**Return of Organization Exempt From Income Tax** 

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

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

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

ΑF	or th	e 202	3 calendar year, or tax year beginning	and ending				
_			C Name of organization		D Employer id	entificat	tion number	
<b>B</b> c	heck if ap	plicable:	USA TRIATHLON FOUNDATION					
	Addre		Doing Business As		46	-5062	2719	
	Name	change	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone n	umber		
	Initial	return	5825 DELMONICO DRIVE	#20	0 (7.	19)88	84-5604	
	Termi	inated	City or town, state or province, country, and ZIP or foreign postal code					
	Amen return		COLORADO SPRINGS, CO 80919		<b>G</b> Gross receip	ts \$	3,342,9	66.
	Applic	cation	F Name and address of principal officer: CHRISTI-MARIE BUTLER	?	H(a) Is this a gro subordinates		for Yes	X No
		9	5825 DELMONICO DRIVE#200, COLORADO SPRINGS	, CO 80919	H(b) Are all subord		ided? Yes	No
ı	Tax-ex	empt st			If "No," attac	ch a list. (s	see instructions)	
J	Websi	te: 🕨	WWW.USATRIATHLONFOUNDATION.ORG		H(c) Group exem	ption num	nber	
K	Form o	of organ	ization: X Corporation Trust Association Other	L Year of form	nation: 2014 <b>M</b>	State of	legal domicile:	CO
P	art I	Sui	mmary	'	<u> </u>		-	
	1	Briefly	describe the organization's mission or most significant activities: THE M	ISSION OF	THE USA TR	IATHI	LON	
ø			NDATION IS TO SUPPORT AND PROMOTE TRIATHLON, A					
Governance			FINUED IN SCHEDULE O	========				
ern	2		this box if the organization discontinued its operations or dispose	ed of more than 25	5% of its net asset	s.		
8			er of voting members of the governing body (Part VI, line 1a)			3		15
			er of independent voting members of the governing body (Part VI, line 1b)			4		15
Activities &			number of individuals employed in calendar year 2023 (Part V, line 2a)			5		NONE
Ξ			number of volunteers (estimate if necessary)			6		10
Act			unrelated business revenue from Part VIII, column (C), line 12			7a		
			nrelated business taxable income from Form 990-T, line 34			7b		
					Prior Year		Current Yo	ear
	8	Contri	butions and grants (Part VIII, line 1h)		2,181,85	55	3,325	743
nue	9	Progra	am service revenue (Part VIII line 2g)	Y FOR		NONE		NONE
Revenue			ment income (Part VIII, column (A), lines 3, 4, and 7d)	ISPECTION	-2,1		17	,223.
ž			revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		5,5			NONE
			revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,185,24		3,342	
			s and similar amounts paid (Part IX, column (A), lines 1-3)		783,84		1,104	
			its paid to or for members (Part IX, column (A), line 4)			ONE	1,101	NONE
			es, other compensation, employee benefits (Part IX, column (A), lines 5-10)			ONE	NONE	
Expenses			ssional fundraising fees (Part IX, column (A), line 11e)			ONE		NONE
ber	h	Total	fundraising expenses (Part IX, column (D), line 25) ►NONE	,	144	JIVE		NONE
ĕ			expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		489,7	77	683	,362.
	18	Total	expenses (Fart IX, Column (A), lines T1a-T1d, T11-24e) expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	• • • • •	1,273,62		1,787	
			nue less expenses. Subtract line 18 from line 12	• • • • • • •	911,63		1,555	
es	13	IVEVE	ide less expenses. Subtract line to from line 12.	Bed	ginning of Current		End of Yea	
ets (	20	Total	assets (Part X, line 16)	<u> </u>	1,611,69		3,146	
Net Assets or Fund Balances	21				314,23			,874.
m et	22		liabilities (Part X, line 26) ssets or fund balances. Subtract line 21 from line 20		1,297,46	_	2,852	
	rt II		gnature Block		1,271,40	,0.	2,052	,000.
			of perjury, I declare that I have examined this return, including accompanying schedu	les and statements	and to the best of	mv kna	owledge and b	elief it is
true	e, corre	ct, and	complete. Declaration of preparer (other than officer) is based on all information of which	ch preparer has any	/ knowledge.			
			Christi-Marie Butler		11/	15/20	124	
Sig	ın		Signature of officer		Date	13/20	724	
He	re	CND.	STI-MARIE BUTLER PRESID	AE NTT				
			Type or print name and title	EIN I				
			Type or prink name and this  Type preparer's name  Preparer's signature	Date	Ch a -1	; PTI	IN	
Paic	t		1 Milain Mai	11/15/20	Check self-employ	<sup>,</sup> "		
Pre	parer		EEN B MERZ	X +1/15/20	721 . 7	- (	1500504	
Use	Only		sname STOCKMAN KAST RYAN & CO, LLP	20, 20002	Firm's EIN		-1509584	0.6
May	the II	_	address 102 N. CASCADE AVENUE, SUITE 400 COLORADO SPRINGS, Cuss this return with the preparer shown above? (see instructions)	CO 80903	Phone no.	/	9-630-11	
<u> </u>			Reduction Act Notice, see the separate instructions.				X Yes	No (2022)
1 01	ı aµel	ALO N	neudonon Aut Nonce, see ine separate mstructions.				FUIII 33	<b>☞</b> (∠∪∠3)

