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

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

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

A F	or the	e 2018	Calendar year, or tax year beginning $07/01$ , 2018, an	nd ending	_	06/	30, <b>20</b> 19		
			C Name of organization		D Employer ide	ntificati	on number		
B c	heck if ap	pplicable:	UNITED STATES FIGURE SKATING FOUNDATION		84-155	8040			
	Addre		Doing business as						
	7 1	change	Number and street (or P.O. box if mail is not delivered to street address)	oom/suite	E Telephone nu	mber			
	Initial	return	1365 GARDEN OF THE GODS STE 150		(719) 59	0-97	77		
		return/	City or town, state or province, country, and ZIP or foreign postal code						
	termir Amen	ided	COLORADO SPRINGS, CO 80907	<b>G</b> Gross receipt	<b>G</b> Gross receipts \$ 16,330,845.				
	Applic	cation	F Name and address of principal officer: PAUL E GEORGE		H(a) Is this a gro	up return			
	_ pendi	ng	1365 GARDEN OF THE GODS, COLORADO SPRINGS, CO	80907	subordinates <b>H(b)</b> Are all subord				
	Тах-ех	empt st	<u> </u>	527	⊣ `´		t. (see instructions)		
		te: ►	( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( (	321	H(c) Group exem				
			nization: X Corporation Trust Association Other	1 Voor of form	ation: 2000 M	<u> </u>			
			Immary	L real of forma	ation. 2000 IVI	State of	regai domicile. CO		
Fa	art I			TVE HOLD	MANIACIE A	ND T	MYECE EINDC		
_	1		y describe the organization's mission or most significant activities: TO RECE			ד מאד	NAESI LONDS		
Governance			NSFERRED OR CONTRIBUTED TO THE FOUNDATION FOR T	HE BENEFI	I OF THE				
rna			TED STATES FIGURE SKATING ASSOCIATION.						
)Ve			k this box 🕨 💹 if the organization discontinued its operations or disposed of			1 1			
			per of voting members of the governing body (Part VI, line 1a)			3	9.		
S S			per of independent voting members of the governing body (Part VI, line 1b)			4	9.		
Activities &	5	Total	number of individuals employed in calendar year 2018 (Part V, line 2a)			5	0.		
Ę	6	Total	number of volunteers (estimate if necessary)			6	13.		
ĕ	7a	Total	unrelated business revenue from Part VIII, column (C), line 12			7a	0.		
	b	Net u	nrelated business taxable income from Form 990-T, line 38			7b			
					Prior Year		Current Year		
Revenue	8	Contri	ibutions and grants (Part VIII, line 1h)			0.	0.		
	ı		am service revenue (Part VIII, line 2g)			0.	0.		
eve			tment income (Part VIII, column (A), lines 3, 4, and 7d)		4,864,43	30.	5,589,599.		
Ř			revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0.	0.		
			revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,864,43	30.	5,589,599.		
			s and similar amounts paid (Part IX, column (A), lines 1-3)		3,339,42		3,197,942.		
			fits paid to or for members (Part IX, column (A), line 4)		.,,	0.	0.		
	4.5		ies, other compensation, employee benefits (Part IX, column (A), lines 5-10)			0.			
ses	16 0					0.			
Expenses	IDA		ssional fundraising fees (Part IX, column (A), line 11e)	• • • • •		0.	0.		
Ε̈́	47		fundraising expenses (Part IX, column (D), line 25) ▶		251,33	2 2	293,259.		
			expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,590,75		3,491,201.		
			expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)						
_ o		Rever	nue less expenses. Subtract line 18 from line 12		1,273,67		2,098,398.		
ts o nce				Begi	nning of Current		End of Year		
Net Assets or Fund Balances	20		assets (Part X, line 16)		84,781,74		86,427,054.		
ng X	21		liabilities (Part X, line 26)		41,05		58,172.		
_			ssets or fund balances. Subtract line 21 from line 20		84,740,69	97.	86,368,882.		
	rt II		gnature Block						
Und	der per	nalties o	of perjury, I declare that I have examined this return, including accompanying schedules complete. Declaration of preparer (other than officer) is based on all information of which	and statements,	and to the best o	f my kn	owledge and belief, it is		
tiue	, corre	T and	complete. Declaration of preparer (other than officer) is based on all information of which	preparer has any i	knowledge.				
٠.									
Sig			Signature of officer		Date				
Hei	re		PAUL E. GEORGE PRESIDEN	Т					
			Type or print name and title						
		Print/	Type preparer's name Preparer's signature	Date	Check	if PT	IN		
Paid		DOR	EEN B MERZ WOLLAND MANA	12/18/201		red	P00841439		
-	oarer		sname ►STOCKMAN KAST RYAN & CO, LLP	\	Firm's EIN ▶				
Use	Only		s address >102 N. CASCADE AVENUE, SUITE 400 COLORADO SPRINGS, CO 80903				30-1186		
Mav	/ the		license this notion with the program of a constant O (and instructions)				T		
a	,	u				· · ·	X Yes No		

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2018)

Form 990 (2018) Page 2 Part III Statement of Program Service Accomplishments

	Check if Schedule O contains a	response or note to any line in this Part	III	
1	Briefly describe the organization's mission			
•	THE CORPORATION IS A SUPPORT		TS FOR THE	
	PURPOSE OF SUPPORTING THE FUN			
	THE UNITED STATES FIGURE SKAT			
		TING ABBOCIATION.		
	Did the organization undertake any signif	icant program sorvices during the ver	ar which were not listed on the	
_				Yes X No
	prior Form 990 or 990-EZ?  If "Yes," describe these new services on So			163 [ 140
2			and it conducts and program	
3	Did the organization cease conducting,			Yes X No
	services?			Tes Linu
4	Describe the organization's program ser expenses. Section 501(c)(3) and 501(c)( the total expenses, and revenue, if any, for	vice accomplishments for each of it 4) organizations are required to repo		
4a	a (Code: ) (Expenses \$ 3,1	97.942. including grants of \$ 3.	197.942. ) (Revenue \$	)
	THE FOUNDATION MAKES GRANTS T			
	ASSOCIATION. THE UNITED STATE			
	GOVERNING BODY FOR THE SPORT			
	ORGANIZATION.			
4b	b (Code:) (Expenses \$	including grants of \$	) (Revenue \$	)
4-	- (Code: \(\frac{1}{2}\)	including grants of C	\ (Devenue f	
4C	c (Code:) (Expenses \$	including grants of \$	) (Revenue \$	)
4d	d Other program services (Describe in Sche	dule O.)		
	(Expenses \$ including gra	•	\$ )	
_		2 107 040	· · · · · · · · · · · · · · · · · · ·	

**4e** Total program service expenses ▶

3,197,942.

