 from line 1	3	-3	,55	0,0	72.			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	10	,09	9,7	93.			
5									
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				0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,								
	coluṃn (B))	10	6	,32	0,0	44.			
Pa	rt XII Financial Statements and Reporting								
	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," explain on Schedule	Ο.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed								
	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	X				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,							
	consolidated basis, or both:								
	Separate basis X Consolidated basis Both consolidated and separate basis								
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,							
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X				
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule C).						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the								
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			За		Х			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed auc	lit						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b					

232012 12-13-22

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

UNITED STATES FIGURE SKATING ASSOCIATION

Employer identification number

					FIGURE SKATI				8	4-0768715			
Pa	rt I	Reason for Public (Charity St	atus.	(All organizations must o	omplete th	nis part.) S	ee instructions	3.				
The	organ	ization is not a private found	ation becaus	se it is: (For lines 1 through 12, c	heck only	one box.)						
1		A church, convention of ch	urches, or as	sociatio	on of churches described	in sectio	n 170(b)(1	I)(A)(i).					
2		A school described in secti	ion 170(b)(1))(A)(ii).	(Attach Schedule E (Forn	n 990).)							
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).											
4		A medical research organization	ation operate	ed in co	njunction with a hospital	described	in sectio	n 170(b)(1)(A)	(iii). Enter	the hospital's name,			
		city, and state:											
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in											
		section 170(b)(1)(A)(iv). (Complete Part II.)											
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
7	X	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in											
		section 170(b)(1)(A)(vi). (Complete Part II.)											
8	Ш	A community trust describe	ed in section	170(b)	(1)(A)(vi). (Complete Par	t II.)							
9		An agricultural research org	janization de	scribed	in section 170(b)(1)(A)(ix) operate	ed in conju	ınction with a l	land-grant	college			
		or university or a non-land-g	rant college	of agric	culture (see instructions).	Enter the	name, city	, and state of t	the college	e or			
		university:											
10		An organization that norma	•	-						•			
		activities related to its exem	-	-	·					•			
		income and unrelated busin			(less section 511 tax) fro	om busines	ses acqui	red by the orga	anization a	after June 30, 1975.			
		See section 509(a)(2). (Cor	•	,									
11		An organization organized a	•		•	•				,			
12		An organization organized a	-		•	-			•				
		more publicly supported org	_							Sneck the box on			
_		lines 12a through 12d that		• •					-	air in a			
а		Type I. A supporting orga the supported organization	•			•	-						
		organization. You must o				i majority c	i tile dilec	tors or trustee	S OF LITE SC	аррогинд			
b		Type II. A supporting org	-			tion with it	s sunnorte	nd organization	n(e) by bay	vina			
		control or management o	-					-					
		organization(s). You mus				ине регое	113 11141 00	ntiol of manag	ic the supp	501100			
С		Type III functionally inte	-			in connect	ion with. a	and functionall	v integrate	ed with.			
		its supported organization	_						,g. a	,			
d		Type III non-functionally			•				ted organiz	zation(s)			
		that is not functionally int	•					• •	•	* *			
		requirement (see instructi	-	-		•		-					
е		Check this box if the orga	anization rec	eived a	written determination fro	m the IRS	that it is a	Type I, Type II	I, Type III				
		functionally integrated, or	Type III non	-functio	nally integrated supporti	ng organiz	ation.						
f	Ente	er the number of supported o	organizations										
g		vide the following information				I (ii) la tha ann							
	(i) Name of supported organization	(ii) EIN	N	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	ng document?	(v) Amount of support (see in:	•	(vi) Amount of other			
		Organization			above (see instructions))	Yes	No	support (see in	Structions)	support (see instructions)			
Tota	I												

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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	5026554.	7463461.	7704096.	8382142.	6399350.	34975603.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	5026554.	7463461.	7704096.	8382142.	6399350.	34975603.
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)						
	Public support. Subtract line 5 from line 4.						34975603.
Se	ction B. Total Support				T	.	
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	5026554.	7463461.	7704096.	8382142.	6399350.	34975603.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	65,795.	41,838.	29,234.	28,485.	23,474.	188,826.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						0.51.61.100
	Total support. Add lines 7 through 10						35164429.
	Gross receipts from related activities,	•	,				,589,251.
13	First 5 years. If the Form 990 is for the						
<u> </u>	organization, check this box and stop						
	ction C. Computation of Publi			. (3)		ГГ	00.46
	Public support percentage for 2022 (I					14	99.46 %
	Public support percentage from 2021					15	99.34 %
168	33 1/3% support test - 2022. If the						
	stop here. The organization qualifies						
r	33 1/3% support test - 2021. If the						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	-					
	and if the organization meets the fact			-		_	
	meets the facts-and-circumstances te	_	•		-	7	
t	10% -facts-and-circumstances test	-					10% Or
	more, and if the organization meets the						
40	organization meets the facts-and-circu						H
18	Private foundation. If the organization	on did flot check a l	DUX UH IIHE 13, 168	a, 100, 178, 01 170	o, check this box al		(Form 990) 2022
						ochedule A	(1 01111 330) 2022

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.)

