

January 19, 2023

UNITED STATES FIGURE SKATING FOUNDATION 1365 GARDEN OF THE GODS Ste 150 COLORADO SPRINGS, CO 80907

Dear Mr. George,

Enclosed are the following income tax returns prepared on behalf of UNITED STATES FIGURE SKATING FOUNDATION for the year ended June 30, 2022.

2021 990 - Return of Organization Exempt from Income Tax
2021 8879-TE - IRS E-file Signature Authorization Form
2021 Schedule A - Public Charity Status and Public Support
2021 Schedule D - Supplemental Financial Statements
2021 Schedule I - Grants & Other Assist. to Org/Gov/Ind. in the U.S.
2021 Schedule O - Supplemental Information to Form 990 or 990EZ
2021 Schedule R - Related Organizations and Unrelated Partnerships

The above mentioned returns will be electronically filed. The efile authorizations should be signed and dated according to the filing instructions included with the copy of the return.

The enclosed returns were prepared primarily from data and information which you submitted. Please review the returns to ensure that there are no omissions or misstatements. Upon an audit of the return(s), requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records.

Form 990 and Schedules must be made available for public inspection for a period of three years from the date of filing. Please visit the Not-for-Profit Services page on our website <u>www.skrco.com</u> for information regarding Federal disclosure and Colorado registration requirements, additional rules and applicable penalties for noncompliance.

We appreciate this opportunity to serve you. Please contact us if you have any questions or if we may be of further assistance.

Sincerely, STOCKMAN KAST RYAN & CO, LLP

Enclosures

| Two Year Comparison Schedule 2021 to 2020 | | | |
|---|-------------|--------------|---------------------------------|
| Description | 2021 | 2020 | Difference |
| Revenue | | | |
| Contributions and grants | 2,000. | 5,025. | -3,025. |
| Program service revenue | NONE | NONE | NONE |
| Investment income | 4,259,089. | 10,112,650. | -5,853,561. |
| Other revenue | NONE | NONE | NONE |
| Total revenue | 4,261,089. | 10,117,675. | -5,856,586. |
| Expenses | | | |
| Grants and similar amounts paid | 5,728,639. | 4,367,506. | 1,361,133. |
| Benefits paid to or for members | NONE | NONE | NONE |
| Salaries, other compensation, employee benefits | NONE | NONE | NONE |
| Professional fundraising fees | NONE | NONE | NONE |
| Other expenses | 329,303. | 331,292. | -1,989. |
| Total expenses | 6,057,942. | 4,698,798. | 1,359,144. |
| Net Assets or Fund Balances | | 1,000,700. | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| Total assets | 95,566,043. | 110,158,715. | -14,592,672. |
| Total liabilities | 3,000. | NONE | 3,000. |
| | | | |
| Net assets | 95,563,043. | 110,158,715. | <u>-14,595,672.</u> |

STOCKMAN KAST RYAN & CO, LLP 102 N. CASCADE AVE, SUITE 400 COLORADO SPRINGS, CO 80903 Fax: 719-630-1187

UNITED STATES FIGURE SKATING FOUNDATION Instructions for Filing Form 8879-TE IRS e-file Signature Authorization for Form 990 For the year ended June 30, 2022

The original IRS E-file Signature Authorization form should be signed (use full name) and dated by an authorized officer of the organization.

Return your signed IRS e-file Signature Authorization Form 8879-EO to:

STOCKMAN KAST RYAN & CO, LLP 102 N. CASCADE AVENUE, SUITE 400 COLORADO SPRINGS CO 80903

Fax to: 719-630-1187 Attn: E-file Desk

Email to: Visit https://www.skrco.com/client-center/

There is no tax due with the filing of this return.

Do NOT separately file Form 990 with the Internal Revenue Service. Doing so will delay the processing of your return. We must receive your signed form before we can electronically transmit your return, which is due on or before May 15, 2023. We would appreciate you returning this form as soon as possible as this will expedite the processing of your return. The Internal Revenue Service will notify us when your return is accepted. Your return is not considered filed until the Internal Revenue Service confirms their acceptance, which may occur after the due date of your return.

| Form 8879-TE | |
|--------------|--|
|--------------|--|

IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2021, or fiscal year beginning 07/01/2021 and ending 06/30/2022

Do not send to the IRS. Keep for your records.

2021

Department of the Treasury Internal Revenue Service Name of file

Go to www.irs.gov/Form8879TE for the latest information.

EIN or SSN

UNITED STATES FIGURE SKATING FOUNDATION

84-1558040

Name and title of officer or person subject to tax PAUL E. GEORGE, PRESIDENT

Type of Return and Return Information Part I

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

| 1a | Form 990 check here | X b | Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b | 4,261,089. |
|--|--|--|--|--|
| 2a | Form 990-EZ check here | b | Total revenue, if any (Form 990-EZ, line 9) | |
| 3a | Form 1120-POL check here . | b | Total tax (Form 1120-POL, line 22) | |
| 4a | Form 990-PF check here | b | Tax based on investment income (Form 990-PF, Part V, line 5) 4b | |
| 5a | Form 8868 check here | b | Balance due (Form 8868, line 3c) | |
| 6a | Form 990-T check here | b | Total tax (Form 990-T, Part III, line 4) | |
| 7a | Form 4720 check here | b | Total tax (Form 4720, Part III, line 1)7b | |
| 8a | Form 5227 check here ► | b | FMV of assets at end of tax year (Form 5227, Item D)8b | |
| 9a | Form 5330 check here | b | Tax due (Form 5330, Part II, line 19)9b | |
| 10a | Form 8038-CP check here ► | b | Amount of credit payment requested (Form 8038CP, Part III, line 22) .10b | |
| Part | I Declaration and Signatu | ure Au | thorization of Officer or Person Subject to Tax | |
| Under | penalties of perjury, I declare that | X Ia | m an officer of the above entity or 📃 I am a person subject to tax with resp | ect to (name |
| of enti | ty) | | , (EIN) and that I have examined a cop | by of the |
| interm ackno the da (direct return 1-888 proces the pa electro | ediate service provider, transmitter, c wledgement of receipt or reason for re te of any refund. If applicable, I author debit) entry to the financial institution , and the financial institution to debit -353-4537 no later than 2 business d ssing of the electronic payment of tax yment. I have selected a personal ide poic funds withdrawal. | or electr rejection orize the on accou the entr days price kes to re | I above is the amount shown on the copy of the electronic return. I consent to a conic return originator (ERO) to send the return to the IRS and to receive from the of the transmission, (b) the reason for any delay in processing the return or refuee U.S. Treasury and its designated Financial Agent to initiate an electronic funds unt indicated in the tax preparation software for payment of the federal taxes ow ry to this account. To revoke a payment, I must contact the U.S. Treasury Finance or to the payment (settlement) date. I also authorize the financial institutions invoceive confidential information necessary to answer inquiries and resolve issues r ion number (PIN) as my signature for the electronic return and, if applicable, the | IRS (a) an and, and (c) withdrawal yed on this cial Agent at plved in the related to |
| PIN: c | heck one box only | | | |
| X | | <u>NKA</u> ROfirmna | ST RYAN & CO, to enter my PIN 7 8 2 1 Enter five number do not enter all ze | |
| | | | urn. If I have indicated within this return that a copy of the return is being filed the IRS Fed/State program, I also authorize the aforementioned ERO to enter my | |
| | filed return. If I have indicated within | nin this r | respect to the entity, I will enter my PIN as my signature on the tax year 2021 el eturn that a copy of the return is being filed with a state agency(ies) regulating on my PIN on the return's disclosure consent screen. | |
| Signat | ure of officer or person subject to tax | | Date ► | |
| Part | Certification and Authen | nticatio | on | |
| | | | | |

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

| 4 | 3 | 5 | 5 | 6 | 8 | 4 | 1 | 5 | 0 |
|------------------------|---|---|---|---|---|---|---|---|---|
| Do not enter all zeros | | | | | | | | | |

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file

| Providers for Business Refurns. ERO's signature ► | Date ► | 1-19-2023 | |
|---|---|-----------|---------------------|
| | n This Form - See Instructions to the IRS Unless Requested | | |
| For Privacy Act and Paperwork Reduction Act Notice, see back of f | orm. | | Form 8879-TE (2021) |
| JSA 1X3008 3.000 | | | |