Form 990 (2018) Page **3** 

Part IV **Checklist of Required Schedules** Yes No 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," Χ 1 Х Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to Χ 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) Χ Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III Χ Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If Χ "Yes," complete Schedule D, Part I. 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, Χ the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II . . . . . . . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," Χ complete Schedule D, Part III 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 Χ debt negotiation services? If "Yes," complete Schedule D, Part IV 9 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V. . . . . . . 10 Χ 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. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," Χ complete Schedule D, Part VI 11a b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more Χ of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII........... Χ d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets Χ Χ e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses Χ the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Χ b Was the organization included in consolidated, independent audited financial statements for the tax year? If Х "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b Χ 13 Χ 14a Did the organization maintain an office, employees, or agents outside of the United States?.......... **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 Χ foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV . . . . . . . . . 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or Χ for any foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 Χ 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 Χ Part IX, 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 18 Χ Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? Χ Χ b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or Χ domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . . . . .

Page 4 Form 990 (2018)

Part	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
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		
	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
h	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 Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	230		
20	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27		20		- 21
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			v
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
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
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
~	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	200		
55	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
20	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	31		23
38	19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	20	х	
Dark		38		
Part				
	Check if Schedule O contains a response or note to any line in this Part V		Yes	NI.
	Fotostho combinatorial in Page of Front 1999, Future 2 March 1994		res	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		

Form **990** (2018)

Form 990 (2018) Page 5

Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return. 2a 0.			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
_	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
<b>-</b> -a	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
h	If "Yes," enter the name of the foreign country:			
D	· · · · · · · · · · · · · · · · · · ·			
<b>.</b> .	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	5a		Х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5b		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	_		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization			Х
	solicit any contributions that were not tax deductible as charitable contributions?	6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
122	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	roo, chief the direction of tax chempt microst rooms and adming the year 11111			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a		
а	Is the organization licensed to issue qualified health plans in more than one state?	154		
	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			
D	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	and organization to the quantity of the property of the proper			
	Enter the amount of reserves on hand	140		X
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in 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	4-		v
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.	4.5		37
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			

Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Sect	ion A. Governing Body and Management			
			Yes	No
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 in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b	9		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Λ
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint		Х	
	one or more members of the governing body?	7a	Λ	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	76		Х
_	stockholders, or persons other than the governing body?	7b		Δ.
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:	8a	Х	
а	The governing body?	8b	X	
b	Each committee with authority to act on behalf of the governing body?	- 0.5		
9	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? <i>If</i> "Yes," provide the names and addresses in Schedule O	9		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	_	.)	
	· · · · · · · · · · · · · · · · · · ·		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	Χ	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			3.7
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	40-		X
_	with a taxable entity during the year?	16a		Δ.
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?	16b		
Secti	on C. Disclosure	100		
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T	(\$00	tion 5	01(c)
10	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  Own website Another's website X Upon request Other (explain in Schedule O)	(360	uon 3	01(0)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	policy	, and
	financial statements available to the public during the tax year.		·	
20	State the name, address, and telephone number of the person who possesses the organization's books and record WAUGHAGOODWIN LLP 1365 GARDEN OF THE GODS RD, STE 150 COLORADO SPRINGS, CO 719-590-9777	s 🕨		

Form **990** (2018)

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office or direct	unles er and	neck ss pe	ition more	e than or is both or/trust employee	an	(D)  Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1)PAUL E GEORGE	5.00									
PRESIDENT	0.	Х		Х				0.	0.	0.
(2)J. MISHA PETKEVICH	2.00									
TREASURER	0.	Х		Х				0.	0.	0.
(3)PAUL WYLIE	2.00									
SECRETARY	0.	Х		Х				0.	0.	0.
(4)ANNE SHEAN	2.00									
TRUSTEE	0.	Х						0.	0.	0.
(5)ROBERT ANDERSON	2.00									
TRUSTEE	0.	Х						0.	0.	0.
(6)WARREN S. NAPHTAL	2.00									
TRUSTEE	0.	Х						0.	0.	0.
(7)SAMUEL AUXIER	2.00									
TRUSTEE	0.	X						0.	0.	0.
(8)ANNE CAMMETT	2.00									
TRUSTEE	0.	X						0.	0.	0.
(9)JENNA LONGO	2.00									
TRUSTEE, ATHLETIC MEMBER	0.	X						0.	0.	0.
(10)										
(11)										
(12)										
(13)										
(14)		-								
								1	1	

Form **990** (2018)

JSA.

	rt VII Section A. Officers, Directors, Tru	istees Ke	v Fm	nlo	Vec	25	and F	lial	hest Compensat	ed Employees (c	continued)	Page <b>o</b>
	(A)  Name and title	(B) Average hours per week (list any hours for related	(do r box, office	not cl unles	Pos heck ss pe	c) sition more erson lirect	than o is both or/trust	ne an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F Estim amou oth comper from	ated nt of er nsation the
		organizations below dotted line)	Individual trustee or director	Institutional trustee	cer	Key employee	Highest compensated employee	mer	(W-2/1099-MISC)		organi. and re organiz	elated
			-									
	Sub-total							<b>&gt;</b>	0.	0.		0.
	Total (add lines 1b and 1c)	limited to t		iste			e) who	o re	eceived more than	\$100,000 of		0.
_											Υ	es No
3	Did the organization list any <b>former</b> office employee on line 1a? <i>If</i> "Yes," <i>complete Sched</i>	ule J for su	ch ind	ivid	ual			• •			3	Х
4	For any individual listed on line 1a, is the organization and related organizations graindividual.	eater than	\$15	0,0	00?	' If	"Yes	5,"	complete Schedu	le J for such	4	X
5	Did any person listed on line 1a receive or for services rendered to the organization? If "You have been proported to the organization?										5	X
	ction B. Independent Contractors	noncated i	ndona	nda	nt i	cont	racto	rc +	hat received mars	than \$100 000 a	√f	
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax											

year.