Sed	ction A. Public Support	siow, picase comp	oicte i art ii.j				
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
_	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	(a) 2010	(6) 2019	(6) 2020	(4) 2021	(6) 2022	(i) iotai
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	J		,	•	() ()	· —
	check this box and stop here						
	ction C. Computation of Publi					 	
	Public support percentage for 2022 (li	, ,,,	•	column (f))		15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Inves			. 10 1 (0)		14-1	
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	% 7 in
198	33 1/3% support tests - 2022. If the						
b	more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the	organization did r	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che	ck this box and st	top here. The orga	anization qualifies a	as a publicly supp	orted organization	
20	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

 If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
	10		
	5a		
	Ju		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	10b		
مارر		n 990)	2022

Par	t IV 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		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? 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.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion 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		
Sec	tion 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? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
<u> </u>	supported organizations played in this regard.	3		
Sec	tion 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).			
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.	,	- 1	
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	truction	′	Na
2 a	Activities Test. Answer lines 2a and 2b below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		Yes	No
а	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	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.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Vos." deposible in Part VI the sale placed by the experization in this regard	3h		

Sche	edule A (Form 990) 2022 UNITED STATES FIGURE SP	KATING	ASSOCIATION 8	84-0768715 Page 6
	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting			ŭ
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on N	ov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	st complete S	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		

Schedule A (Form 990) 2022

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

5

Income tax imposed in prior year

instructions).

emergency temporary reduction (see instructions).

Distributable Amount. Subtract line 5 from line 4, unless subject to

Pa	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations _(continued)	
Sec	tion D - Distributions	Current Year		
_1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity		2	
3	3 Administrative expenses paid to accomplish exempt purposes of supported organizations			
4	Amounts paid to acquire exempt-use assets			
_5	Qualified set-aside amounts (prior IRS approval required - pri	5		
_6	'			
7	7 Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.			
9				
10	Line 8 amount divided by line 9 amount		10	
		(1)	(**)	(····)

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reason-			
able cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D,			
line 7: \$			
Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if			
any. Subtract lines 3g and 4a from line 2. For result greater			
than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h			
and 4b from line 1. For result greater than zero, explain in			
Part VI. See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j			
and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

Schedule A (Form 990) 2022

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

UNITED STATES FIGURE SKATING ASSOCIATION

Employer identification number 84-0768715

Par			or Accounts	Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6. (a) Donor advised funds	(b) Funds	and other accounts
	Takel assessed as and of season	(a) Donor advised funds	(b) Fullus	and other accounts
1	Total number at end of year			
2 3	Aggregate value of contributions to (during year) Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor adv	L sed funds	
J	are the organization's property, subject to the organization's	_		Yes No
6	Did the organization inform all grantees, donors, and donor a			
•	for charitable purposes and not for the benefit of the donor o			
			· ·	Yes No
Par				
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).		
	Preservation of land for public use (for example, recrea	tion or education) Preservation	of a historically im	portant land area
	Protection of natural habitat	Preservation	of a certified histo	ric structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the forr		
	day of the tax year.		H	eld at the End of the Tax Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c	
d	Number of conservation easements included in (c) acquired a			
	historic structure listed in the National Register			
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	e organization du	ring the tax
_	year			
4	Number of states where property subject to conservation eas		-	
5	Does the organization have a written policy regarding the per			
•	violations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting,			
6	Stan and volunteer riours devoted to monitoring, inspecting,	rialiding of violations, and emorcing co	iservation easeme	ents during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserv	ation easements (during the year
•	Amount of expenses mounted in monitoring, inspecting, hand	and children de conscion	ation casements (during the year
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 17)(h)(4)(B)(i)	
				Yes No
9	In Part XIII, describe how the organization reports conservation			
	balance sheet, and include, if applicable, the text of the footr	·		es the
	organization's accounting for conservation easements.	•		
Par	t III Organizations Maintaining Collections of	f Art, Historical Treasures, or C	ther Similar <i>I</i>	Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statement	and balance shee	et works
	of art, historical treasures, or other similar assets held for public	olic exhibition, education, or research in	urtherance of pub	olic
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that describes these ite	ns.	
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement and	balance sheet wo	orks of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in fu	herance of public	service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			
				688,261.
2	If the organization received or held works of art, historical treatments	asures, or other similar assets for financ	al gain, provide	
	the following amounts required to be reported under FASB A	· ·		
	Revenue included on Form 990, Part VIII, line 1			
	Assets included in Form 990, Part X			
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.	Sc	chedule D (Form 990) 2022