8

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made nublic

OMB No. 1545-0047 2021

| B Check if applicable: C Name of organization Address UNITED STATES FIGURE SKATING FOUNDATI Doing business as Doing business as Name change Number and street (or P.O. box if mail is not delivered to street address) 1365 GARDEN OF THE GODS STE 150 City or town, state or province, country, and ZIP or foreign postal code Amended Application Pending F Name and address of principal officer: PAUL E GEORGE 1365 GARDEN OF THE GODS , COLORADO SPRI | \$) | and ending | D Employer ide 84-155 E Telephone nu (719)5 | ntificatio 8040 Imber | 0/2022 n number | | | |
|--|--|---------------------------------|--|-----------------------------|----------------------------|--|--|--|
| B Check if applicable: UNITED STATES FIGURE SKATING FOUNDATI Address change Doing business as Doing business as Name change Number and street (or P.O. box if mail is not delivered to street address) Initial return 1365 GARDEN OF THE GODS STE 150 City or town, state or province, country, and ZIP or foreign postal code COLORADO SPRINGS, CO 80907 F Name and address of principal officer: PAUL E GEORGE 1365 GARDEN OF THE GODS, COLORADO SPRI I Tax-exempt status: X 501(c)(3) | \$) | Room/suite | 84–155 E Telephone nu | 8040 imber | n number | | | |
| change Number and street (or P.O. box if mail is not delivered to street address) Initial return 1365 GARDEN OF THE GODS STE 150 Final return/ terminated Amended return City or town, state or province, country, and ZIP or foreign postal code COLORADO SPRINGS, CO 80907 F Name and address of principal officer: pending PAUL E GEORGE 1365 GARDEN OF THE GODS, COLORADO SPRI I Tax-exempt status: X 501(c)(3) | , | Room/suite | E Telephone nu | Imber | | | | |
| Initial return 1365 GARDEN OF THE GODS STE 150 Final return/ terminated Amended City or town, state or province, country, and ZIP or foreign postal code Application pending COLORADO SPRINGS, CO 80907 F Name and address of principal officer: PAUL E GEORGE 1365 GARDEN OF THE GODS, COLORADO SPRI I Tax-exempt status: X 501(c)(3) | , | | | | | | | |
| Final return/ terminated Amended return Application pending City or town, state or province, country, and ZIP or foreign postal code COLORADO SPRINGS, CO 80907 F Name and address of principal officer: 1365 GARDEN OF THE GODS, COLORADO SPRI Tax-exempt status: F Name and address of principal officer: 1365 GARDEN OF THE GODS, COLORADO SPRI 501(c)(3) | E | | (719)5 | | | | | |
| Image: derivative difference diffe | 6 | | | 90-97 | | | | |
| Application pending F Name and address of principal officer: PAUL E GEORGE 1365 GARDEN OF THE GODS, COLORADO SPRI I Tax-exempt status: X 501(c)(3) 501(c)() | C | | G Gross receipt | c \$ | 33,757,951. | | | |
| 1365 GARDEN OF THE GODS, COLORADO SPRI I Tax-exempt status: X 501(c)(3) 501(c)() | | | H(a) Is this a gro | | | | | |
| Tax-exempt status: X 501(c)(3) 501(c) () ◀ (insert no.) | NGS CO | 80907 | subordinate H(b) Are all subor | | | | | |
| | 4947(a)(1) o | | | | See instructions | | | |
| | | - | H(c) Group exem | ption numb | ber 🕨 | | | |
| K Form of organization: X Corporation Trust Association Other ► Part I Summary | | L Year of | formation: 2000 M | State of | legal domicile: CO | | | |
| 1 Briefly describe the organization's mission or most significant activities: TRANSFERRED OR CONTRIBUTED TO THE FOUNDATION UNITED STATES FIGURE SKATING ASSOCIATION. 2 Check this box ▶ if the organization discontinued its operations 3 Number of voting members of the governing body (Part VI, line 1a) | ON FOR | THE BENE | FIT OF THE | | NVEST FUNDS | | | |
| | | | | 3 | | | | |
| 4 Number of independent voting members of the governing body (Part VI 5 Total number of individuals employed in calendar year 2021 (Part V, line 6 Total number of volunteers (estimate if necessary) | | | | 4 | | | | |
| 5 Total number of individuals employed in calendar year 2021 (Part V, lin | r of individuals employed in calendar year 2021 (Part V, line 2a) 5 r of volunteers (estimate if necessary) 6 | | | | | | | |
| | r of volunteers (estimate if necessary) | | | | | | | |
| 7a Total unrelated business revenue from Part VIII, column (C), line 12 . | | | | 7a | | | | |
| b Net unrelated business taxable income from Form 990-T, Part I, line 11 | | ••••• | Prior Year | 7b | Current Year | | | |
| 8 Contributions and grants (Part VIII, line 1h) | | - | 5,0 | 25 | 2,000 | | | |
| 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | | | ONE | NONI | | | |
| 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | | 10,112,6 | | 4,259,089. | | | |
| ² 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | | | ONE | NONI | | | |
| 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A) | | | 10,117,6 | 75. | 4,261,089. | | | |
| 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | | 4,367,5 | 06. | 5,728,639. | | | |
| 14 Benefits paid to or for members (Part IX, column (A), line 4) | | | N | ONE | NONI | | | |
| g 15 Salaries, other compensation, employee benefits (Part IX, column (A), lin | | | N | ONE | NONI | | | |
| 15 Salaries, other compensation, employee benefits (Part IX, column (A), lin 16 a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶ | | | N | ONE | NONI | | | |
| b Total fundraising expenses (Part IX, column (D), line 25) | | | | | | | | |
| 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | F | 331,2 | | 329,303. | | | |
| 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25 | | | 4,698,7 | | 6,057,942. | | | |
| 19 Revenue less expenses. Subtract line 18 from line 12 | | | 5,418,8 Beginning of Current | | -1,796,853. End of Year | | | |
| 9 같 영품 20 Total assets (Part X, line 16) | | - | 110,158,7 | | 95,566,043. | | | |
| Total assets (Part X, line 16) Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20. | | | | ONE | 3,000 | | | |
| 22 Net assets or fund balances. Subtract line 21 from line 20. | | | 110,158,7 | | 95,563,043. | | | |
| Part II Signature Block | | | ,, - | | | | | |
| Under penalties of perjury, I declare that I have examined this return, including accompar true, correct, and complete. Declaration of preparer (other than officer) is based on all inform | nying schedul nation of whic | es and statem h preparer has | ents, and to the best of any knowledge. | f my kno | wledge and belief, it is | | | |
| Sign | | | | | | | | |

| Sign | | Signature of officer | | Date | | | | | |
|---|--|--|----|------------------|--------------|---|----------------|---|--|
| Here | | PAUL E. GEORGE PRESIDENT Type or print name and title PRESIDENT | | | | | | | |
| Paid | | ht/Type preparer's name REEN B MERZ Preparer's signature Date DOULD B MERZ Date | 23 | Check self-em | if ployed | | 84143 | 9 | |
| Preparer Use Only | | n's name ► STOCKMAN KAST RYAN & CO, LLP n's address ► 102 N. CASCADE AVENUE, SUITE 400 COLORADO SPRINGS, CO 80903 | | n's EIN | | - | 50958 630-1 | | |
| May the IRS discuss this return with the preparer shown above? See instructions X Yes No For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2021) | | | | | | | | | |

| For | n 990 (2021) | Page 2 |
|------|---|---------------------|
| Pa | Int III Statement of Program Service Accomplishments | |
| 1 | Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: | |
| • | THE CORPORATION IS A SUPPORTING ORGANIZATION THAT EXISTS FOR THE | |
| | PURPOSE OF SUPPORTING THE FUNCTIONS AND CARRYING ON THE PURPOSES OF | |
| | THE UNITED STATES FIGURE SKATING ASSOCIATION. | |
| | | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? | es 🛛 🛛 No |
| 3 | If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program | |
| | services? | es X No |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as m expenses. Section $501(c)(3)$ and $501(c)(4)$ organizations are required to report the amount of grants and allocation the total expenses, and revenue, if any, for each program service reported. | |
| 4a | (Code:) (Expenses \$5,728,639. including grants of \$5,728,639.) (Revenue \$ |) |
| | THE FOUNDATION MAKES GRANTS TO THE UNITED STATES FIGURE SKATING | |
| | ASSOCIATION. THE UNITED STATES FIGURE SKATING ASSOCIATION IS THE GOVERNING BODY FOR THE SPORT OF FIGURE SKATING AND IS A 501 (C) 3 | |
| | ORGANIZATION. | |
| | | |
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| 4b | (Code:) (Expenses \$including grants of \$) (Revenue \$ |) |
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| | | |
| 4c | (Code:) (Expenses \$ including grants of \$) (Revenue \$ |) |
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| | | |
| A -1 | Other program convises (Deceribe on Schedule O.) | |
| 4d | Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) | |
| 4e | Total program service expenses ► 5,728,639. | |
| JSA | | n 990 (2021) |
| | 5820CS P091 01/19/2023 16:36:56 V21-7.8F | 5 |

Form 990 (2021)

| Part | V Checklist of Required Schedules | | | |
|---------------|---|-----|-----|----------|
| | | | Yes | No |
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," | | | |
| | complete Schedule A | 1 | Х | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions | 2 | | Х |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to | | | |
| | candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | Х |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) | | | |
| | election in effect during the tax year? If "Yes," complete Schedule C, Part II | 4 | | х |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, | | | |
| | assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III | 5 | | х |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors | | | |
| • | have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If | | | |
| | "Yes," complete Schedule D, Part I. | 6 | | x |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| • | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | x |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," | | | |
| 0 | complete Schedule D, Part III | 8 | | х |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a | 0 | | |
| 9 | | | | |
| | custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or | | | 37 |
| 40 | debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | Х |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | | | |
| | or in quasi endowments? If "Yes," complete Schedule D, Part V | 10 | X | |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, | | | |
| | VII, VIII, IX, or X, as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," | | | |
| | complete Schedule D, Part VI | 11a | | X |
| b | Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more | | | |
| | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | X | <u> </u> |
| С | Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more | | | |
| | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | X |
| d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets | | | |
| | reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | X |
| | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | X |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | Х | |
| 12 a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| | Schedule D, Parts XI and XII. | 12a | Х | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? If | | | |
| | "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | Х | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. | 13 | | Х |
| 14 a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | Х |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, | | | |
| | fundraising, business, investment, and program service activities outside the United States, or aggregate | | | |
| | foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | Х |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or | | | |
| | for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | Х |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other | | | |
| | assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | Х |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on | | | |
| | Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions | 17 | | Х |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on | | | |
| | Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | x |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? | | | |
| | If "Yes," complete Schedule G, Part III | 19 | | х |
| 20 a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | X |
| | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | |
| | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | х | ĺ |
| JSA 1E1021 | | | | (2021) |
| 1021 | 1.000 | | | ··) |

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Page 3

Form **990** (2021)

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| Page | 4 |
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25a