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 1		

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

Page 9

#### Part VIII Statement of Revenue

		Check if Schedule O contains a respon	se or note to ar	nv line in this Part V	III		
		Chook ii Conodale C Condanio a 100pol		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns 1a  Membership dues 1b  Fundraising events 1c  Related organizations 1d  Government grants (contributions) . 1e  All other contributions, gifts, grants, and similar amounts not included above . 1f					
a Se	g h	Noncash contributions included in lines 1a-1f: \$  Total. Add lines 1a-1f	<b>•</b>	0.			
ne	-"	Total. Add lines 14-11	Business Code	3.			
Program Service Revenue	2a b c d						
ogr	f	All other program service revenue					
<u>.</u>	<u>g</u> 3	Total. Add lines 2a-2f	ds, interest,	1,669,178.			1,669,178.
	4	Income from investment of tax-exempt bond		0.			
	5	Royalties		0.			
	6a b c	Gross rents	(ii) Personal				
	d	Net rental income or (loss)		0.			
	7a	Gross amount from sales of (i) Securities	(ii) Other				
	b	assets other than inventory  Less: cost or other basis and sales expenses Gain or (loss)					
	d	Net gain or (loss)	<u></u>	3,920,421.			3,920,421.
Other Revenue	8a b	Gross income from fundraising events (not including \$  of contributions reported on line 1c). See Part IV, line 18 a Less: direct expenses b					
U	С	Net income or (loss) from fundraising events		0.			
		Gross income from gaming activities. See Part IV, line 19 a					
	b	Less: direct expenses b					
	C	Net income or (loss) from gaming activities.	<u></u>	0.			
		Gross sales of inventory, less returns and allowances					
	b c	Less: cost of goods sold b  Net income or (loss) from sales of inventory.		0.			
		Miscellaneous Revenue	Business Code				
	11a						
	b						
	С						
	d	All other revenue					
	e	Total. Add lines 11a-11d		0.			F 500 500
	12	Total revenue. See instructions.	<u> </u>	5,589,599.		<u> </u>	5,589,599.

### Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a response or note to any line in this Part IX								
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses				
1	Grants and other assistance to domestic organizations								
	and domestic governments. See Part IV, line 21	3,197,942.	3,197,942.						
2	Grants and other assistance to domestic								
_	individuals. See Part IV, line 22	0.							
3	Grants and other assistance to foreign								
	organizations, foreign governments, and foreign								
	individuals. See Part IV, lines 15 and 16	0.							
4	Benefits paid to or for members	0.							
	Compensation of current officers, directors,								
	trustees, and key employees	0.							
6	Compensation not included above, to disqualified								
	persons (as defined under section 4958(f)(1)) and								
	persons described in section 4958(c)(3)(B)	0.							
7	Other salaries and wages	0.							
	Pension plan accruals and contributions (include								
-	section 401(k) and 403(b) employer contributions)	0.							
9	Other employee benefits	0.							
10	Payroll taxes	0.							
11	Fees for services (non-employees):								
а	Management	0.							
	Legal	0.							
С	Accounting	24,456.		24,456.					
d	Lobbying	0.							
е	Professional fundraising services. See Part IV, line 17.	0.							
f	Investment management fees	246,664.		246,664.					
g	Other. (If line 11g amount exceeds 10% of line 25, column								
	(A) amount, list line 11g expenses on Schedule O.)	0.							
12	Advertising and promotion	0.							
13	Office expenses	0.							
14	Information technology	0.							
15	Royalties	0.							
	Occupancy	0.							
	Travel	0.							
18	Payments of travel or entertainment expenses	0.							
	for any federal, state, or local public officials	9,250.		9,250.					
	Conferences, conventions, and meetings	9,230.		9,230.					
	Interest	0.							
21 22	,	0.							
	Insurance	12,489.		12,489.					
	Other expenses. Itemize expenses not covered	,		, , , , ,					
	above (List miscellaneous expenses in line 24e. If								
	line 24e amount exceeds 10% of line 25, column								
	(A) amount, list line 24e expenses on Schedule O.)								
а	MISCELLANEOUS	400.		400.					
b									
c									
d									
	All other expenses								
25	Total functional expenses. Add lines 1 through 24e	3,491,201.	3,197,942.	293,259.					
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								
	following SOP 98-2 (ASC 958-720)	0.							

Page **11** Form 990 (2018)

### Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this	Part X		
		· · · · · · · · · · · · · · · · · · ·	(A)		(B)
		Only and Street Lordon	Beginning of year 0.	_	End of year
	1	Cash - non-interest-bearing		-	452,258.
	2	Savings and temporary cash investments		2	0.
	3	Pledges and grants receivable, net		3	125,126.
	4	Accounts receivable, net	0.	4	123,120.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.	0.	_	0.
	6	Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section	0.	5	0.
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers			
		and sponsoring organizations of section 501(c)(9) voluntary employees beneficiary	0.	_	0.
ţ	_	organizations (see instructions). Complete Part II of Schedule L		6 7	0.
Assets	7	Notes and loans receivable, net		8	0.
Ä	8	Inventories for sale or use			0.
	9	Prepaid expenses and deferred charges	0.	9	0.
	IUa	Land, buildings, and equipment: cost or			
	h	other basis. Complete Part VI of Schedule D  Less: accumulated depreciation	0	10c	0.
	11	Investments - publicly traded securities		11	58,201,126.
	12	Investments - other securities. See Part IV, line 11		12	27,648,544.
	13	Investments - program-related. See Part IV, line 11	0.		0.
	14	Intangible assets		14	0.
	15	Other assets. See Part IV, line 11			0.
	16	Total assets. Add lines 1 through 15 (must equal line 34)		16	86,427,054.
	17	Accounts payable and accrued expenses		17	0.
	18	Grants payable	41,051.	18	58,172.
	19	Deferred revenue	0.	19	0.
	20	Tax-exempt bond liabilities		20	0.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
S	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and			
abi		disqualified persons. Complete Part II of Schedule L	0.	22	0.
	23	Secured mortgages and notes payable to unrelated third parties		23	0.
	24	Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	0.		0.
	26	Total liabilities. Add lines 17 through 25	41,051.	26	58,172.
es		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34.			
Fund Balances	27	Unrestricted net assets	82,897,103.	27	84,478,858.
Bal	28	Temporarily restricted net assets	1,793,594.	28	1,840,024.
둳	29	Permanently restricted net assets	50,000.	29	50,000.
or Fu		Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances	84,740,697.	33	86,368,882.
	34	Total liabilities and net assets/fund balances	84,781,748.	34	86,427,054.
					Form <b>990</b> (2018)