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Pa	Statement of Program Service Accomplishments  Check if Schedule O centains a response or note to any line in this Part III
1	Check if Schedule O contains a response or note to any line in this Part III
•	
	THE MISSION OF THE USA TRIATHLON FOUNDATION IS TO SUPPORT AND PROMOTE
	TRIATHLON, AND OPEN PATHWAYS TO TRIATHLON TO THOSE WHOM IT MIGHT NOT OTHERWISE BE POSSIBLE. (CONTINUED ON SCH O)
	OTHERWISE BE POSSIBLE. (CONTINUED ON SCH O)
2	Did the organization undertake any significant program services during the year which were not listed on the
_	prior Form 990 or 990-EZ? Yes X No
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured b
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$396,805. including grants of \$396,805. ) (Revenue \$NONE )
	USA TRIATHLON FOUNDATION BELIEVES EVERY ASPIRING ELITE ATHLETE
	SHOULD GET THEIR SHOT AT RACING ON THE WORLD STAGE AND FEELING THE
	WEIGHTS OF AN OLYMPIC OR PARALYMPIC MEDAL AROUND THEIR NECK.
	UNLIKE MOST OF OUR COMPETING NATIONS, U.S. OLYMPIC SPORT
	ORGANIZATIONS AND THEIR ATHLETES DO NOT RECEIVE ANY GOVERNMENT
	FUNDING. SUPPORT IS MORE IMPORTANT THAN EVER AS GOVERNMENTS AROUND
	THE WORLD ARE INCREASING THEIR FINANCIAL COMMITMENT FOR OUR TOP
	COMPETITORS. IGNITE OLYMPIC AND PARALYMPIC DREAMS PROGRAM
	PROVIDES ELITE ATHLETES AND PARATRIATHLETES WITH SUPPORT AND
	OPPORTUNITY TO REALIZE THEIR POTENTIAL AND REPRESENT THE UNITED  STATES ON THE WORLD STAGE.(CONT'D SCH O)
	STATES ON THE WORLD STAGE. (CONT D SCH O)
4b	(Code: ) (Expenses \$ 178,564. including grants of \$ 178,415. ) (Revenue \$ )
	USA TRIATHLON FOUNDATION BELIEVES EVERY CHILD SHOULD HAVE THE
	OPPORTUNITY TO BE ACTIVE AND EXPERIENCE THE JOYS OF SWIM-BIKE-RUN.
	ENCOURAGE YOUTH PARTICIPATION PROGRAM HELPS US BUILD CONNECTIONS
	ACROSS THE COUNTRY BETWEEN SCHOOLS, CLUBS, COACHES, AND RACE
	DIRECTORS TO OFFER TRAINING OPPORTUNITIES, EQUIPMENT AND
	RESOURCES, AND TO CREATE THE NEXT GENERATION OF MULTISPORT
	ATHLETES AND LEADERS. THE EMPOWER NCAA WOMEN'S TRIATHLON PROGRAM
	PROVIDES THE ABILITY FOR YOUNG WOMEN TO CHASE THEIR ATHLETIC
	DREAMS WHILE PURSUING THEIR ACADEMIC AND COMMUNITY PASSIONS IS AN
	UNMATCHED OPPORTUNITY.(CONT'D SCH O)
4c	(Code:) (Expenses \$58,600. including grants of \$58,600. ) (Revenue \$)
	USA TRIATHLON FOUNDATION BELIEVES EVERYONE SHOULD HAVE THE SUPPORT
	AND ACCESS TO PARTICIPATE, GROW AND EXCEL IN TRIATHLON/MULTISPORT.
	THE INSPIRE PATHWAYS TO ACCESS AND INCLUSION PROGRAM IS COMMITTED
	TO GIVING THOSE WHO DON'T HAVE OPPORTUNITIES TO COMPETE THE CHANCE
	TO REALIZE THEIR ATHLETIC DREAMS AND PROGRESS THROUGH LEADERSHIP
	PATHWAYS IN THE SPORT.
4d	Other program services (Describe on Schedule O.)
-	(Expenses \$ 690,044. including grants of \$ 470,355. ) (Revenue \$ )
4e	Total program service expenses 1,324,013.