25b

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28a

28b

28c

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35a

35b

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| | UNITED STATES FIGURE SKATING FOUNDATION | | 84-155 |
|----------|--|----------|----------------|
| - | 90 (2021) | | |
| Part | V Checklist of Required Schedules (continued) | | |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for dome | stic ir | ndividuals on |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | | |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about com | pens | ation of the |
| | organization's current and former officers, directors, trustees, key employees, and high | est c | ompensated |
| | employees? If "Yes," complete Schedule J. | | |
| 24 a | Did the organization have a tax-exempt bond issue with an outstanding principal amou | | |
| | \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," | | |
| h | through 24d and complete Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exce | | |
| | Did the organization maintain an escrow account other than a refunding escrow at any tim | | |
| • | to defease any tax-exempt bonds? | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the | | |
| 25 a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in | an ex | cess benefit |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | | |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified | | |
| | year, and that the transaction has not been reported on any of the organization's prior Form | | |
| 26 | <i>If "Yes," complete Schedule L, Part I</i> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payab | | |
| 20 | or former officer, director, trustee, key employee, creator or founder, substantial cor | | - |
| | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part | | |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, dire | ector, | trustee, key |
| | employee, creator or founder, substantial contributor or employee thereof, a grant selection of the selectio | | |
| | member, or to a 35% controlled entity (including an employee thereof) or family membe | | - |
| | persons? If "Yes," complete Schedule L, Part III | | |
| 28 | Was the organization a party to a business transaction with one of the following parties (se Part IV instructions, for applicable filing thresholds, conditions, and exceptions): | e the | Schedule L, |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substan | tial co | ontributor? If |
| | | | |
| b | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV, | | |
| С | A 35% controlled entity of one or more individuals and/or organizations described in lin | e 28 | a or 28b? If |
| | "Yes," complete Schedule L, Part IV | | |
| 29 30 | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete</i> Did the organization receive contributions of art, historical treasures, or other similar as | | |
| 30 | conservation contributions? If "Yes," complete Schedule M | | - |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete | | |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net | | |
| | complete Schedule N, Part II | | |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization of | | - |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | | |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Sche | | |
| 35 a | or IV, and Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)? | | |
| | If "Yes" to line 35a, did the organization receive any payment from or engage in any ti | | |
| | controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exem | pt n | on-charitable |
| | related organization? If "Yes," complete Schedule R, Part V, line 2 | | |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a re | | - |
| 20 | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedul | | |
| 38 | Did the organization complete Schedule O and provide explanations on Schedule O for Part 19? Note: All Form 990 filers are required to complete Schedule O. | | |
| Part | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | <u> </u> | <u></u> |
| _ | | | |
| | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable | 1a | 2 |
| b | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable | 1b | NONE |

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? JSA 1E1030 1.000

1c Х Form 990 (2021)

Х

Yes

Form 990 (2021)

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 NONE | | | | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | | | | | |
| - | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions. | 2- | | 37 | | | |
| | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a 3b | | X | | | |
| | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | 30 | | | | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | х | | | |
| h | If "Yes," enter the name of the foreign country | Tu | | | | | |
| Ď | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | Х | | | |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | Х | | | |
| | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | | | | |
| | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | | | | | | |
| | organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | | Х | | | |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or | | | | | | |
| | gifts were not tax deductible? | 6b | | | | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | | | |
| 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 7b | | X | | | |
| | 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 | | х | | | |
| Ь | If "Yes," indicate the number of Forms 8282 filed during the year | 10 | | | | | |
| | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | Х | | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | Х | | | |
| | g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | | | | | |
| - | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7g 7h | | | | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | | | | | | |
| | sponsoring organization have excess business holdings at any time during the year? | 8 | | | | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | | | | |
| | 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 | | | | | |
| 10 | 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 | | | | | | |
| 11 | Section 501(c)(12) organizations. Enter: Gross income from members or shareholders | | | | | | |
| | Gross income from other sources. (Do not net amounts due or paid to other sources | | | | | | |
| | against amounts due or received from them.) | | | | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | | | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b | | | | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | | | | |
| | Note: See the instructions for additional information the organization must report on Schedule O. | | | | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which | | | | | | |
| | the organization is licensed to issue qualified health plans | | | | | | |
| | Enter the amount of reserves on hand | 14a | | X | | | |
| | Did the organization receive any payments for indoor tanning services during the tax year? | 14a 14b | | | | | |
| р 15 | If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | | | | | | |
| 13 | excess parachute payment(s) during the year? | 15 | | Х | | | |
| | If "Yes," see the instructions and file Form 4720, Schedule N. | | | | | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | | Х | | | |
| | If "Yes," complete Form 4720, Schedule O. | | | | | | |
| 17 | Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any | | | | | | |
| | activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? | 17 | | | | | |
| 10.1 | If "Yes," complete Form 6069. | | | | | | |
| JSA 1E104 | 0.1.000 | Form | 990 | (2021) | | | |

| Form 9 | 90 (2021) UNITED STATES FIGURE SKATING FOUNDATION 84-1558 | 040 | F | Page 6 |
|---------------|---|------------|--------|------------|
| Part | response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. | See in | struc | tions. |
| | Check if Schedule O contains a response or note to any line in this Part VI | | | Х |
| Sect | ion A. Governing Body and Management | | Vee | Na |
| | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year 1a 9 | | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar | | | |
| | committee, explain on Schedule O. | | | |
| b | Enter the number of voting members included on line 1a, above, who are independent | | | |
| 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 | | | 37 |
| | supervision of officers, directors, 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 5 | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 6 | | X X |
| 6 | Did the organization have members or stockholders? | 0 | | |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint | 7a | Х | |
| | one or more members of the governing body? | 1 a | Λ | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, | 7b | | Х |
| 0 | stockholders, or persons other than the governing body? | | | 27 |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during | | | |
| | the year by the following: | 8a | х | |
| a L | The governing body? | 8b | X | |
| b 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at | | | |
| 9 | the organization's mailing address? If "Yes," provide the names and addresses on 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 | | 11a | Х | |
| b | Describe on Schedule O the process, if any, used by the organization to review this Form 990. | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | Х | |
| | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give | | | |
| | rise to conflicts? | 12b | Х | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," | | | |
| | describe on Schedule O how this was done | 12c | Х | |
| 13 | Did the organization have a written whistleblower policy? | 13 | Х | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | Х | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by | | | |
| | independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| 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 on Schedule O. See instructions. | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement | | | <i>n</i> - |
| | with a taxable entity during the year? | 16a | | X |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its | | | |
| | participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the | 4.01 | | |
| Cast | organization's exempt status with respect to such arrangements? | 16b | | |
| - | | | | |
| 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 990-7 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. | (sec | tion 5 | U1(C) |
| | Own website Another's website X Upon request Other (explain on Schedule O) | | | |
| 40 | | c : | | - P - |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict o | r inter | est p | olicy, |
| 00 | 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 WAUGH&GOODWIN LLP 1365 GARDEN OF THE GODS RD, STE 150 COLORADO SPRINGS, CO | s 🕨 | | |
| | 719-590-9777 | Form | 990 | (2021) |
| JSA 1E1042 | | . 0111 | | (2021) |
| 1 - 1042 | | | | |

84-1558040

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| Part VII | Compensation | of | Officers, | Directors, | Trustees, | Key | Employees, | Highest | Compensated | Employees, | and |
|----------|-------------------|-------|---------------|--------------|-----------------|-----------|------------|---------|-------------|------------|-----|
| | Independent Co | ontra | actors | | | | | | | | |
| | Check if Schedule | e O d | contains a re | esponse or n | ote to any line | e in this | Part VII | | | | |

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

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

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

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

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

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

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

X 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 | (do r box, | not cl unles | (Pos heck ss pe | C) sition more erson | e than c is both | ne an | (D) Reportable compensation | (E) Reportable compensation | (F) Estimated amount of other |
|--------------------------|---|--|-------------------------|---------------------------|-------------------------------|---|-----------|---|--|---|
| | per week (list any hours for related organizations below dotted line) | office of Individual trustee or director | a Institutional trustee | d a d Officer | Key employee | or/trust Highest compensated employee | e) Former | from the organization (W-2/ 1099-MISC/ 1099-NEC) | from related organizations (W-2/ 1099-MISC/ 1099-NEC) | compensation from the organization and related organizations |
| (1) PAUL E GEORGE | 5.00 | | | | | | | | | |
| PRESIDENT | NONE | x | | x | | | | NONE | NONE | NONE |
| (2) J. MISHA PETKEVICH | 2.00 | | | | | | | none | | |
| TREASURER | NONE | x | | x | | | | NONE | NONE | NONE |
| (3) PAUL WYLIE | 2.00 | | | | | | | none | | |
| SECRETARY | NONE | x | | x | | | | NONE | NONE | NONE |
| (4) COCO SHEAN | 2.00 | | | | | | | | | |
| TRUSTEE | NONE | x | | | | | | NONE | NONE | NONE |
| (5) ROBERT ANDERSON | 2.00 | | | | | | | | | |
| TRUSTEE | NONE | х | | | | | | NONE | NONE | NONE |
| (6) WARREN S. NAPHTAL | 2.00 | | | | | | | | | |
| TRUSTEE | NONE | x | | | | | | NONE | NONE | NONE |
| (7) SAMUEL AUXIER | 2.00 | | | | | | | | | |
| TRUSTEE | NONE | x | | | | | | NONE | NONE | NONE |
| (8) ANNE CAMMETT | 2.00 | | | | | | | | | |
| TRUSTEE | NONE | x | | | | | | NONE | NONE | NONE |
| (9) EMILY HUGHES | 2.00 | | | | | | | | | |
| TRUSTEE, ATHLETIC MEMBER | NONE | x | | | | | | NONE | NONE | NONE |
| (10) | | | | | | | | | | |
| | | | | | | | | | | |
| <u>(11)</u> | | | | | | | | | | |
| (12) | | | | | | | | | | |
| (13) | | | | | | | | | | |
| (14) | | | | | | | | | | |