Form **990** (2018)

Page **12** Form 990 (2018)

Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1			89,5	
2	Total expenses (must equal Part IX, column (A), line 25)	2			91,2	
3	Revenue less expenses. Subtract line 2 from line 1	3			98,3	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	8	34,7	40,6	97.
5	Net unrealized gains (losses) on investments	5		- 4	70,2	213.
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8				0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10	8	36,3	68,8	82.
Part						
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain	in			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were cor	npiled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were aud	ited or	na			
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis X Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for	oversi	ght			
	of the audit, review, or compilation of its financial statements and selection of an independent according to the selection of the audit, review, or compilation of its financial statements and selection of an independent according to the selection of the audit, review, or compilation of its financial statements and selection of an independent according to the selection of the s	counta	nt?	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, e	explain	in			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth	in			
	the Single Audit Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und		the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	ıdits.		3b		

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

# **Public Charity Status and Public Support**

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

Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization Employer identification number UNITED STATES FIGURE SKATING FOUNDATION 84-1558040

Pa	rt I	Reason for Public Cha	rity Status (All c	rganizations must c	omnlet	a this na	art ) See instructions	
		anization is not a private four	<u> </u>			<u>'</u> _		·
_	Oig	•		•		•	•	
1		A church, convention of churches, or association of churches described in <b>section 170(b)(1)(A)(i).</b> A school described in <b>section 170(b)(1)(A)(ii).</b> (Attach Schedule E (Form 990 or 990-EZ).)						
2	$\vdash$	<b>f</b>		•				
3	_	A hospital or a cooperative	•	-				(:::)
4		A medical research organiz	•	conjunction with a nos	spitai de	scribed ii	n section 1/U(b)(1)(A)	(III). Enter the
_		hospital's name, city, and st						
5		An organization operated f		a college or universit	y owne	d or ope	erated by a governme	ntal unit described in
		section 170(b)(1)(A)(iv). (C						
6	_	A federal, state, or local go	•				,,,,,,,	
7		An organization that norma	-	•	pport fro	om a go	vernmental unit or fro	om the general public
		described in section 170(b)						
8		A community trust describe	-		-			
9		An agricultural research org	ganization describe	ed in <b>section 170(b)(1</b>	)(A)(ix) (	operated	d in conjunction with a	land-grant college
		or university or a non-land-	grant college of ag	griculture (see instruct	ions). Eı	nter the	name, city, and state of	the college or
		university:						
0		An organization that norma	lly receives: (1) m	ore than 331/3 % of its	support	from co	ntributions, membersh	nip fees, and gross
		receipts from activities rela support from gross investm	ted to its exempt f	unctions - subject to o	certain e	xception	is, and (2) no more that	n 331/3 %of its
		acquired by the organizatio						Dusinesses
1		An organization organized a						
2	X	An organization organized a	and operated exclu	usively for the benefit	of, to pe	erform th	ne functions of, or to o	arry out the purposes
		of one or more publicly su	pported organizati	ons described in sect	ion 509	(a)(1) or	section 509(a)(2). S	ee section 509(a)(3).
		Check the box in lines 12a t	hrough 12d that d	escribes the type of su	upporting	g organiz	zation and complete lir	nes 12e, 12f, and 12g.
а		X Type I. A supporting orga	anization operated	. supervised, or contro	olled by	its supp	orted organization(s).	typically by giving
	_	the supported organization	· · · · · · · · · · · · · · · · · · ·	•	-		= ::	
		supporting organization. \				-,,		
b		Type II. A supporting org	-			with its	supported organization	on(s) by having
		control or management of						
		organization(s). You must	• • • •	=	tilo odili	o pordor	is that control of man	ago ino oapportoa
С		Type III functionally integ	=		ted in co	onnactio	n with and functional	ly integrated with
·		its supported organization						iy integrated with,
d	Г	Type III non-functionally		· ·				tod organization(s)
u	_		= :					= ::
		that is not functionally inte requirement (see instruction			-		•	an allentiveness
_	Г	Check this box if the orga	•	= -				I. Tuno III
е	_	functionally integrated, or					**	і, туре ііі
f	Fn	iter the number of supported			_	_		
		ovide the following information	-					
9		lame of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of
	(-,	iamo o capponoa organizado.	(,	(described on lines 1-10	listed in yo	ur governing	support (see	other support (see
7	тт	ACHMENT 1		above (see instructions))		ment?	instructions)	instructions)
					Yes	No		
A)								
B)								
C)								
D)								
E)								
Γota	al .						3,197,942.	

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

JSA 8E1210 1.000 5820CS P091 12/18/2019 4:41:05 PM V 18-7.6F

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

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support (a) 2014 Calendar year (or fiscal year beginning in) (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total Gifts, contributions, grants. membership fees received. (Do not include any "unusual grants.") Tax revenues levied for organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 The portion of total contributions by each person (other governmental unit publicly or 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 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total Amounts from line 4 Gross income from interest, dividends. payments received on securities loans. rents, royalties, and income from similar sources Net income from unrelated business activities, whether or not the business Other income. Do not include gain or 10 loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 . . 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here..... Section C. Computation of Public Support Percentage % Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)). . . . . . . . % 16a 331/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this b 331/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly 