Form **990** (2023)

Form 990 (2023)
Part IV Checklist of Required Schedules

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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
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		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
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,"	440	v	
h	complete Schedule D, Part VI	11a	X	<u> </u>
D	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
_	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more	110		
·	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	1.0		
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? 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		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
4.0	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	, ,		3.7
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	, ,		37
20 -	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
р 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		<del> </del>
<b>4</b> I	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
	assans garanniant and alterny administry, into the strong complete Collection, states stated in	1	47	1

Form 990 (2023)
Part IV Chocklist of Poquired Schodules (continued)

Par	t IV Checklist of Required Schedules (continued)		V	Na
	Did the consciention were there OF 000 of weeks on other posistence to be for demostic individuals and		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		37	
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	· · · · · · · · · · · · · · · · · · ·			X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L,			
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
-	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
0.7	or IV, and Part V, line 1	34	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	21	X
	of If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	JJa		22
J	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	335		
50	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
37	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		Х
20		31		
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and	20	₹.	
Dav	19? Note: All Form 990 filers are required to complete Schedule O	38	Χ	
Part				
	Check if Schedule O contains a response or note to any line in this Part V		Vac	. L
	Enterthe number recented in heavy of Ferry 1000. False 0. Wasternally 11.		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		

Page 5 Form 990 (2023)

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 NONE						
b	o If at least one is reported on line 2a, did the organization file all required federal employment tax returns?						
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х			
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b					
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,						
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х			
b	If "Yes," enter the name of the foreign country						
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).						
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			
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the						
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or						
	gifts were not tax deductible?	6b					
7	Organizations that may receive deductible contributions under section 170(c).						
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods						
	and services provided to the payor?	7a	X				
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X				
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was						
	required to file Form 8282?	7c		X			
	If "Yes," indicate the number of Forms 8282 filed during the year	-					
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X			
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h					
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	/11					
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the	8					
9	sponsoring organizations maintaining donor advised funds						
	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	1					
	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	44-		37			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X			
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		v			
	If "Yes," see the instructions and file Form 4720, Schedule N.	13		X			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х			
10	If "Yes," complete Form 4720, Schedule O.						
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities						
•	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17					
	If "Yes," complete Form 6069.						

orm 990 (202	USA TRIATHLON FOUNDATION	46-5062719	F	Page 6		
Part VI	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through	7b below, and	for a	"No		
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Sci	hedule O. See in	struc	tions		
	Check if Schedule O contains a response or note to any line in this Part VI			X		
Section A. Governing Body and Management						
			Yes	No		

Sect	ion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	1a	15			
b	Enter the number of voting members included on line 1a, above, who are independent	1b	15			
2	Did any officer, director, trustee, or key employee have a family relationship or a business re	ation	shin with			
_	any other officer, director, trustee, or key employee?		ornp with	2		X
3	Did the organization delegate control over management duties customarily performed by or ur		he direct			
3	supervision of officers, directors, trustees, or key employees to a management company or other p			3	Х	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was fi			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's			5		X
6	Did the organization become aware during the year of a significant diversion of the organizations.			6	Х	
_	Did the organization have members of stockholders, or other persons who had the power to el					
7a				7a	Х	
<b>L</b>	one or more members of the governing body?					
b	stockholders, or persons other than the governing body?			7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions under					
Ü	the year by the following:	siland	ii uuiiig			
а	The governing body?			8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot					
•	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X
Secti	on B. Policies (This Section B requests information about policies not required by the Inte			Code	.)	
					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					
	affiliates, and branches to ensure their operations are consistent with the organization's exempt programme and programme affiliates.		-	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before fi	•		11a	Х	
	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	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests to	hat c	ould give			
	rise to conflicts?			12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the p	olicy?	If "Yes,"			
	describe on Schedule O how this was done			12c	Х	
13	Did the organization have a written whistleblower policy?			13		X
14	Did the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review ar	ıd apı	oroval 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		•			
	with a taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization					
	participation in joint venture arrangements under applicable federal tax law, and take steps to organization's exempt status with respect to such arrangements?			4.C.b.		
Sooti	on C. Disclosure	<u> </u>		16b		
17		000	and 000 T	. / 0 0 0 1	ion F	01(0)
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), (3)s only) available for public inspection. Indicate how you made these available. Check all that ap		and 990-1	(seci	ion 5	01(C)
	Own website Another's website X Upon request Other (explain on Sc		e ())			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents of the organization of the organization made its governing documents of the organization m		,	fintor	oct n	olicy
13	and financial statements available to the public during the tax year.	ients,	COMMICE O	milel	σοι μ	опсу,
20	State the name, address, and telephone number of the person who possesses the organization's be	nooke	and record	\$		
	THE ORGANIZATION 5825 DELMONICO DRIVE, #200 COS, CO 80919			J.		