Form 990 (2021)

| | 990 (2021) rt VII Section A. Officers, Directors, Tru | ustees. Ke | ev Em | כומר | ove | es. | and H | lia | hest Compensat | ed Emplo | vees (co | ontinued) | Page 8 |
|------|--|--|-----------------------------------|-----------------------|-------------|---|---------------------------------|------------|---|---|--------------------------------|--|--------------------------------------|
| | (A) Name and title | (B) Average hours per week (list any hours for related organizations | (do r box, office | not cl unles | Pos heck | C) sition more erson lirect | e than c is both or/trust | one an | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reporta compensati relate organiza (W-2/1099 | able on from ed tions | (F) Estima amoun oth compen from organiz | ated nt of er sation the |
| | | below dotted line) | Individual trustee or director | Institutional trustee | | Key employee | Highest compensated employee | 9r | | | | | lated ations |
| | | | | | | | | | | | | | |
| | | | - | | | | | | | | | | |
| | | + | | | | | | | | | | | |
| | | | - | | | | | | | | | | |
| | | | - | | | | | | | | | | |
| | | | - | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | Sub-total | | - | | | | | | NONE | | NONE | | NONE |
| с | Total from continuation sheets to Part VII, S Total (add lines 1b and 1c) Total number of individuals (including but not | ection A | | | | | a) who | | NONE NONE | | NONE NONE | | NONE NONE |
| | reportable compensation from the organizatio | n 🕨 | | | | NO | NE | | | | | Y | es No |
| 3 | Did the organization list any former offic employee on line 1a? <i>If</i> "Yes," <i>complete Sched</i> For any individual listed on line 1a, is the | ule J for su | ch ind | livid | ual | • • | | •• | | • • • • • • • | | 3 | <u> </u> |
| | organization and related organizations granizations gr | eater than | \$15 | 50,0 • • | 00? | • If | "Yes | s," • • | complete Schedu | le J for | such | 4 | X |
| | Did any person listed on line 1a receive or for services rendered to the organization? If "Y ction B. Independent Contractors | es," comple | te Sch | hedu | ıle J | l for | such | per | rson | | | 5 | X |
| 1 | Complete this table for your five highest com compensation from the organization. Report of year. | | | | | | | | | | | | |
| | (A) SEE SCHEDULE O Name and business add | dress | | | | | | | (B) Description of se | rvices | Co | (C) ompensati | on |

| | | - | - |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 2 | Total number of independent contractors (including but not limited to those more than \$100,000 in compensation from the organization ► | | |

| Form 990 (2021) | | 2021) |) UNITED STATES FIGURE SKATING FOUNDATION | | | | | | | | |
|---|---------|---|---|------------------|-------------------|-----------------------------|---|---|---|--|--|
| Pai | rt VII | Statement of R | evenue | | | | | | | | |
| | | Check if Schedule | O contains a | respor | nse or note to an | y line in this Part \ | /111 | | | | |
| | | | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 | | |
| ts ts | 1a | Federated campaigns | | 1a | | | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | b | Membership dues | | 1b | | | | | | | |
| ٥Ĕ | c | Fundraising events | | 1c | | | | | | | |
| ifts ∎r⊿ | d | Related organizations | | 1d | | | | | | | |
| nila | е | Government grants (cc | ontributions) | 1e | | | | | | | |
| Sin | f | All other contributions, | gifts, grants, | | | | | | | | |
| er lti | | and similar amounts not in | ncluded above | 1f | 2,000. | | | | | | |
| Gth | g | Noncash contributions | included in | | | | | | | | |
| gut | | lines 1a-1f | | 1g | \$ | | | | | | |
| ສັບັ | h | Total. Add lines 1a-1f | | | | 2,000. | | | | | |
| | | | | | Business Code | | | | | | |
| ice | 2a | | | | | | | | | | |
| le V | b | | | | | | | | | | |
| o S | c | | | | | | | | | | |
| Program Service Revenue | d | | | | | | | | | | |
| - <u>6</u> 0 R | е | | | | | | | | | | |
| 5 | f | All other program servi | ce revenue | | | | | | | | |
| | g | Total. Add lines 2a-2f | | | <u></u> ► | NONE | | | | | |
| | 3 | Investment income (| (including divid | ends, | interest, and | | | | | | |
| | | other similar amounts). | | | | 1,678,577. | | | 1,678,577. | | |
| | 4 | Income from investme | | | | NONE | | | | | |
| | 5 | Royalties | | | | NONE | | | | | |
| | | | (i) Re | al | (ii) Personal | | | | | | |
| | 6a | Gross rents | 6a | | | | | | | | |
| | b | Less: rental expenses | 6b | | | | | | | | |
| | c | Rental income or (loss) | • | NONE | | | | | | | |
| | d | Net rental income or (lo | | | | NONE | | | | | |
| | 7a | Gross amount from | (i) Secu | rities | (ii) Other | | | | | | |
| | | sales of assets | | | | | | | | | |
| | | other than inventory | 7a 32,07 | 7,374. | | | | | | | |
| Jue | b | Less: cost or other basis | - | c 0.c0 | | | | | | | |
| Other Reven | | and sales expenses | | 6,862. 0,512. | | | | | | | |
| Re | | Gain or (loss) | | | | 2,580,512. | | | 2,580,512. | | |
| her | d | Net gain or (loss) | | | | 2,300,312. | | | 2,380,312. | | |
| đ | 8a | Gross income from | 0 | | | | | | | | |
| | | events (not including \$ | | | | | | | | | |
| | | of contributions rep | | | NONE | | | | | | |
| | | 1c). See Part IV, line 18 | | | NONE | | | | | | |
| | b | Less: direct expenses . Net income or (loss) fro | | | | NONE | | | | | |
| | | . , | rom gaming | | | | | | | | |
| | 9a | activities. See Part IV, li | 0 0 | | NONE | | | | | | |
| | b | Less: direct expenses | | | NONE | | | | | | |
| | c | Net income or (loss) fi | | - | | NONE | | | | | |
| | 10a | Gross sales of in | nventory, less | | | | | | | | |
| | | returns and allowances | | . 10a | NONE | | | | | | |
| | b | Less: cost of goods solo | d | 10b | NONE | | | | | | |
| | c | Net income or (loss) fro | om sales of inver | tory | | NONE | | | | | |
| sn | | | | | Business Code | | | | | | |
| Miscellaneous Revenue | 11a | | | | | | | | | | |
| ven | b | | | | | | | | | | |
| Rev | c | | | | | | | | | | |
| Mis | d | All other revenue | | | | | | | | | |
| | e 12 | | | | | NONE | | | 4 250 000 | | |
| | 12 | Total revenue. See ins | | | ••••• | 4,261,089. | | | 4,259,089. | | |

12

| Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must | t complete all columns. | All other organization | ns must complete colui | mn (A). |
|---|--------------------------|------------------------------------|---|---------------------------------------|
| Check if Schedule O contains a respo | onse or note to any line | in this Part IX | | |
| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 Grants and other assistance to domestic organizations | 5,728,639. | 5,728,639. | | · |
| and domestic governments. See Part IV, line 21 | 5,720,039. | 5,720,039. | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | NONE | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | NONE | | | |
| 4 Benefits paid to or for members | NONE | | | |
| 5 Compensation of current officers, directors, | | | | |
| trustees, and key employees | NONE | | | |
| 6 Compensation not included above to disqualified | | | | |
| persons (as defined under section 4958(f)(1)) and | | | | |
| persons described in section 4958(c)(3)(B) | NONE | | | |
| 7 Other salaries and wages | NONE | | | |
| 8 Pension plan accruals and contributions (include | NONE | | | |
| section 401(k) and 403(b) employer contributions | | | | |
| 9 Other employee benefits | NONE | | | |
| 10 Payroll taxes | NONE | | | |
| 11 Fees for services (nonemployees): | | | | |
| a Management | NONE | | | |
| b Legal | 1,250. | | 1,250. | |
| c Accounting | 34,480. | | 34,480. | |
| d Lobbying | NONE | | | |
| e Professional fundraising services. See Part IV, line 17. | NONE | | | |
| f Investment management fees | 256,147. | | 256,147. | |
| g Other. (If line 11g amount exceeds 10% of line 25, column | | | | |
| (A), amount, list line 11g expenses on Schedule O.) | NONE | | | |
| 12 Advertising and promotion | NONE | | | |
| 13 Office expenses | NONE | | | |
| 14 Information technology | NONE | | | |
| 15 Royalties | NONE | | | |
| 16 Occupancy | NONE | | | |
| 17 Travel | NONE | | | |
| 18 Payments of travel or entertainment expenses | | | | |
| for any federal, state, or local public officials | NONE | | | |
| 19 Conferences, conventions, and meetings | 10,830. | | 10,830. | |
| 20 Interest | NONE | | | |
| 21 Payments to affiliates | NONE | | | |
| 22 Depreciation, depletion, and amortization | NONE | | | |
| 23 Insurance | 26,596. | | 26,596. | |
| 24 Other expenses. Itemize expenses not covered | | | | |
| above. (List miscellaneous expenses on line 24e. If | | | | |
| line 24e amount exceeds 10% of line 25, column | | | | |
| (A), amount, list line 24e expenses on Schedule O.) | | | | |
| a | | | | |
| b | | | | |
| c | | | | |
| d | | | | |
| e All other expenses | | E E00 700 | | |
| 25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs | 6,057,942. | 5,728,639. | 329,303. | NOI |
| from a combined educational campaign and fundraising solicitation. Check here ▶ if | | | | |

following SOP 98-2 (ASC 958-720)

Form **990** (2021)