Schedule A (Form 990 or 990-EZ) 2018 Page 3

#### Part III

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

Sec	tion A. Public Support			, i	'	,	
Cale	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	<b>(e)</b> 2018	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
·	unrelated trade or business under section 513						
4	Tax revenues levied for the						
-	organization's benefit and either paid to						
	.						
_	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and 3						
h	received from disqualified persons  Amounts included on lines 2 and 3						
J	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c from						
	line 6.)						
	tion B. Total Support		T		1	1	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	<b>(e)</b> 2018	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties, and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly						
12	Other income. Do not include gain or						
14	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for	or the organiza	tion's first seco	nd third fourth	or fifth tax v	ear as a section	501(c)(3)
	organization, check this box and <b>stop here</b> .	J	*	, ,			` ` ` ' _
Sac	tion C. Computation of Public Supp						
15	Public support percentage for 2018 (line 8,			mn (f))		. 15	%
16	Public support percentage from 2017 Sche					16	
_	tion D. Computation of Investment					10	/0
	Investment income percentage for 2018 (lin			13 column (f))		17	%
17 18	Investment income percentage from 2017 S						
18						18	
туа	331/3% support tests - 2018. If the org						
	17 is not more than 331/3%, check thi		_				
b	331/3% support tests - 2017. If the orga				•		
	line 18 is not more than 331/3%, check		-	•		• • •	
20	Private foundation. If the organization of	ala not check	a box on line	14, 19a, or 19b	o, cneck this b	ox and see instr	uctions -

JSA 8E1221 1.000

Schedule A (Form 990 or 990-EZ) 2018 Page 4

#### Part IV **Supporting Organizations**

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

#### Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governin 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.
- Did the organization have any supported organization that does not have an IRS determination of statu under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supporte organization was described in section 509(a)(1) or (2).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answe (b) and (c) below.
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) an satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how th organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(E purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization")? "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- 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 discretio despite being controlled or supervised by or in connection with its supported organizations.
- Did the organization support any foreign supported organization that does not have an IRS determinatio under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization use to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(E purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes, answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and El. 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 actio 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 alread designated in the organization's organizing document?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) t anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefite by one or more of its supported organizations, or (iii) other supporting organizations that also support of benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributo (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entit with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Was the organization controlled directly or indirectly at any time during the tax year by one or mor disqualified persons as defined in section 4946 (other than foundation managers and organizations describe in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in whic the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benef 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 sectio 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrate supporting organizations)? If "Yes," answer 10b below.
  - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, determine whether the organization had excess business holdings.)

		Yes	No
ig Dy			
	1	Х	
ıs ed			
	2		X
er	3a		X
nd ne			
	3b		
3)	2-		
,,	3с		
If	4a		Х
ın on			
	4b		
on e <i>d</i> 3)			
	4c		
s," 'N n; on			
	5a		Х
ly	5b		
	5c		
o d or			
JI	6		X
or	0		21
ty	7		Х
?			X
	8		
e ed			
	9a		X
h			3.5
	9b		X
fit	9с		X
n ed	4.5		v
to	10a		Х
	10b	990-F7	7) 0042
nrm	Juli or	uull-F7	1 2011 2

Page 5 Schedule A (Form 990 or 990-EZ) 2018

Part	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 in (b) and (c)			
	below, the governing body of a supported organization?	11a		Х
b	A family member of a person described in (a) above?	11b		X
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		X
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	_	X	
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	Λ	
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part</b> VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		Х
Secti	on C. Type II Supporting Organizations			
3001	on o. Type ii oupporting organizations		Yes	No
4	Were a majority of the arganization's directors or trustoes during the tay year also a majority of the directors		103	110
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 <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of			
	the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? 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 in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.			
2 1		3		
	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	structi	ons).	
a	The organization satisfied the Activities Test. Complete line 2 below.  The organization is the parent of each of its supported organizations. Complete line 3 below.			
b c	The organization is the parent of each of its supported organizations. Complete line's below.  The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	inetru	ctione)	
·	The diganization supported a governmental entity. Describe in Fait of now you supported a government entity (see	msuu	Yes	
2	Activities Test. Answer (a) and (b) below.			110
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
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? 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 "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Page 6 Schedule A (Form 990 or 990-EZ) 2018

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ			
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization.	_		•
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
· · · · · · · · · · · · · · · · · · ·	1d		
d Total (add lines 1a, 1b, and 1c)	Iu		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):	2		
2 Acquisition indebtedness applicable to non-exempt-use assets 3 Subtract line 2 from line 1d.	3		
	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035. 7 Recoveries of prior-year distributions	6		
8 Minimum Asset Amount (add line 7 to line 6)	7		
Section C - Distributable Amount	8		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionall	y integra	ted Type III supporting	g organization (see
instructions).			'

Schedule A (Form 990 or 990-EZ) 2018

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

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

Schedule A (Form 990 or 990-EZ) 2018 Page **8** 

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

				ATTACHMENT :	1
SCHEDULE A, PART I - INFORMATION ABOUT	SUPPORTED (	ORGANIZATIO	NS	=======================================	
		(III) TYPE OF	(IV)	(V) AMOUNT OF	(VI) OTHER
(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	ORGANIZATION	YES NO	SUPPORT	SUPPORT AMOUNT
US FIGURE SKATING ASSOCIATION	84-0768715	7	х	3,197,942.	0.
TOTAL AMOUNT OF SUPPORT				3,197,942.	

#### **SCHEDULE D** (Form 990)

# 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 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service

Nam	e of the organization		Employer identification number
UN	TED STATES FIGURE SKATING FOUNDATION		84-1558040
Pa	rt I Organizations Maintaining Donor Advis	ed Funds or Other Similar Fund	s or Accounts.
	Complete if the organization answered "	es" on Form 990, Part IV, line 6	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor a	duicare in writing that the accete h	and in donor advised
5	•	<u> </u>	
_	funds are the organization's property, subject to the organization inform all grantees, donors, and	-	
6	9		
	only for charitable purposes and not for the benefit		
Б	conferring impermissible private benefit?		
P		/os" on Form 000 Part IV line 7	
_	Complete if the organization answered "		
1	Purpose(s) of conservation easements held by the o		
	Preservation of land for public use (e.g., recre	· —	tion of a historically important land area
	Protection of natural habitat	Preserva	tion of a certified historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization held	d a qualified conservation contribution	Held at the End of the Tax Year
	easement on the last day of the tax year.		
а	Total number of conservation easements		
b	Total acreage restricted by conservation easements		
С	Number of conservation easements on a certified his		
d	Number of conservation easements included in (c)	-	
	historic structure listed in the National Register		
3	Number of conservation easements modified, transf	erred, released, extinguished, or te	rminated by the organization during the
	tax year 🕨		
4	Number of states where property subject to conserv		
5	Does the organization have a written policy rega		-
	violations, and enforcement of the conservation ease		
6	Staff and volunteer hours devoted to monitoring, inspecting	ng, handling of violations, and enforcing	g conservation easements during the year
	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring, inspecting	g, handling of violations, and enforci	ng conservation easements during the year
	<b>&gt;</b> \$		
8	Does each conservation easement reported on line 2(		* * * * * * * * * * * * * * * * * * * *
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports co	onservation easements in its revenue	e and expense statement, and
	balance sheet, and include, if applicable, the text of	g .	nancial statements that describes the
	organization's accounting for conservation easements		
Pa	rt III Organizations Maintaining Collections of		
	Complete if the organization answered "	res" on Form 990, Part IV, line 8	•
1a	If the organization elected, as permitted under SFA	S 116 (ASC 958), not to report in	its revenue statement and balance sheet
	If the organization elected, as permitted under SFA works of art, historical treasures, or other similar public service, provide, in Part XIII, the text of the foo	assets held for public exhibition, that to its financial statements that	education, or research in furtherance of describes these items
b	If the organization elected, as permitted under SF		
IJ	works of art, historical treasures, or other similar		
	public service, provide the following amounts relating		or and or an arrange of
	(i) Revenue included on Form 990, Part VIII, line 1.		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art,		
	following amounts required to be reported under SFA		_ · · · · · · · · · · · · · · · · · · ·
а			
b	Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X		