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

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

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 UNITED STATES FIGURE SKATING ASSOCIATION Part XIII Supplemental Information (continued)	ON 84-0768715 Page 5
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
COST OF GOODS SOLD	140,415.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
COST OF GOODS SOLD	140,415.
RELATED PARTY EXPENSES 20 FIRST STREET PROPERTIES	219,360.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	359,775.

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

2022

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

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

UNITED STATES FIGURE SKATING ASSOCIATION

Employer identification number 84-0768715

Pa	art I Questions Regarding Compensation			
			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee Written employment contract			
	X Independent compensation consultant X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Out to a 11-y 504(-)(0) 504(-)(4) and 504(-)(00) annual and a smallest lines 5.0			
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
_	contingent on the revenues of:	-		v
a	The organization?	5a		X
D	Any related organization?	5b		
6	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
_		6a		х
	The organization?			X
D	Any related organization? If "Yes" on line 6a or 6b, describe in Part III.	6b		-23
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
•	not described on lines 5 and 6? If "Yes," describe in Part III	7	х	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
5	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		х
9				
J	D. 11' 50 4050 0()0	9		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2022

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

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

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

		(B) Breakdown of W	I-2 and/or 1099-MISC compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) RAMSEY BAKER	(i)	261,406.	32,500.	0.	14,738.	7,237.	315,881.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) CHARLES CHOW	(i)	233,290.	23,625.	0.	13,869.	7,237.	278,021.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JOHN ANDERSON	(i)	190,209.	16,275.	0.	12,509.	11,224.	230,217.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) MARIO REDE	(i)	158,594.	15,330.	0.	8,591.	3,342.	185,857.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) MITCH MOYER	(i)	126,474.	18,932.	0.	7,120.	8,003.	160,529.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
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	(ii)							

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
PART I, LINE 7:
BONUSES FOR THE FOLLOWING INDIVIDUALS REPORTED ON SCHEDULE J, WERE MADE AT
THE DISCRETION OF THE EXECUTIVE DIRECTOR: MARIO REDE, CFO; JOHN ANDERSON,
GENERAL COUNSEL; AND MITCH
MOYER, SENIOR DIRECTOR.
THE COMPENSATION COMMITTEE CONSISTS OF THE BOARD OF DIRECTORS OVERSAW THE
PERFORMANCE REVIEW AND COMPENSATION OF THE EXECUTIVE DIRECTOR, RAMSEY
BAKER. THAT COMMITTEE CONSISTS OF 3-5 MEMBER OF THE BOARD OF DIRECTORS,
APPOINTED BY THE PRESIDENT AND APPROVED BY THE BOARD OF DIRECTORS,
ANNUALLY.

SCHEDULE O (Form 990)

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 Form 990-EZ.

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

OMB No. 1545-0047

2022
Open to Public Inspection

Name of the organization

UNITED STATES FIGURE SKATING ASSOCIATION

Employer identification number 84-0768715

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: 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 INCLUDING THE RAISING OF FUNDS TO SUPPORT ACTIVITIES OF UNITED STATES, THE SALE OF PUBLICATIONS, THE CONDUCT OF US FIGURE SKATING BY DUES, COMPETITIONS, CARNIVAL ASSESSMENTS, SANCTION FEES AND ANY OTHER LAWFUL 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:

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.

FORM 990, PART VI, SECTION A, LINE 7A:

EACH INDIVIDUAL MEMBER DELEGATE IS ENTITLED TO ONE VOTE AT MEETINGS OF THE GOVERNING COUNCIL. THE GOVERNING COUNCIL, BY MAJORITY VOTE, ELECTS 15

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

Schedule O (Form 990) 2022

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

Name of the organization

UNITED STATES FIGURE SKATING ASSOCIATION

Employer identification number 84-0768715

VOTING MEMBERS OF THE BOARD OF DIRECTORS INCLUDING A PRESIDENT, NINE OTHER INDIVIDUALS, WITH AT LEAST ONE OF SUCH INDIVIDUALS BEING FROM EACH SECTION OF U.S. FIGURE SKATING AND TWO OTHER OF SUCH INDIVIDUALS BEING INDEPENDENT DIRECTORS, AND FIVE ATHLETE REPRESENTATIVES; AS WELL AS FOUR NON-VOTING GROUP COORDINATOR MEMBERS OF THE BOARD OF DIRECTORS. OFFICERS, EXCEPT THE PRESIDENT, ARE ELECTED ANNUALLY BY THE VOTING MEMBERS OF THE BOARD. THE ELECTED OFFICERS WILL BE A PRESIDENT, A VICE PRESIDENT, A SECRETARY AND A TREASURER.