Form 990 (2021)

| Page | 1 | 1 |
|------|---|---|
| | | |

| Part) | Check if Schedule O contains a response or note to any line in this Pa | art X | | |
|--------------------|--|---------------------------------|-----|---------------------------|
| | | (A) Beginning of year | | (B) End of year |
| 1 | Cash - non-interest-bearing | NONE | 1 | NONE |
| 2 | Savings and temporary cash investments | 1,352,554. | 2 | 2,237,900. |
| 3 | Pledges and grants receivable, net | NONE | 3 | NON |
| 4 | Accounts receivable, net | 1,200,000. | 4 | 97,252 |
| 5 | Loans and other receivables from any current or former officer, director, | | | |
| | trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| | controlled entity or family member of any of these persons | NONE | 5 | NON |
| 6 | Loans and other receivables from other disqualified persons (as defined | | | |
| | under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). | NONE | 6 | NON |
| 7 ţ | Notes and loans receivable, net | NONE | 7 | NON |
| Assets | Inventories for sale or use | NONE | 8 | NON |
| ₹ 9 | Prepaid expenses and deferred charges | NONE | 9 | NON |
| 10 a | Land, buildings, and equipment: cost or other | | | |
| | basis. Complete Part VI of Schedule D 10a | | | |
| 1 | Less: accumulated depreciation | NONE | 10c | |
| 11 | Investments - publicly traded securities | 73,498,810. | 11 | 58,544,433. |
| 12 | Investments - other securities. See Part IV, line 11 | 34,107,351. | | 34,686,458. |
| 13 | Investments - program-related. See Part IV, line 11 | NONE | | NON |
| 14 | Intangible assets | NONE | | NON |
| 15 | Other assets. See Part IV, line 11 | NONE | | NON |
| 16 | Total assets. Add lines 1 through 15 (must equal line 33) | 110,158,715. | | 95,566,043. |
| 17 | Accounts payable and accrued expenses | NONE | | 3,000 |
| 18 | Grants payable | NONE | | NON |
| 19 | Deferred revenue | NONE | | NON |
| 20 | Tax-exempt bond liabilities | NONE | | NON |
| 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | NONE | | NON |
| | Loans and other payables to any current or former officer, director, | _ | | |
| Liabilities | trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| | controlled entity or family member of any of these persons | NONE | 22 | NONI |
| 23 | Secured mortgages and notes payable to unrelated third parties | NONE | | NON |
| 24 | Unsecured notes and loans payable to unrelated third parties | NONE | | NON |
| 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 | NONE | 25 | NONI |
| 26 | Total liabilities. Add lines 17 through 25 | NONE | | 3,000 |
| ces | Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33. | | | |
| | Net assets without donor restrictions | 99,015,534. | 27 | 86,128,391. |
| m ²⁸ | Net assets with donor restrictions | 11,143,181. | 28 | 9,434,652. |
| or Fund Balances | Organizations that do not follow FASB ASC 958, check here ► and complete lines 29 through 33. | | | -,, |
| | Capital stock or trust principal, or current funds | | 29 | |
| 5 23 30 | Paid-in or capital surplus, or land, building, or equipment fund | | 30 | |
| Assets 30 31 | Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| a 32 | Total net assets or fund balances | 110,158,715. | 32 | 95,563,043. |
| ŭ 32 33 | Total liabilities and net assets/fund balances | 110,158,715. | 33 | 95,566,043. |
| - 55 | | TT0, T00, /T0. | 55 | Form 990 (2021) |

| | UNITED STATES FIGURE SKATING FOUNDATION 8 | 4-155 | 58040 |) | | | |
|------|---|------------|----------|-----|-----|-----|--------------|
| | 90 (2021) | | | | | Pa | ge 12 |
| Part | | | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | | 1 | | | | <u>089</u> . |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | | 2 | | | | <u>942</u> . |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | | 3 | | | | <u>853</u> . |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | | 4 | | | | <u>715</u> . |
| 5 | Net unrealized gains (losses) on investments | | 5 | -12 | ,7 | 98, | <u>819</u> . |
| 6 | Donated services and use of facilities | | 6 | | | | |
| 7 | Investment expenses | | 7 | | | | |
| 8 | Prior period adjustments | | 8 | | | | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | | 9 | | | | |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X | , line | | | | | |
| | 32, column (B)) | | 10 | 95 | , 5 | 63, | <u>043</u> . |
| Part | | | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | • • | | |
| | | | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | - | | | |
| | If the organization changed its method of accounting from a prior year or checked "O | ther," exp | plain o | n | | | |
| | Schedule O. | | | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent account | | | | 2a | Х | |
| | If "Yes," check a box below to indicate whether the financial statements for the year w | ere com | piled o | or | | | |
| | reviewed on a separate basis, consolidated basis, or both: | | | | | | |
| | X Separate basis Consolidated basis Both consolidated and separate basis | | | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | | • – | 2b | X | |
| | If "Yes," check a box below to indicate whether the financial statements for the year we | ere audit | ed on | a | | | |
| | 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 responsibilit | - | - | | | | |
| | the audit, review, or compilation of its financial statements and selection of an independent a | | | - | 2c | Χ | |
| | If the organization changed either its oversight process or selection process during the tax | year, ex | plain o | n | | | |
| | Schedule O. | | | | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits a | as set for | th in th | | | | |
| | 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 | | • | | | | |
| | required audit or audits, explain why on Schedule O and describe any steps taken to undergo | such au | dits | | 3b | | |

1

| SCHE | DULE | F |
|-------|------|---|
| (Form | 990) | |

Public Charity Status and Public Support

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

OMB No. 1545-0047

| | artment of the Treasury nal Revenue Service | | ► Go to www.irs.gov/Form990 for instructions and the latest information. | | | | | |
|------|--|--|--|---|--|-----------------------------------|--------------------------------|-------------------------------------|
| Name | e of the organization | | | | | | Employer identifi | cation number |
| UNI | ITED STATES FI | GURE SKA' | TING FOUNDATI | ION | | | 84-1 | 558040 |
| Pa | rt Reason for | Public Cha | rity Status. (All o | organizations must | complet | te this pa | art.) See instructions | S. |
| The | organization is not a | a private fou | ndation because it | t is: (For lines 1 through | gh 12, ch | eck only | one box.) | |
| 1 | | | • | tion of churches desc | | | 70(b)(1)(A)(i). | |
| 2 | | | | . (Attach Schedule E | | | | |
| 3 | | - | - | rganization described | | | | |
| 4 | | - | - | conjunction with a ho | spital de | scribed ir | n section 170(b)(1)(A) | (iii). Enter the |
| _ | hospital's name | - | | | | | | |
| 5 | | - | for the benefit of Complete Part II.) | a college or universit | y ownee | d or ope | rated by a governme | ntal unit described in |
| 6 | | | | rnmental unit describe | d in sect | ion 170(| b)(1)(A)(v). | |
| 7 | An organizatio | n that norm | ally receives a sub | ostantial part of its su | pport fr | om a go | vernmental unit or fro | om the general public |
| | described in se | ction 170(b) | (1)(A)(vi). (Compl | ete Part II.) | | | | |
| 8 | A community ti | ust describe | ed in section 170(b | o)(1)(A)(vi). (Complete | e Part II.) | | | |
| 9 | An agricultural | research or | ganization describe | ed in section 170(b)(1 |)(A)(ix) | operated | in conjunction with a | land-grant college |
| | or university or | a non-land- | grant college of ag | griculture (see instruc | tions). E | nter the i | name, city, and state of | the college or |
| | university: | | | | | | | |
| 10 | receipts from a support from g | ictivities rela ross investm e organizatio | ited to its exempt f nent income and u on after June 30, 1 | functions, subject to c nrelated business tax 975. See section 509 | ertain ex able inco (a)(2). (0 | ceptions ome (less Complete | | n 331/3 % of its |
| 11 | <u> </u> | • | | usively to test for publ | • | | | |
| 12 | | - | | | - | | | ry out the purposes of |
| | | | - | | | | | tion 509(a)(3). Check |
| | | - | | | | | and complete lines 1 | - |
| а | | | - | | | | orted organization(s), | |
| | | - | | | | ajority of | the directors or truste | es of the |
| | | - | | te Part IV, Sections A | | | and a start and a second in at | |
| b | | | | | | | supported organization | |
| | | - | | - | the sam | e person | is that control or man | age the supported |
| с | | - | - | , Sections A and C. | tod in a | onnoctio | n with, and functional | ly intograted with |
| C | | - | | ns). You must comple | | | | iy integrated with, |
| d | | • | . , . | <i>,</i> . | | | ection with its suppor | ted organization(s) |
| u | •• | | | | • | | ution requirement and | • • • • |
| | | = | | omplete Part IV, Sect | - | | - | |
| е | | - | - | - | | | nat it is a Type I, Type I | I. Type III |
| - | | - | | ionally integrated sup | | | | ·, ·) [• ··· |
| f | • | • | •• | · · · · · · · · · · · · · · | | • | | 1 |
| g | Provide the followi | ng informatio | on about the suppo | orted organization(s). | | | | |
| | (i) Name of supported or | ganization | (ii) EIN | (iii) Type of organization | (iv) Is the | organization | (v) Amount of monetary | (vi) Amount of |
| | | | | (described on lines 1-10 above (see instructions)) | | ur governing ment? | support (see instructions) | other support (see instructions) |
| SEE | E SUPPLEMENTAL | PAGE | | | Yes | No | matruotionay | matructionay |
| (A) | | | | | | | | |
| (B) | | | | | | | | |
| | | | | | | | | |
| (C) | | | | | | | | |
| (D) | | | | | | | | |
| (E) | | | | | | | | |
| Tota | al | | | | | | 5,728,639. | NONE |

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. JSA 1E1210 1.000 Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