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

Schedule D (Form 990) 2018

Page 2 Schedule D (Form 990) 2018

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection terms (check all that apply):  a	Pa	rt    Organizations Maintaini	ng Collections of	Art, Historical Tre	asures, or Othe	Similar Assets (d	continued	<u>)</u>
a Public exhibition de	3	Using the organization's acquisition	n, accession, and c	ther records, check	any of the follow	ving that are a sigr	nificant us	e of its
b Scholarly research Preservation for future generations  4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.  5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?		collection items (check all that app	ly):					
c Preservation for future generations A Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.  5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No Part XV Escrow and Custodial Arrangements.  Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No It's 1'ves," explain the arrangement in Part XIII and complete the following table:  C Beginning balance 1	а	Public exhibition		<b>d</b> Loan o	or exchange progra	ms		
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII	b	Scholarly research		e Other				
XIII.   Surprise   Vear, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?   Yes   No	С	Preservation for future gene	rations					
During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise funds rather than to be maintained as part of the organization's collection?.	4	Provide a description of the organ	nization's collections	and explain how t	hey further the o	ganization's exemp	t purpose	in Part
Part V Scrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.  1b If "Yes," explain the arrangement in Part XIII and complete the following table:		XIII.						
Escrow and Custodial Arrangements.   Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.   1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?   Yes   No     b If "Yes," explain the arrangement in Part XIII and complete the following table:   C Beginning balance   1d	5	During the year, did the organization	on solicit or receive d	lonations of art, histo	orical treasures, or	other similar		
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  b If "Yes," explain the arrangement in Part XIII and complete the following table:  C Beginning balance  d Additions during the year  1d		assets to be sold to raise funds rath	er than to be mainta	ained as part of the o	organization's colle	ction?	Yes	No
included on Form 990, Part X?  b If "Yes," explain the arrangement in Part XIII and complete the following table:    C	Pa	Complete if the organiza		s" on Form 990, F	art IV, line 9, or	eported an amou	nt on Fori	m
included on Form 990, Part X?  b If "Yes," explain the arrangement in Part XIII and complete the following table:    C	1a	Is the organization an agent, truste	e, custodian or othe	er intermediary for c	ontributions or othe	er assets not		
b If "Yes," explain the arrangement in Part XIII and complete the following table:  C Beginning balance							Yes	No
to Beginning balance d Additions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  2b Id the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  2c Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  2c Did the organization include an amount on Form 990, Part IV, line 10.  2c Describing of year balance 2d Did the organization answered "Yes" on Form 990, Part IV, line 10.  2d Did the organization answered "Yes" on Form 990, Part IV, line 10.  2d Did the organization answered "Yes" on Form 990, Part IV, line 10.  2d Did the organization answered "Yes" on Form 990, Part IV, line 10.  2d Did the organization answered "Yes" on Form 990, Part IV, line 10.  2d Did the organization answered "Yes" on Form 990, Part IV, line 10.  2d Did the organization answered "Yes" on Form 990, Part IV, line 10.  2d Did the organization answered "Yes" on Form 990, Part IV, line 10.  2d Did the organization answered "Yes" on Form 990, Part IV, line 10.  2d Describing the year balance (line 1g, column (a)) held as:  2d Did the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part IV, line 10.  2d Describing the year.  2d Describing the year	b	If "Yes," explain the arrangement in	n Part XIII and comp	lete the following tab	ole:	_		
d Additions during the year						Amount		
e Distributions during the year f Ending balance 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or coustodial account liability? 2 Defense of the organization and some provided on Part XIII.  Part V  Endowment Funds.  Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  Endowment Funds.  Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 144, 381. 144, 705. 156, 803. 129, 362. 126, 729.	С	Beginning balance			1c			
f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes, "explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.  Endowment Funds.  Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  1a Beginning of year balance	d	Additions during the year			1d			
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	е							
b   f "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII								
Part V		9	•			, .		No
Complete if the organization answered "Yes" on Form 990, Part IV, line 10.   Temperature   (a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years back   (d) Three years back   (e) Four years back   (d) Three years back   (d) Three years back   (e) Four years back   (d) Three ye			n Part XIII. Check he	ere if the explanation	has been provided	on Part XIII	<u></u>	
(a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years back   (e) F	Pa			-!! F 000 F	) = mt			
1a Beginning of year balance       144,381       144,705       156,803       129,362       126,729         b Contributions		Complete if the organiza				T	l	
b Contributions					• • •			
c Net investment earnings, gains, and losses	1 a	Beginning of year balance	144,381.	144,705.	156,803.	129,362.	12	26,729.
and losses								
d Grants or scholarships	С	= = -	г эээ	204	10 000	27 441		2 (22
e Other expenditures for facilities and programs			5,232.	-324.	-12,098.	27,441.		∠,633.
and programs								
f Administrative expenses	е	·						
g End of year balance		. •						
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment ▶	f		140 612	1// 201	1// 705	156 002	1 ′	00 262
a Board designated or quasi-endowment ▶	g						1.2	39,302.
Temporarily restricted endowment ▶ 66.5800 % The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations					column (a)) held a	S:		
The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations	b	Permanent endowment ▶ 33.4	1200 %					
Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations (ii) related organizations  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI  Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value	С	Temporarily restricted endowment	► 66.5800 %					
organization by: (i) unrelated organizations. (ii) related organizations. (iii) related organizations.  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?.  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI  Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (b) Cost or other basis (other) (b) Cost or other basis (other)  (c) Accumulated depreciation (d) Book value		The percentages on lines 2a, 2b, a	and 2c should equal 1	00%.				
(i) unrelated organizations (ii) related organizations  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI  Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (b) Cost or other basis (other)  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value	3a	Are there endowment funds not in	the possession of th	e organization that	are held and admi	nistered for the		
(ii) related organizations  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI  Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (b) Cost or other basis (other)  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value		organization by:					Ye	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?		(i) unrelated organizations					3a(i)	X
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (investment) (other) (other) (d) Book value (d) Book value		,					3a(ii)	X
Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value	b	If "Yes" on line 3a(ii), are the relate	ed organizations liste	d as required on Sch	edule R?		3b	
Description of property  (a) Cost or other basis (investment)  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value	4			tion's endowment fur	nds.			
Description of property  (a) Cost or other basis (investment)  (b) Cost or other basis (c) Accumulated depreciation  1a Land	Pa	rt VI Land, Buildings, and Equ	uipment.	os" on Form 900 I	Part IV line 11a	Soo Form 000 Po	art Y lino	10
1a Land								
		,	(invest				,	
<b>b</b> Buildings								
		•						
c Leasehold improvements		·						
d Equipment								
e Other	<u>e</u>	Other	(1)	- 000 Part V	(D) // (O)			