(719)884-5604

Form 990 (2023)

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

Check if Schedule O contains a response or note to any line in this Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)  (C) Position (do not check more than one box, unless person is both an officer and a director/trustee)  Or director  (C) Position (do not check more than one box, unless person is both an officer and a director/trustee)  Or director  related organizations below dotted line)		(D)  Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations			
(1) VICTORIA BRUMFIELD CEO (FROM 7/2023 TO 9/2023)	NONE 60.00		Х			NONE	346,255.	31,930.
(2) GABE CAGWIN	5.00							
PRESIDENT (TO 07/2023)	55.00		Х			NONE	151,830.	17,901.
(3) CHRISTI-MARIE BUTLER	5.00		3,7			NONE	60 044	1 274
PRESIDENT (FROM 9/2023)	55.00		Х			NONE	69,044.	1,374.
(4) ALEX EGAN CHAIR	NONE	X	Х			NONE	NONE	NONE
(5) STEPHEN BAN	5.00	Λ	Δ			NONE	NONE	NONE
TRUSTEE	NONE	X				NONE	NONE	NONE
(6) BRENDA SMITH	5.00	21				NONE	INOINE	NONE
TRUSTEE	NONE	X				NONE	NONE	NONE
(7) JACQUELINE MCCOOK	5.00					110112	110111	110112
TRUSTEE (TO 12/2023)	NONE	Х				NONE	NONE	NONE
(8) MELISSA STOCKWELL	5.00					-	_	
TRUSTEE (TO 12/2023)	NONE	Х				NONE	NONE	NONE
(9) PAUL GOMPERS	5.00							
TRUSTEE	NONE	Х				NONE	NONE	NONE
(10) JOHN CASSIMATIS	5.00							
TRUSTEE (TO 12/2023)	NONE	Х				NONE	NONE	NONE
(11) WILLIAM (BILL) SHENKIN	5.00							
TREASURER	NONE	Х	Х			NONE	NONE	NONE
(12) FRANTZ ALPHANSO	5.00							
TRUSTEE	NONE	Х				NONE	NONE	NONE
(13) REGGIE WALLER	5.00							
SECRETARY	NONE	Х	Х			NONE	NONE	NONE
(14) AUDRA MALLOW	5.00							
VICE CHAIR	NONE	X	Χ			NONE	NONE	NONE 5 000 (2000)

Form **990** (2023)

Form 990 (2023)											P	Page <b>8</b>
Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	nplo	ye	es,	and F	lig	hest Compensat	ed Employees (c	ontinue	ed)	
(A)	(B)			(	C)			(D)	(E)		(F)	
Name and title	Average	(-1			sition			Reportable	Reportable		stimated	
	hours per week (list any	,				e than o		compensation from	compensation from related		nount of other	
	hours for					or/truste	ee)	the	organizations		pensation	on
	related	or c	Inst	Officer	ξe <sub>y</sub>	Hig	Former	organization	(W-2/1099-MISC)		om the	
	organizations below dotted	dividual t	lituti	cer	em	hest	mer	(W-2/1099-MISC)			anizatio d related	
	line)	or al	ona		Key employee	ee					anization	
		Individual trustee or director	Institutional trustee		ee	npei						
		ď	stee			Highest compensated employee						
						ed						
15) CAMERON HAMILTON	5.00	٠						17017				
TRUSTEE (FROM 11/2023)	NONE	X						NONE	NONE			NONE
16) RICK HRABCHAK	5.00							NONE	NONE			
TRUSTEE (FROM 11/2023)	NONE	X						NONE	NONE		_	NONE
17) MARCI JENKINS	5.00							17017				
TRUSTEE (FROM 11/2023)	NONE	X						NONE	NONE			NONE
18) JUSTIN MODEL	5.00	37						NONE	NONE			NT/NTF
TRUSTEE (FROM 11/2023	NONE	X						NONE	NONE			NONE
19) CHERYL PERRY	5.00	3,7						NONE	NONE			NT/NTF
TRUSTEE	NONE	X						NONE	NONE			NONE
	+	1										
	+	1										
	-											
	T											
1b Sub-total								NONE				205.
c Total from continuation sheets to Part VII,	=							NONE				NONE
d Total (add lines 1b and 1c)							<u> </u>	NONE			51,	205.
2 Total number of individuals (including but not		hose	liste	ed a			re	eceived more than	\$100,000 of			
reportable compensation from the organization	on 🕨				NO	NE					1 1	
											Yes	No
3 Did the organization list any former offi												
employee on line 1a? If "Yes," complete Scheo	dule J for su	ch ind	livid	uai	• •					3		X
4 For any individual listed on line 1a, is the												
organization and related organizations g												
individual										4	X	
5 Did any person listed on line 1a receive of										E		37
for services rendered to the organization? <i>If "Section B. Independent Contractors</i>	res, comple	ie Sci	ieal	iie c	101	Sucri	per	SUII		5		X
Complete this table for your five highest cor	nnoncatad :	ndon	anda	n+	000	tracto	rc +	hat received mare	than \$100 000 a	f		
i Complete this table for your live highest cor	iiheiisaied I	nuepe	=HUE	711l	COH	แลบเป	ı S l	nat received more	, man \$ 100,000 0	1		