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

| <u>Sec</u> | tion A. Public Support | | | | | 1 | |
|------------|--|---------------------|-----------------|----------|----------|----------|-----------|
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | | | | | | |
| 5 | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 | Public support. Subtract line 5 from line 4 | | | | | | |
| Sec | tion B. Total Support | | | | | I | |
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
| 7 8 | Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | |
| 12 | Gross receipts from related activities, etc. (s | see instructions) . | | | | 12 | |
| 13 | First 5 years. If the Form 990 is for organization, check this box and stop here | <u></u> | | | | | |
| | tion C. Computation of Public Sup | • | - | | | | |
| 14 | Public support percentage for 2021 (li | | | | | 14 | % |
| 15 | Public support percentage from 2020 | | | | | 15 | % |
| 16a | 331/3% support test - 2021. If the or | - | | | | | |
| | box and stop here . The organization q | | | | | | |
| b | 33 1/3% support test - 2020. If the organization | | | | | | |
| 170 | this box and stop here . The organizati | | | - | | | |
| 17a | 10%-facts-and-circumstances test - 2 10% or more, and if the organization | | | | | | |
| | Part VI how the organization meets | | | | | - | • |
| | • | | | • | • | | |
| h | organization | | | | | | |
| b | 15 is 10% or more, and if the organi | | • | | | | |
| | in Part VI how the organization meet | | | | | - | |
| | organization. | | | - | - | | |
| 18 | Private foundation. If the organization | | | | | | |
| | instructions | | | | | | |

Schedule A (Form 990) 2021

| Schedule | A | (Form | 990) | 202 |
|----------|---|-------|------|-----|
|----------|---|-------|------|-----|

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 | | _ | | | | |
|--------------|---|-----------------------|--------------------------|--------------------|------------------|-------------------|-------------------|
| Caler | ndar year (or fiscal year beginning in) 🕨 | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees | | | | | | |
| | received. (Do not include any "unusual grants.") | | | | | | |
| 2 | Gross receipts from admissions, merchandise | | | | | | |
| | sold or services performed, or facilities | | | | | | |
| | furnished in any activity that is related to the | | | | | | |
| | organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that are not an | | | | | | |
| • | unrelated trade or business under section 513 | | | | | | |
| 4 | Tax revenues levied for the | | | | | | |
| • | organization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 5 | The value of services or facilities | | | | | | |
| Ũ | furnished by a governmental unit to the | | | | | | |
| | organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| | Amounts included on lines 1, 2, and 3 | | | | | | |
| <i>i</i> a | received from disgualified persons | | | | | | |
| b | Amounts included on lines 2 and 3 | | | | | - | - |
| - | received from other than disqualified | | | | | | |
| | persons that exceed the greater of \$5,000 | | | | | | |
| | or 1% of the amount on line 13 for the year | | | | | | |
| с 8 | Add lines 7a and 7b. Public support. (Subtract line 7c from | | | | | | |
| 0 | | | | | | | |
| Sec | line 6.) | | | | | | |
| | | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
| | ndar year (or fiscal year beginning in) ► | (a) 2017 | (b) 2010 | (0) 2019 | (u) 2020 | (e) 2021 | |
| 9 10 a | Amounts from line 6 Gross income from interest, dividends, | | | | | | |
| iva | 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 | | | | | | |
| | Add lines 10a and 10b | | | | | | |
| 11 | Net income from unrelated business | | | | | | |
| | activities not included in line 10b, whether | | | | | | |
| | or not the business is regularly carried on. | | | | | | |
| 12 | Other income. Do not include gain or | | | | | | |
| | loss from the sale of capital assets | | | | | | |
| | (Explain in Part VI.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, | | | | | | |
| | and 12.) | L | | | | | |
| 14 | First 5 years. If the Form 990 is fo | - | | | • | | |
| | organization, check this box and stop here | | | | | <u></u> | <u></u> ▶ |
| | tion C. Computation of Public Sup | • | | | | <u> </u> | |
| 15 | Public support percentage for 2021 (line 8 | | | | | 15 | % |
| 16 | Public support percentage from 2020 Scho | | | | | 16 | % |
| Sec | tion D. Computation of Investmen | it Income Perc | centage | | | | |
| 17 | Investment income percentage for 2021 (li | | | | | 17 | % |
| 18 | Investment income percentage from 2020 | | | | | 18 | % |
| 19 a | 331/3% support tests - 2021. If the o | rganization did r | not check the bo | ox on line 14, a | nd line 15 is mo | ore than 331/3% | , and line |
| | 17 is not more than 331/3%, check thi | s box and stop | here. The orga | nization qualifies | as a publicly su | upported organiza | ation 💶 🕨 📃 |
| b | 331/3% support tests - 2020. If the org | anization did not | t check a box on | line 14 or line | 19a, and line 16 | is more than 33 | 1/3 %, and |
| | line 18 is not more than 331/3%, check | this box and s | t op here. The or | ganization qualifi | es as a publicly | supported organ | ization |
| 20 | Private foundation. If the organization | did not check | a box on line ' | 14, 19a, or 19b | , check this bo | | |
| JSA 1E122 | 1 1.000 | | | | | Schedule | A (Form 990) 2021 |
| | | | | | | | 1.0 |

Page 4

Yes No

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3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*
- **c** Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*
- **10 a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A (Form 990

Part IV

11

| rt l | V Supporting Organizations (continued) | | | |
|------|--|-----|-----|----|
| | | | Yes | No |
| | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described on lines 11b and | | | |
| | 11c below, the governing body of a supported organization? | 11a | | Х |
| | | | | (|

- **b** A family member of a person described on line 11a above?
- c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.

Section B. Type I Supporting Organizations

| 1 | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or |
|---|--|
| | more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, |
| | directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) |
| | effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported |
| | organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the |
| | supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. |

2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins | truction | s). | | | | |
|---|--|----------|-----|---|--|--|--|
| а | The organization satisfied the Activities Test. Complete line 2 below. | | | | | | |
| b | The organization is the parent of each of its supported organizations. Complete line 3 below. | | | | | | |
| С | The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions). | | | | | | |
| • | | Y | es | N | | | |
| 2 | Activities Test. Answer lines 2a and 2b below. | | | | | | |
| а | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | | | | | | |

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

- **b** Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- Parent of Supported Organizations. Answer lines 3a and 3b below. 3

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- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.
- **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.

Χ

Χ

Х

Yes No

11b

11c

1

2

Χ

84-1558040

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Schedule A (Form 990) 2021

2a

2b

3a

3b

20

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| Se | ction 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 | | |
| Se | ction B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see | | | |
| | instructions for short tax year or assets held for part of year): | | | |
| а | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1b | | |
| С | Fair market value of other non-exempt-use assets | 1c | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | |
| е | Discount claimed for blockage or other factors | | | |
| | (explain in detail in Part VI): | | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 | Subtract line 2 from line 1d. | 3 | | |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, | | | |
| | see instructions). | 4 | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 | Multiply line 5 by 0.035. | 6 | | |
| 7 | Recoveries of prior-year distributions | 7 | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Se | ction C - Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | | |
| 2 | Enter 0.85 of line 1. | 2 | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | | |
| 4 | | 4 | | |
| 5 | | 5 | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to | | | |
| 5 | emergency temporary reduction (see instructions). | 6 | | |
| - | | | · · · - ··· ·· | |

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

Schedule A (Form 990) 2021

Page 6

Schedule A (Form 990) 2021

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

Schedule A (Form 990) 2021

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

| SCHEDULE A, PART I - INFORMATION ABOUT SUPPORTED ORGANIZATIONS | j. | | | | | |
|--|------------|---------------|--------|---------------|----------------|--|
| | | (III) TYPE OF | (IV) | (V) AMOUNT OF | (VI) AMOUNT OF | |
| (I) NAME OF SUPPORTED ORGANIZATION | (II) EIN | ORGANIZATION | YES NO | SUPPORT | OTHER SUPPORT | |
| | | | | | | |
| US FIGURE SKATING ASSOCIATION | 84-0768715 | 7 | Х | 5,728,639. | NONE | |
| | | | | | | |
| TOTAL AMOUNT OF SUPPORT | | | | 5,728,639. | NONE | |
| IOTAL ANOUNI OF SUFFORT | | | | 5,720,055. | NONE | |
| | | | | | | |