Schedule D (Form 990) 2018 Page 3

Generalie B (1 offin 550) 2010			i age
Part VII Investments - Other Securities.  Complete if the organization answered	"Ves" on Form 990	Part IV line 11h See Form 990 Pa	art X line 12
(a) Description of security or category	(b) Book value	(c) Method of valuation:	
(including name of security)	(b) Book value	Cost or end-of-year market vi	
(1) Financial derivatives	11,733,770.	ATTACHMENT 1	
(2) Closely-held equity interests			
(3) Other	15 014 774	TIME.	
(A) U.S. OLYMPIC ENDOWMENT	15,914,774.	FMV	
(B) (C)			
(D)			
(E)			
(F)			
(G)			
(H)	05 640 544		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	27,648,544.		
Part VIII Investments - Program Related. Complete if the organization answered	"Yes" on Form 990,	Part IV, line 11c. See Form 990, Pa	art X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation:	
		Cost or end-of-year market va	alue
(1)			
(2)			
<u>(3)</u> (4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶  Part IX Other Assets.			
Complete if the organization answered	"Yes" on Form 990.	Part IV. line 11d. See Form 990. Pa	art X. line 15.
	scription		(b) Book value
(1)	·		
(2)			
_ (3)			
(4)			
(5)			
<u>(6)</u>			
<u>(7)</u> (8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	ne 15.)		
Part X Other Liabilities. Complete if the organization answered line 25.	"Yes" on Form 990,	Part IV, line 11e or 11f. See Form 9	990, Part X,
1. (a) Description of liability	(b) Book value		
(1) Federal income taxes			
(2)			
(3)			
<u>(4)</u>			
<u>(5)</u> (6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	<b>&gt;</b>		
2 Lightlity for uncertain toy positions. In Part VIII, provide the t	out of the feetnets to the	organization's financial statements that report	a tha

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

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

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Retur Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	4,872,722.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	-470,213.
3	Subtract line 2e from line 1	3	5,342,935.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a 246,664.		
b	Other (Describe in Part XIII.)		
C	Add lines 4a and 4b	4c	246,664.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	5,589,599.
Part		ırn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	3,244,537.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	3,244,537.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 246,664.		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	246,664.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	3,491,201.
	XIII Supplemental Information.		
	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part IV, lines 2d and 4b, and Part VII, lines 2d and 4b, Alago complete this part to provide any additional information.		
	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	nauon.	
SEE	PAGE 5		

JSA 8E1271 1.000

Schedule D (Form 990) 2018

Page 5

#### Part XIII Supplemental Information (continued)

SCHEDULE D PART V LINE 4

THE FOUNDATION'S ENDOWMENT FUNDS ARE USED FOR THE BENEFIT OF THE UNITED STATES FIGURE SKATING ASSOCIATION.

SCHEDULE D PART X LINE 2

THE FOUNDATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. IN ADDITION, THE FOUNDATION QUALIFIES FOR THE CHARITABLE CONTRIBUTION DEDUCTION UNDER SECTION 170(B)(1)(A) AND HAS BEEN CLASSIFIED AS AN ORGANIZATION OTHER THAN A PRIVATE FOUNDATION. MANAGEMENT OF THE FOUNDATION BELIEVES THAT IT DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO ITS FINANCIAL STATEMENTS.

	ATTACHMENT 1	
SCHEDULE D, PART VII - INVESTMENTS - FINANCIAL DERIVATI	VES	
	<del></del>	COST
DESCRIPTION	BOOK VALUE	OR FMV
DERIVATIVES	11,733,770.	FMV
TOTALS	11,733,770.	

#### SCHEDULE I (Form 990)

Department of the Treasury

Internal Revenue Service

# **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

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

Open to Public Inspection

Employer identification number Name of the organization UNITED STATES FIGURE SKATING FOUNDATION 84-1558040 **General Information on Grants and Assistance** 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, other) 1 (a) Name and address of organization (c) IRC section (d) Amount of cash (e) Amount of non-(g) Description of (b) EIN (h) Purpose of grant (if applicable) or government grant cash assistance noncash assistance or assistance (1) US FIGURE SKATING ASSOCIATION 20 FIRST STREET COLORADO SPRINGS, CO 80906 84-0768715 501(C)3 3,197,942. SEE PART IV (2) (3) (4) (5) (6) (7) (8) (9) (10)(11)(12)1. 