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

•		
(A) SEE SCHEDULE O Name and business address	(B) Description of services	<b>(C)</b> Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 1

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### Part VIII Statement of Revenue

		Check if Schedule O contains a response	nse or note to ar	ny line in this Part V	/III		
		·		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
t, S,	1a	Federated campaigns 1a					
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues					
פֿק	С	Fundraising events 1c					
fts ar A	d	Related organizations 1d	92,000.				
פֿיָּ	е	Government grants (contributions) 1e					
Sir	f	All other contributions, gifts, grants,					
utic Je ric		and similar amounts not included above . 1f	3,233,743.				
ള	g	Noncash contributions included in					
on of		lines 1a-1f 1g	\$ 32,817.				
ಶ	h	Total. Add lines 1a-1f	<u> </u>	3,325,743.			
			Business Code				
/ice	2a						
Program Service Revenue	b						
m S	С						
Jrai Re∖	d						
o_	е						
а.	f	All other program service revenue					
	g	Total. Add lines 2a-2f		NONE			
	3	Investment income (including dividends,		17 222			17,223.
		other similar amounts)		17,223. NONE			17,223.
	4 5	Income from investment of tax-exempt bon Royalties	•	NONE			
	3	(i) Real	(ii) Personal	HOME			
	6a	Gross rents 6a	( )				
	b	Less: rental expenses 6b					
	c	Rental income or (loss) 6c NON	IE NONE				
	d	Net rental income or (loss)	-	NONE			
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory 7a					
<u>s</u>	b	Less: cost or other basis					
evenue		and sales expenses 7b					
Şe,	С	Gain or (loss) 7c					
F	d	Net gain or (loss)	<u> </u>	NONE			
Other	8a	Gross income from fundraising					
O		events (not including \$					
		of contributions reported on line					
		1c). See Part IV, line 18 8a					
	b	Less: direct expenses	<u>'</u>				
	С	Net income or (loss) from fundraising events	<u> </u>	NONE			
	9a	Gross income from gaming	NONE				
		activities. See Part IV, line 19 9a					
	b c	Less: direct expenses 9b  Net income or (loss) from gaming activities		NONE			
		. , , , ,		NONE			
	10a	Gross sales of inventory, less returns and allowances 10a	NONE				
	h	Less: cost of goods sold					
	b C	Net income or (loss) from sales of inventory		NONE			
S			Business Code				
Miscellaneous Revenue	11a						
ane	b						
eve	c						
Aisc R	d	All other revenue					
_	е	Total. Add lines 11a-11d		NONE			
	12	Total revenue. See instructions		3,342,966.			17,223.

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### Part IX Statement of Functional Expenses

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

<u></u>	not include amounts reported on lines 6b, 7b,		e in this Part IX (B)	(C)	(D)
	9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	969,123.	969,123.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	135,051.	135,051.		
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			
		11011			
0	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			
	Pension plan accruals and contributions (include	NONE			
0	section 401(k) and 403(b) employer contributions)	110112			
•	Other employee benefits	NONE			
	Payroll taxes	NONE			
	Fees for services (nonemployees):	11011			
	` , , ,	185,425.	1,550.	183,875.	
	Management Legal Legal	NONE	1,330.	1037073.	
	Accounting	NONE			
	Lobbying	NONE			
	Professional fundraising services. See Part IV, line 17	NONE			
	Investment management fees	NONE			
	Other. (If line 11g amount exceeds 10% of line 25, column	110112			
9	(A), amount, list line 11g expenses on Schedule O.)	58,281.	10,036.	48,245.	
12	Advertising and promotion	42,788.	1,586.	41,202.	
	Office expenses	62,226.	20,633.	41,593.	
	Information technology	8,219.	NONE	8,219.	
	Royalties	NONE		,	
	Occupancy	NONE			
	Travel	271,592.	165,403.	106,189.	
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	NONE			
19	Conferences, conventions, and meetings	NONE			
	Interest	NONE			
	Payments to affiliates	NONE			
22	Depreciation, depletion, and amortization	2,262.	NONE	2,262.	
23	Insurance	4,391.	NONE	4,391.	
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.)				
а	ATHLETE AWARDS	26,261.	784.	25,477.	
b	RENTAL EQUIPMENT	14,809.	14,409.	400.	
c	PRODUCTION COSTS	5,438.	5,438.	NONE	
d	FEES	1,670.	NONE	1,670.	
е	All other expenses				
	Total functional expenses. Add lines 1 through 24e	1,787,536.	1,324,013.	463,523.	NONI
26	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				
	10110WITING 501 30-2 (MSC 300-120)				