| SCHEE | DULE | D |
|-------|------|---|
| (Form | 990) | |

Department of the Treasury

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

2 **Open to Public** Inspection

OMB No. 1545-0047

| | nal Revenue Service | ► Go to www.irs.gov/ | Form990 for instructions | s and the latest infor | | | Inspectio | on |
|--------|---|--|--|------------------------|---------------|---------------|--------------|------------|
| Nam | e of the organization | | | | Employer | identificatio | on number | |
| UN | | IGURE SKATING FOUNDATIO | | | | -155804 | 0 | |
| Pa | rt I Organiza | tions Maintaining Donor Advi | sed Funds or Other | Similar Funds o | r Account | 5. | | |
| | Complete | e if the organization answered | "Yes" on Form 990, | Part IV, line 6. | | | | |
| | | | (a) Donor advis | sed funds | (b) Fu | inds and ot | ther account | íS |
| 1 | Total number at e | nd of year | | | | | | |
| 2 | | of contributions to (during year) | | | | | | |
| 3 | | of grants from (during year) | | | | | | |
| 4 | | at end of year | | | | | | |
| 5 | | ion inform all donors and donor | advisors in writing th | at the assets held | l in donor a | advised | | |
| • | - | anization's property, subject to the | - | | | | Yes | No |
| 6 | - | ion inform all grantees, donors, a | - | - | | | | |
| - | - | e purposes and not for the benef | | | | | | |
| | - | nissible private benefit? | | | | | Yes | No |
| Pa | | ation Easements. | | | | | | |
| | | e if the organization answered | "Yes" on Form 990, | Part IV, line 7. | | | | |
| 1 | | nservation easements held by the | | | | | | |
| | | on of land for public use (for example | | Preservation | n of a histor | cally impo | ortant land | area |
| | | of natural habitat | · · · | Preservation | | | | |
| | Preservatio | on of open space | | | | | | |
| 2 | | a through 2d if the organization he | eld a qualified conservation | ation contribution i | n the form o | of a conse | ervation | |
| | • | last day of the tax year. | | | | | nd of the Ta | ax Year |
| а | | onservation easements | | | 2a | | | |
| b | | stricted by conservation easements | | | 2b | | | |
| c | - | rvation easements on a certified | | | 2c | | | |
| d | | rvation easements included in (c | | | | | | |
| | | listed in the National Register | | | 2d | | | |
| 3 | | ervation easements modified, trai | | | ninated by | the organ | nization du | ring the |
| | tax year 🕨 | | , , | J , | | J | | 5 |
| 4 | | where property subject to conse | rvation easement is loca | ated ► | | | | |
| 5 | | zation have a written policy reg | | | tion, handl | ing of | | |
| | | forcement of the conservation eas | | | | | Yes | |
| 6 | | hours devoted to monitoring, insp | | | | | | |
| - | • | 5, | <u>,</u> , , , , , , , , , , , , , , , , , , , | | , | | 5 | ,, |
| 7 | Amount of expens | ses incurred in monitoring, inspect | ing, handling of violatio | ons, and enforcing of | conservatio | neasemer | nts durina t | the vear |
| | ▶\$ | 3, 1 | 3, | ., | | | J | , , |
| 8 | | vation easement reported on line 2 | 2(d) above satisfy the re | auirements of sect | tion 170(h)(- | 4)(B)(i) | | |
| | | n)(4)(B)(ii)? | • | • | . , . | | Yes | |
| 9 | | ibe how the organization reports | | | | statement | | |
| | | nd include, if applicable, the text of | | | • | | | Э |
| | | counting for conservation easeme | | - | | | | |
| Pa | art III Organiza | tions Maintaining Collections | of Art, Historical Tr | easures, or Othe | er Similar | Assets. | | |
| | Complete | e if the organization answered | "Yes" on Form 990, | Part IV, line 8. | | | | |
| 1a | If the organization | n elected, as permitted under FA | SB ASC 958, not to r | eport in its reven | ue stateme | nt and ba | lance shee | et works |
| | of art, historical | treasures, or other similar asset | s held for public exh | ibition, education | , or resear | ch in furtl | herance c | of public |
| _ | • | Part XIII the text of the footnote | | | | | | |
| b | | n elected, as permitted under FA | | | | | | |
| | provide the follow | sures, or other similar assets hell ving amounts relating to these iter | מ זטו במווט פארווטונוטח ns: | | scarch III IU | rinerance | | 301 VICE, |
| | | ded on Form 990, Part VIII, line 1 | | | | ▶ \$ | | |
| | | ed in Form 990, Part X. | | | | | | |
| 2 | | on received or held works of a | | | | | | vide tha |
| 4 | - | s required to be reported under F | | | asseis 101 | manual | yanı, pro | nue ine |
| 2 | | I on Form 990, Part VIII, line 1 | | | | .►\$_ | | |
| a b | | n Form 990, Part X | | | | | | |
| - | | n Act Notice, see the Instructions for | | | | | ule D (Form | 990) 2021 |
| JSA | , | | | | | 23 | | ,=•=• |

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| | | TED STATES FI | | | | | 558040 | Page 2 |
|---------|---|------------------------|---------------------------------|--------------------------|------------------------------|--------------|-------------|---------------|
| Ра 3 | rt III Organizations Maintaini Using the organization's acquisitio | - | | | | | | · |
| - | collection items (check all that appl | | | or exchange | - | make sigm | ncant us | |
| a b | Scholarly research | | e Dthe | - | program | | | |
| | Preservation for future gener | ations | | ·I | | | | |
| с 4 | Provide a description of the organ | | and avalain how | thoy further | the organizatio | n'e avomnt | nurnoso | in Port |
| | XIII. | | | - | - | · | puipose | iii Fait |
| 5 | During the year, did the organizatio | | | | | | ٦ | — |
| | assets to be sold to raise funds rath | | ained as part of the | e organization | 's collection? | <u> </u> | Yes | No |
| Pa | rt IV Escrow and Custodial A Complete if the organiza 990, Part X, line 21. | • | es" on Form 990, | Part IV, line | 9, or reported | an amoun | t on Fori | m |
| 1a | Is the organization an agent, trust | tee, custodian or o | ther intermediary | for contribut | ions or other as | sets not | | |
| | included on Form 990, Part X? | | | | | [| Yes | No |
| b | If "Yes," explain the arrangement in | | | | | | | |
| | | | | | | Amount | | |
| С | Beginning balance | | | 1c | | | | |
| d | Additions during the year | | | | | | | |
| е | Distributions during the year | | | 1e | | | | |
| f | Ending balance | | | 1f | | | | |
| 2a | Did the organization include an am | ount on Form 990, | Part X, line 21, for | escrow or cu | istodial account l | liability? | Yes | No |
| b | If "Yes," explain the arrangement in | n Part XIII. Check h | ere if the explanation | on has been p | rovided on Part X | | | |
| Pa | rt V Endowment Funds. | | | | | | | |
| | Complete if the organiza | tion answered "Ye | es" on Form 990 | Part IV, line | 10. | | | |
| | | (a) Current year | (b) Prior year | (c) Two yea | rs back (d) Three | e years back | (e) Four ye | ears back |
| 1a | Beginning of year balance | 9,211,257. | 7,608,337. | 149,6 | 513. | 144,381. | 14 | 4,705. |
| b | Contributions | | | 7,250,0 | 000. | | | |
| с | Net investment earnings, gains, | | | | | | | |
| | and losses | -1,139,793. | 1,857,152. | 244,3 | 388. | 5,232. | | -324. |
| d | Grants or scholarships | 250,000. | 250,000. | | | | | |
| | Other expenditures for facilities | | | | | | | |
| | and programs | 12,163. | 4,232. | 35, | 564. | | | |
| f | Administrative expenses | 29,827. | | | | | | |
| g | End of year balance | 7,779,474. | 9,211,257. | 7,608,3 | 337. | 149,613. | 14 | 4,381. |
| 2 | Provide the estimated percentage | of the current vear | end balance (line 1 | a. column (a)) | held as: | | | |
| а | Board designated or quasi-endowm | | | 3, (,, | | | | |
| b | Permanent endowment > 90.63 | 200 % | _ | | | | | |
| С | Term endowment 9.3800 | % | | | | | | |
| | The percentages on lines 2a, 2b, a | nd 2c should equal | 100%. | | | | | |
| 3a | Are there endowment funds not in | the possession of th | ne organization that | t are held an | d administered fo | or the | | |
| | organization by: | | | | | | Y | es No |
| | (i) Unrelated organizations | | | | | | 3a(i) | Х |
| | (ii) Related organizations | | | | | | 3a(ii) | Х |
| b | If "Yes" on line 3a(ii), are the relate | ed organizations liste | d as required on S | chedule R? | | | 3b | |
| 4 | Describe in Part XIII the intended u | ses of the organiza | tion's endowment | unds. | | | | |
| Ра | rt VI Land, Buildings, and Equ | ipment. | | | 44. 0. 5. | 000 D | | 40 |
| | Complete if the organiza Description of property | | | | | | | |
| _ | Description of property | | other basis (b) Cost (tment) | t or other basis (other) | (c) Accumulated depreciation | (d) | Book value | ə |
| 1a | Land | | | | | | | |
| b | Buildings | | | | | | | |
| с | Leasehold improvements | | | | | | | |
| d | Equipment | | | | | | | |
| е | Other | | | | | | | |
| Tota | I. Add lines 1a through 1e. (Column | (d) must equal For | n 990, Part X, colu | mn (B), line 10 |)c.) | • | | |

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 UNITED STATES FIGURE SKATING FOUNDATION 84-1558040 Part VII **Investments - Other Securities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (b) Book value (c) Method of valuation: Cost or end-of-year market value (including name of security) (1) Financial derivatives 14,485,463 SEE SUPPLEMENTAL PAGE (2) Closely held equity interests (3) Other (A) U.S. OLYMPIC ENDOWMENT 20,200,995 FMV (B) (C) (D) (E) (F) (G) (H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) 34,686,458 **Investments - Program Related.** Part VIII Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ► Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4)(5) (6)(7)(8)

(9)

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

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

Х

| | ILE D (Form 990) 2021 UNITED STATES FIGURE SKATING FOUNDATION | 84- | -1558040 Page 4 |
|---|---|--------------|------------------------|
| Part | XI 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 | -8,793,877. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| а | Net unrealized gains (losses) on investments | | |
| b | Donated services and use of facilities | | |
| с | Recoveries of prior year grants | | |
| d | Other (Describe in Part XIII.) 2d | 1 | |
| e | Add lines 2a through 2d | 2e | -12,798,819. |
| 3 | Subtract line 2e from line 1 | 3 | 4,004,942. |
| 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 | | |
| b | Other (Describe in Part XIII.) | 1 | |
| c | Add lines 4a and 4b | 4c | 256,147. |
| 5 | Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) | 5 | 4,261,089. |
| Part | XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu | Jrn. | · · · · · |
| | | | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | | |
| 1 | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements | 1 | 5,801,795. |
| 1 2 | | | 5,801,795. |
| | Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: | | 5,801,795. |
| 2 | Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities | | 5,801,795. |
| 2 a | Total expenses and losses per audited financial statements | | 5,801,795. |
| 2 a b | Total expenses and losses per audited financial statements | | 5,801,795. |
| 2 a b c | Total expenses and losses per audited financial statements | | 5,801,795. |
| 2 a b c d | Total expenses and losses per audited financial statements | 1 | 5,801,795. |
| 2 a b c d e | Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 | 1 2e | |
| 2 b c d e 3 | Total expenses and losses per audited financial statements | 1 2e | |
| 2 b c d e 3 4 | Total expenses and losses per audited financial statementsAmounts included on line 1 but not on Form 990, Part IX, line 25:Donated services and use of facilitiesPrior year adjustmentsOther lossesOther lossesOther (Describe in Part XIII.)Add lines 2a through 2dSubtract line 2e from line 1Amounts included on Form 990, Part IX, line 25, but not on line 1:Investment expenses not included on Form 990, Part VIII, line 7b4a256, 147. | 1 2e | |
| 2 b c d 8 3 4 a | Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) | 1 2e 3 | |
| 2 b c d e 3 4 a b | Total expenses and losses per audited financial statementsAmounts included on line 1 but not on Form 990, Part IX, line 25:Donated services and use of facilitiesPrior year adjustmentsOther lossesOther lossesOther (Describe in Part XIII.)Add lines 2a through 2dSubtract line 2e from line 1Amounts included on Form 990, Part IX, line 25, but not on line 1:Investment expenses not included on Form 990, Part VIII, line 7b4a256, 147.4b | 1 2e 3 | 5,801,795. |