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

Schedule I (Form 990) (2018)

Schedule I (Form 990) (2018)

art III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
	Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
_1					
2					
3					
4					
5					
_ 6					
7					

**Part IV** Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

SCHEDULE I PART I LINE 2

THE GRANTS MADE TO THE UNITED STATES FIGURE SKATING ASSOCIATION (USFSA)

ARE MONITORED USING A QUARTERLY REPORT FROM THE EXECUTIVE DIRECTOR OF

USFSA, WHICH IS PRESENTED AT QUARTERLY TRUSTEE MEETINGS. THE EXECUTIVE

DIRECTOR OF USFSA SERVES AS A NON-VOTING MEMBER ON THE UNITED STATES

FIGURE SKATING FOUNDATION'S BOARD OF TRUSTEES.

Schedule I (Form 990) (2018)

Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.	
<u></u>	Part III can be duplicated if additional space is needed.	

(a) Type of grant or assistance	<b>(b)</b> Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

**Part IV** Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

SCHEDULE I PART II

SCHOLOARSHIPS, ATHLETE PROGRAMS, ATHLETE DEVELOPMENT, GENERAL OPERATIONS,

EVENT MANAGEMENT SYSTEM, TRAINING CENTER.

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

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

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number 84-1558040

UNITED STATES FIGURE SKATING FOUNDATION

FORM 990 PART VI SECTION A LINE 7A

THE UNITED STATES FIGURE SKATING ASSOCIATION (THE ASSOCIATION) HAS POWERS

OF APPOINTMENT AND REMOVAL OF THE BOARD OF TRUSTEES OF THE UNITED STATES

FIGURE SKATING FOUNDATION (THE FOUNDATION). THE FOUNDATION IS A

SUPPORTING ORGANIZATION TO THE ASSOCIATION.

FORM 990 PART VI SECTION B LINE 11

THE 990 WILL BE REVIEWED BY THE PRESIDENT, TREASURER AND CHAIRMAN OF THE AUDIT COMMITTEE. FOLLOWING THAT REVIEW, ALL TRUSTEES WILL HAVE AN OPPORTUNITY TO REVIEW THE 990 PRIOR TO FILING.

FORM 990 PART VI SECTION B LINE 12C

CONFLICT OF INTEREST FORMS ARE PREPARED ANNUALLY BY ALL TRUSTEES. ANY

TRUSTEE HAVING A CONFLICT OF INTEREST IS PROHIBITED FROM DELIBERATIONS

AND DECISIONS IN THE TRANSACTION. THE PRESIDENT IS AWARE OF THE CONTENTS

OF THE CONFLICT OF INTEREST FORMS IN THE UNLIKELY EVENT THAT AN

INDIVIDUAL TRUSTEE FAILED TO RECUSE THEMSELVES FROM VOTING ON AN ISSUE

WHERE A POTENTIAL CONFLICT EXISTED.

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 UPON REQUEST.

Name of the organization
UNITED STATES FIGURE SKATING FOUNDATION

84-1558040
ATTACHMENT 1

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

NAME AND ADDRESS DESCRIPTION OF SERVICES COMPENSATION

MORGAN STANLEY 222 CALIFORNIA STREET 14TH FL SAN FRANCISCO, CA 94104 INVESTMENT ADVISORY 246,664.

#### SCHEDULE R (Form 990)

## **Related Organizations and Unrelated Partnerships**

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

► Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047
2018
Open to Public Inspection

Name of the organization
UNITED STATES FIGURE SKATING FOUNDATION

Employer identification number 84-1558040

Part I	Identification of Disregarded Entities. Complete if the organization	answered "Yes" on	Form 990, Part I	V, line 33.		
	(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						

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

(a)  Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity		12(b)(13) rolled
						Yes	No
(1) UNITED STATES FIGURE SKATING ASSOCIATION 84-0768715 20 FIRST STREET COLORADO SPRINGS, CO 80906	SEE PART VII	CO	501(C)3	7	N/A		X
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2018

Schedule R (Form 990) 2018

Part III	Identification of Relati because it had one or	•			•	•	nswered "Yes"	on Form	990, Part IV,	line 34,	
	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?				Code V - UBI amount in box 20 of Schedule K-1		j) eral or aging ner?	(k) Percentage ownership
		ocunity)		,			Yes	No		Yes	No			
(1)	_													
(2)														
(3)														
(4)														
(5)														
(6)														
(7)														

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

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

Schedule R (Form 990) 2018

Schedule R (	(Form 990) 2018	Page •
Part V	Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.	

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.	1a		X
	Gift, grant, or capital contribution to related organization(s)		X	
	Gift, grant, or capital contribution from related organization(s)			Х
	Loans or loan guarantees to or for related organization(s)			Х
е	Loans or loan guarantees by related organization(s)	1e		Х
f	Dividends from related organization(s)	1f		
a	Sale of assets to related organization(s)	1g		Х
	Purchase of assets from related organization(s).			X
i	Exchange of assets with related organization(s).			X
i	Lease of facilities, equipment, or other assets to related organization(s)	- 1		X
•	3 (			
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X
	Performance of services or membership or fundraising solicitations for related organization(s)			Х
	Performance of services or membership or fundraising solicitations by related organization(s).			Х
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			X
	Sharing of paid employees with related organization(s)	- 1		X
р	Reimbursement paid to related organization(s) for expenses	1р		Х
	Reimbursement paid by related organization(s) for expenses	- 1		Х
1				
r	Other transfer of cash or property to related organization(s)	1r		Х
	Other transfer of cash or property from related organization(s).			Х
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction the	reshol	ds.	
	(a) (b) (c)	(d)		
		od of det		ng
			. 5.1700	

	and the any of the above to the methanisms of microscopic and the microscopic and the methanisms							
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved					
(1) US FIGURE SKATING ASSOCIATION	В	3,197,942.	CASH GRANT PAID					
(2)								
(3)								
(4)								
(5)								
(6)								

Schedule R (Form 990) 2018

JSA 8E1309 1.000 Schedule R (Form 990) 2018 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>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
_(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)												_	
(14)													
(15)												_	
(16)													
(10)													

Schedule R (Form 990) 2018

Schedule R (Form 990) 2018 Page 5

#### Part VII Supplemental Information

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

SCHEDULE R PART II COLUMN B

US FIGURE SKATING ASSOCIATION PRIMARY ACTIVITY: NATIONAL GOVERNING BODY

FOR SPORT OF FIGURE SKATING ON ICE IN THE UNITED STATES