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## Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in th	s Part X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	705,196.	1	1,128,156.
	2	Savings and temporary cash investments	NONE NONE	2	NONE
	3	Pledges and grants receivable, net	704,426.	3	1,363,263.
	4	Accounts receivable, net		4	NONE
	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	NONE
	6	Loans and other receivables from other disqualified persons (as define			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	NONE
ß	7	Notes and loans receivable, net		7	NONE
Assets	8	Inventories for sale or use			NONE
As	9	Prepaid expenses and deferred charges		9	3,251.
	_	Land, buildings, and equipment: cost or other	0,102,		3,232.
		basis. Complete Part VI of Schedule D 10a 11,29	97		
	h	Less: accumulated depreciation		100	75.
	11	Investments - publicly traded securities		11	652,019.
	12	Investments - other securities. See Part IV, line 11			NONE
	13	Investments - program-related. See Part IV, line 11.			NONE
	14				NONE
	15	Intangible assets			-
		Other assets. See Part IV, line 11			NONE
	16	Total assets. Add lines 1 through 15 (must equal line 33)		16	3,146,764.
	17	Accounts payable and accrued expenses		17	48,221.
	18	Grants payable			NONE
	19	Deferred revenue		19	36,392.
	20	Tax-exempt bond liabilities			NONE
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	NONE
Liabilities	22	Loans and other payables to any current or former officer, director			
ij		trustee, key employee, creator or founder, substantial contributor, or 35			
jak		controlled entity or family member of any of these persons			NONE
_	23	Secured mortgages and notes payable to unrelated third parties			NONE
	24	Unsecured notes and loans payable to unrelated third parties		24	156,152.
	25	Other liabilities (including federal income tax, payables to related thi			
		parties, and other liabilities not included on lines 17-24). Complete Part			
		of Schedule D			53,109.
	26	Total liabilities. Add lines 17 through 25	314,233.	26	293,874.
Jces		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.			
alaı	27	Net assets without donor restrictions	-100,703.	27	-15,165.
Ä	28	Net assets with donor restrictions		28	2,868,055.
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
∤ss	31	Retained earnings, endowment, accumulated income, or other funds		31	
¥ ∤	32	Total net assets or fund balances		32	2,852,890.
ž	33	Total liabilities and net assets/fund balances	, , , , , , , , , , , , , , , , , , , ,	33	3,146,764.
_					Form <b>990</b> (2023)

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	,					
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI	<u>.</u> .				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,:	342,	<u>966</u> .	
2	Total expenses (must equal Part IX, column (A), line 25)					
3	Revenue less expenses. Subtract line 2 from line 1	3	1,!	555,	<u>430</u> .	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,	297 <u>,</u>	<u>460</u> .	
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10	2,8	352,	<u>890</u> .	
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
				Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_			
	If the organization changed its method of accounting from a prior year or checked "Other," ex	cplain o	n			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled c	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		_ 2b	X		
	If "Yes," check a box below to indicate whether the financial statements for the year were audi					
	separate basis, consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersiaht c	of			
	the audit, review, or compilation of its financial statements and selection of an independent accounta	-	l -	X		
	If the organization changed either its oversight process or selection process during the tax year, e					
	Schedule O.		.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	rth in th	e			
Ja	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		_		X	
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo		• —			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	•				