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 11B:

FORM 990 IS INITIALLY REVIEWED BY THE CFO, EXECUTIVE DIRECTOR, AND

TREASURER. POST REVIEW , IT IS PROVIDED TO THE BOARD OF DIRECTORS, THEN

THE FORM 990 IS FILED WITH 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

Schedule O (Form 990) 2022 Page 2 Name of the organization **Employer identification number** 84-0768715 UNITED STATES FIGURE SKATING ASSOCIATION 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 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 2023. 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.

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

Employer identification number

Name of the organization

Department of the Treasury Internal Revenue Service

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

UNITED STATES	FIGURE SKATING A	SSOCIATION				84-07687	15	
Part I Identification of Disregarded Entities. Comp	lete if the organization answered "	Yes" on Form 990, Part IV, line 3	3.					
(a)	(b)	(c)	(d)	(e)		(f)	
Name, address, and EIN (if applicable) of disregarded entity	Primary activity Legal domicile (state of foreign country)			l l	End-of-year assets			
ICE NETWORK LLC - 20-5439721								
20 FIRST STREET								
COLORADO SPRINGS, CO 80906	SEE PART VII	COLORADO	1,425	,648. 13,4	67,860.	60. SEE PART VII		
Part II Identification of Related Tax-Exempt Organi organizations during the tax year.	zations. Complete if the organizat	tion answered "Yes" on Form 990	D, Part IV, line 34,	because it had one	e or more	related tax-exer	mpt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	1	(f) ct controlling entity	(g) Section 512(b)(controlled entity?	
		l serengin dealining,		501(c)(3))			Yes	No
20 FIRST STREET PROPERTIES - 20-0950494							1.00	
20 FIRST STREET								
COLORADO SPRINGS, CO 80906	SEE PART VII	COLORADO	501(C)(2)		USFSA		х	
US FIGURE SKATING FOUNDATION - 84-1558040								
1365 GARDEN OF THE GODS 105								
COLORADO SPRINGS, CO 80907	SEE PART VII	COLORADO	501(C)(3)	LINE 12A, I	USFSA		x	

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

Schedule R (Form 990) 2022

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of end-of-year assets	Diegrapartianata		Code V-UBI	General o	Percentage
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes No	
	l	l	l .	l .		l			I	-	

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)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	Sec	i) ction
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership		tion b)(13) rolled tity?
		Couriery)						Yes	No

Schedule R (Form 990) 2022

Page 3

Yes No

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

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

1	During the tax year, did the organization engage in any of the following transaction	s with one or more re	elated organizations listed in	n Parts II-IV?			X			
а	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)				1b		X			
	Gift, grant, or capital contribution from related organization(s)				1c	Х				
	Loans or loan guarantees to or for related organization(s)				1d	Х				
	e Loans or loan guarantees by related organization(s)									
	Dividends from related organization(s)				1f		<u>X</u>			
	Sale of assets to related organization(s)				1g		X			
h	Purchase of assets from related organization(s)				1h		X			
i	Exchange of assets with related organization(s)				1i		Х			
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		Х			
							X			
k Lease of facilities, equipment, or other assets from related organization(s)										
I	Performance of services or membership or fundraising solicitations for related orga				11		X			
m	Performance of services or membership or fundraising solicitations by related organic	nization(s)			1m		X			
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization	ion(s)			1n		X			
Sharing of paid employees with related organization(s)										
р	Reimbursement paid to related organization(s) for expenses				1 p		_X_			
	Reimbursement paid by related organization(s) for expenses				1q		X			
r Other transfer of cash or property to related organization(s)							X			
s Other transfer of cash or property from related organization(s)							X			
2	If the answer to any of the above is "Yes," see the instructions for information on w	ho must complete th	is line, including covered re	elationships and transaction thresholds.						
(a) (b) (c) (d) Name of related organization Transaction type (a-s) (b) (c) Method of determining amount invo										
(1) T	JS FIGURE SKATING FOUNDATION	С	4,575,206.	CASH		·				

(2) US FIGURE SKATING FOUNDATION 500,000.CASH D 1,342,607.CASH (3) 20 FIRST STREET PROPERTIES D (4) (5)

Page 4

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)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec. 501(c)(3) orgs.? Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocation Yes N	General of managing partner? Yes No	(k) r Percentage ownership