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

SEE SUPPLEMENTAL PAGE

SCHEDULE D PART 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.

| Schedule D (Form 990) 2021 | UNITED STATES FIGURE | SKATING FOUNDATION | 84-1558040 | Page 5 |
|----------------------------|-------------------------------|-------------------------|-------------|------------|
| Part XIII Supplem | ental Information (continued) | | | |
| SCHEDULE D, PAR | RT VII - INVESTMENTS | - FINANCIAL DERIVATIVES | | |
| =============== | | | | |
| DESCRIPTION | | BOOK | |)ST FMV |
| DERIVATIVES | | 14, | 485,463. FN | ٩V |
| | TOTALS | 14, | 485,463. | |
| | | ====== | ======= | |

| (Form 990) GC Department of the Treasury Internal Revenue Service Comp Name of the organization Image: Comp of the organization UNITED STATES FIGURE SKATING FOUND Part I General Information on Grants and the selection criteria used to award the grant 1 Describe in Part IV the organization's proced 1 | Dete if the or Gottion DATION d Assistance ubstantiate th s or assistance dures for mor | nts, and li rganization ans ► A to www.irs.gov e e amount of the e? hitoring the use | of grant funds in th | n the United orm 990, Part IV atest information nce, the grantees e United States. | d States , line 21 or 22. | | X Yes No |
|--|---|---|--------------------------|--|---|---------------------------------------|---------------------------------------|
| Part II Grants and Other Assistance to D Part IV, line 21, for any recipient th | | - | | | | | 'es" on Form 990, |
| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
| (1) US FIGURE SKATING ASSOCIATION 20 FIRST STREET COLORADO SPRINGS, CO 80906 (2) | 84-0768715 | 501(C)3 | 5,728,639. | | | | SEE PART IV |
| (3) | | | | | | | |
| <u>(4)</u> (5) | | | | | | | |
| (6) | - | | | | | | |
| (7) | | | | | | | |
| (8) | _ | | | | | | |
| | _ | | | | | | |
| (10) | _ | | | | | | |
| (11) | _ | | | | | | |
| (12) 2 Enter total number of section 501(c)(3) and 3 Enter total number of other organizations list | • | • | | | | | 1 |

Schedule I (Form 990) 2021

84-1558040

Part 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. | information re | equired in Part I, | line 2, Part III, c | column (b); and any c | other additional |

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.

Page 2

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Part 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. | information re | equired in Part I, | line 2, Part III, o | column (b); and any c | other additional |

SCHEDULE I PART II

SCHOLARSHIPS, ATHLETE PROGRAMS, ATHLETE DEVELOPMENT, GENERAL OPERATIONS,

EVENT MANAGEMENT SYSTEM, TRAINING CENTER.

Department of the Treasury

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.



| Internal Revenue Service | s.gov/form990. Inspection | |
|--------------------------|---------------------------|--------------------------------|
| Name of the organization | | Employer identification number |
| UNITED STATES FIGU | RE SKATING FOUNDATION | 84-1558040 |

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.

| Schedule O (Form 990 or 990-EZ) 2021 | | Page 2 |
|--|--------------------------------|-----------------|
| Name of the organization | Employer identification number | |
| UNITED STATES FIGURE SKATING FOUNDATI | ON 8 | 84-1558040 |
| | | |
| FORM 990, PART VII-COMPENSATION OF THE 5 HIGHEST | | |
| NAME AND ADDRESS | DESCRIPTION OF SERVIC | ES COMPENSATION |
| | | |
| MORGAN STANLEY 555 CALIFORNIA ST 14TH FLOOR | | |
| SAN FRANCISCO, CA 94104 | INVESTMENT MANAGEMN | T 256,147. |

| SCHEDULE R | |
|------------|--|
| (Form 990) | |

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

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

Department of the Treasury Internal Revenue Service Name of the organization

UNITED STATES FIGURE SKATING FOUNDATION

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

| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|---|--------------------------------|---|---------------------|---------------------------|--|
| (1) | _ | | | | |
| (2) | _ | | | | |
| (3) | - | | | | |
| (4) | - | | | | |
| (5) | - | | | | |
| (6) | | | | | |

Part II

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

| (a) Name, address, and EIN of related organization | | | (c) omicile (state ign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g Section 5 contr enti | 512(b)(13) rolled |
|---|----------------|-----|---------------------------------------|----------------------------|---|--|----------------------------------|----------------------|
| | | | | | | | Yes | No |
| (1) UNITED STATES FIGURE SKATING ASSOCIATION 84-07687 | 5 | | | | | | | |
| 20 FIRST STREET COLORADO SPRINGS, C | 80906 SEE PART | IIV | CO | 501(C)3 | 7 | N/A | | х |
| _(2) | | | | | | | | |
| | | | | | | | | |
| _(3) | | | | | | | | |
| | | | | | | | | |
| (4) | | | | | | | | |
| | | | | | | | | |
| (5) | | | | | | | | |
| | | | | | | | | |
| (6) | | | | | | | | |
| | | | | | | | | |
| (7) | | | | | | | | |
| | | | | | | | | |

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

Schedule R (Form 990) 2021

OMB No. 1545-0047

Open to Public

Inspection

2

Employer identification number

84-1558040

JSA

Schedule R (Form 990) 2021

UNITED STATES FIGURE SKATING FOUNDATION

84-1558040

Page 2

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

| (a) Name, address, and EIN of related organization | (b) 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 | Disprop | h) portionate ations? | (i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | General or managing | | General or managing | | (k) Percentage ownership |
|---|--------------------------------|--|--|---|--|---|---------|-----------------------------|---|---|----|------------------------|--|------------------------|--|---------------------------------------|
| | | oounii)) | | , | | | Yes | No | | Yes | No | | | | | |
| (1) | _ | | | | | | | | | | | | | | | |
| (2) | _ | | | | | | | | | | | | | | | |
| (3) | _ | | | | | | | | | | | | | | | |
| (4) | _ | | | | | | | | | | | | | | | |
| (5) | _ | | | | | | | | | | | | | | | |
| (6) | - | | | | | | | | | | | | | | | |
| (7) | - | | | | | | | | | | | | | | | |

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

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

Schedule R (Form 990) 2021

1E1309 1.000

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 | | <u>1a</u> | | X |
| b | | | X | |
| с | | | | X |
| d | | | | X |
| | | | | X |
| | | | | |
| f | Dividends from related organization(s) | _ 1f | | |
| g | Sale of assets to related organization(s) | . 1g | | X |
| h | Purchase of assets from related organization(s) | . 1h | | X |
| i | | | | X |
| j | Lease of facilities, equipment, or other assets to related organization(s). | . <u>1j</u> | | X |
| | | | | |
| k | | | | X |
| I. | | | | X |
| | a Receipt of (i) interest, (ii) annulites, (iii) royalties, or (iv) rent from a controlled entity,,,,,,,, . | | | X |
| | a Receipt of (i) interest, (ii) annutites, (iii) royatites, or (iv) rent from a controlled entity | | | X |
| 0 | Sharing of paid employees with related organization(s) | . 10 | | X |
| | | | | |
| р | | | | X |
| q | Reimbursement paid by related organization(s) for expenses | . 1q | | X |
| | | | | |
| | | | - | X |
| | Other transfer of cash or property from related organization(s). | <u> </u> 1s | | X |
| _2_ | | | ls. | |
| | Name of related organization Transaction Amount involved Meth | hod of det | | ۱g |
| (1) | US FIGURE SKATING ASSOCIATION B 5,728,639. CASH | I GRAN | T P | AID |
| (2) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| JSA | Schedule | R (Form | 990) | 2021 |

84-1558040

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

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

| (a) Name, address, and EIN of entity | (b) Primary activity | (d) Predominant income (related, unrelated, excluded from tax under | 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 |
|---|-------------------------|---|----------------|----|---------------------------------|---|---|----|---|---|----|--------------------------------|
| | | sections 512 - 514) | Yes | No | | | Yes | No | | Yes | No |] |
| (1) | _ | | | | | | | | | | | |
| (2) | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | |
| (5) | | | | | | | | | | | | |
| (6) | | | | | | | | | | | | |
| (7) | | | | | | | | | | | | |
| (8) | | | | | | | | | | | | |
| (9) | | | | | | | | | | | | |
| 10) | | | | | | | | | | | | |
| 11) | | | | | | | | | | | | |
| 12) | | | | | | | | | | | | |
| 13) | | | | | | | | | | | | |
| 14) | | | | | | | | | | | | |
| 15) | | | | | | | | | | | | |
| 16) | | | | | | | | | | | | |

Schedule R (Form 990) 2021

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 Schedule R (Form 990) 2021
 UNITED STATES FIGURE SKATING FOUNDATION

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