### SCHEDULE A (Form 990)

# **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

USI	A TRIA	THLON FOUNDATION					46-	-5062719
Pa	rt I	Reason for Public Ch	arity Status. (All	organizations must	comple	ete this p	oart.) See instructi	ons.
The	organiza	ation is not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)	
1	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).							
2	A s	chool described in <b>secti</b>	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	00).)		
3	A h	ospital or a cooperative	hospital service o	rganization described	in <b>sectio</b>	n 170(b)	(1)(A)(iii).	
4	A n	nedical research organiz	zation operated in	conjunction with a hos	spital de	scribed ir	section 170(b)(1)	(A)(iii). Enter the
		spital's name, city, and st						
5	An	organization operated f	for the benefit of	a college or universit	y owned	d or ope	rated by a governi	mental unit described in
	sec	ction 170(b)(1)(A)(iv). (C	Complete Part II.)					
6	A f	ederal, state, or local go	vernment or gove	rnmental unit describe	d in <b>sect</b>	ion 170(	b)(1)(A)(v).	
7		organization that norma	-	•	pport fro	om a go	vernmental unit or	from the general public
		scribed in <b>section 170(b)</b>		· · · · · · · · · · · · · · · · · · ·				
8		community trust describe	-		-			
9		agricultural research org	=			-	-	
		university or a non-land-	grant college of ag	griculture (see instruct	ions). Ei	nter the i	name, city, and state	of the college or
		versity:						
10	rec sup acc	organization that norma eipts from activities rela port from gross investm quired by the organizatio	ted to its exempt finent income and union after June 30, 1	unctions, subject to c nrelated business tax 975. See <b>section 509</b>	ertain ex able inco (a)(2). (0	ceptions ome (less Complete	s; and (2) no more the s section 511 tax) fro Part III.)	nan 331/3 % of its
11	_	organization organized	•	•	•			
12		organization organized	•	•			•	' '
		e or more publicly suppo box on lines 12a throug	_			•		
		_					·	· · · · · ·
а		ype I. A supporting orga	•	•	-		,	
		ne supported organization				ajority of	the directors or trus	stees of the
<b>L</b>		upporting organization. \ ype II. A supporting org				with ito	aupported argeniz	ation(a) by baying
b		ontrol or management of	•					
		rganization(s). You must		=	tile Saili	e person	is that control of th	anage the supported
С		ype III functionally integ			ated in co	nnectio	n with and function	nally integrated with
٠		s supported organization						ially integrated with,
d		ype III non-functionally		· ·				orted organization(s)
<b>.</b>		nat is not functionally into			-			
		equirement (see instruct		•			•	
е		Check this box if the orga		-				e II. Type III
		unctionally integrated, or						- , ,,,
f		he number of supported						
g	Provide	e the following information	on about the suppo	orted organization(s).				
	(i) Name	of supported organization	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetar	
				(described on lines 1-10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)
				abovo (600 monacione))	Yes	No		e.r deliene)
(A)								
(/·) —								
(B)								
(C)								
(D)								
(E)								
Tota	ıl							

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	481,596.	628,988.	1,294,001.	2,181,855.	3,325,743.	7,912,183.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE
3	The value of services or facilities furnished by a governmental unit to the organization without charge						NONE
4	Total. Add lines 1 through 3	481,596.	628,988.	1,294,001.	2,181,855.	3,325,743.	7,912,183.
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)						1,795,556.
<u>6</u>	Public support. Subtract line 5 from line 4						6,116,627.
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(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	481,596. 412.	628,988.	1,294,001.	2,181,855. 5,606.	3,325,743.	7,912,183.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						NONE
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						NONE
11	Total support. Add lines 7 through 10						7,935,436.
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	63,974.
13	First 5 years. If the Form 990 is for organization, check this box and stop here			l, third, fourth,	or fifth tax yea	ar as a section	501(c)(3)
	tion C. Computation of Public Sup		•				
14	Public support percentage for 2023 (lin		-			14	77.08 %
15	Public support percentage from 2022					15	93.50 %
16a	331/3% support test - 2023. If the org						
<b>L</b>	box and <b>stop here.</b> The organization qu						
D	331/3% support test - 2022. If the organization						
172	this box and <b>stop here.</b> The organization qualifies as a publicly supported organization						
1 <i>1</i> a							
	10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported						
	organization			•	•		
b	10%-facts-and-circumstances test - 2						
	15 is 10% or more, and if the organization	-	=				
	in Part VI how the organization meets					-	-
	organization			_	-		
18	Private foundation. If the organization	n did not chec	k a box on line	13, 16a, 16b,	, 17a, or 17b,	check this box	and see
	instructions						· · · · · · · · · · · · · · · · · · ·

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
	tion B. Total Support	(=) 2010	(h) 2020	(=) 2024	(4) 2022	(-) 2022	(f) Total
_	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 10 a	Amounts from line 6.  Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for	the organizati	on's first, secon	d, third, fourth,	or fifth tax ye	ar as a section	501(c)(3)
	organization, check this box and stop here	<u> </u>					
Sec	tion C. Computation of Public Supp						
15	Public support percentage for 2023 (line 8,	column (f), divid	ed by line 13, colu	mn (f))		15	%
16	Public support percentage from 2022 Sche	dule A, Part III, lin	ne 15			16	%
Sec	tion D. Computation of Investment	Income Perc	entage				
17	Investment income percentage for 2023 (lin	ne 10c, column (	f), divided by line	13, column (f))		17	%
18	Investment income percentage from 2022 S	Schedule A, Part	III, line 17			18	%
19 a	331/3% support tests - 2023. If the or	ganization did r	ot check the bo	ox on line 14, ar	nd line 15 is m	ore than 331/3%	, and line
	17 is not more than 331/3 %, check this	box and stop	here. The orga	nization qualifies	as a publicly su	upported organiza	ation
b	331/3% support tests - 2022. If the orga	anization did not	check a box on	line 14 or line 1	19a, and line 16	is more than 33	1/3 %, and
	line 18 is not more than $331/3\%$ , check	this box and st	t <b>op here.</b> The or	ganization qualifi	es as a publicly	supported organi	ization
20	Private foundation If the organization of	did not check :	a how on line	1/1 10a or 10h	check this ho	v and see instru	ictions

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### Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

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

		Yes	No
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dul	e A (Fo	orm 990	) 2023

Part	V Supporting Organizations (continued)			- 5 -
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,	44.		
Sacti	provide detail in Part VI. on B. Type I Supporting Organizations	11c		
Jecti	on b. Type roupporting organizations		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	<b>VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.			
200ti	on C. Type II Supporting Organizations	2		
ecu	on C. Type ii Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		103	110
'	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
	Did the consideration of the consideration of the consideration of the fifth consideration		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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
•	By reason of the relationship described on line 2, above, did the organization's supported organizations have			
3	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	structi	ons).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.			
С	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see	e instr		r
2	Activities Test. Answer lines 2a and 2b below.		Yes	NO
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's			
D	involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would			
	have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	6.		
	of its supported organizations? If "Yes." describe in <b>Part VI</b> the role played by the organization in this regard.	3h		i .

Pa	art V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nization	S	
1	Check here if the organization satisfied the Integral Part Test as a qualifying			in in <b>Part VI)</b> . See
	instructions. All other Type III non-functionally integrated supporting organ			
Se	ection 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		
	ection B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
C	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in <b>Part VI</b> ):			
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		
	Multiply line 5 by 0.035.	6		
7		7		
8		8		
Se	ection C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
-	emergency temporary reduction (see instructions).	6		
7		lly integra	ited Type III supporting	g organization
	(see instructions).	-		· <del>-</del>

Schedule A (Form 990) 2023

iic X (1 0111 330) 2023				Tage I
V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)		
on D - Distributions		Current Year		
Amounts paid to supported organizations to accomplish ea	xempt purposes		1	
Amounts paid to perform activity that directly furthers exer	mpt purposes of support	ed		
organizations, in excess of income from activity	2			
Administrative expenses paid to accomplish exempt purpo	zations	3		
Amounts paid to acquire exempt-use assets			4	
Qualified set-aside amounts (prior IRS approval required - p	provide details in <b>Part VI</b> )		5	
Other distributions (describe in Part VI). See instructions.	6			
Total annual distributions. Add lines 1 through 6.	7			
Distributions to attentive supported organizations to which				
(provide details in Part VI). See instructions.	8			
Distributable amount for 2023 from Section C, line 6			9	
Line 8 amount divided by line 9 amount			10	
ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2023	าร	(iii) Distributable Amount for 2023
Distributable amount for 2023 from Section C, line 6				
Underdistributions, if any, for years prior to 2023				
(reasonable cause required - explain in Part VI). See				
instructions.				
Excess distributions carryover, if any, to 2023				
	Type III Non-Functionally Integrated 509(a)(3) ion D - Distributions  Amounts paid to supported organizations to accomplish e Amounts paid to perform activity that directly furthers exert organizations, in excess of income from activity  Administrative expenses paid to accomplish exempt purporal Amounts paid to acquire exempt-use assets  Qualified set-aside amounts (prior IRS approval required - proceedings) of the distributions (describe in Part VI). See instructions.  Total annual distributions. Add lines 1 through 6.  Distributions to attentive supported organizations to which (provide details in Part VI). See instructions.  Distributable amount for 2023 from Section C, line 6  Line 8 amount divided by line 9 amount  Distributable amount for 2023 from Section C, line 6  Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions.	Type III Non-Functionally Integrated 509(a)(3) Supporting Organization D - Distributions  Amounts paid to supported organizations to accomplish exempt purposes  Amounts paid to perform activity that directly furthers exempt purposes of supporte organizations, in excess of income from activity  Administrative expenses paid to accomplish exempt purposes of supported organizations paid to acquire exempt-use assets  Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)  Other distributions (describe in Part VI). See instructions.  Total annual distributions. Add lines 1 through 6.  Distributions to attentive supported organizations to which the organization is resp (provide details in Part VI). See instructions.  Distributable amount for 2023 from Section C, line 6  Line 8 amount divided by line 9 amount  ion E - Distribution Allocations (see instructions)  Distributable amount for 2023 from Section C, line 6  Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions.	Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)  Ion D - Distributions  Amounts paid to supported organizations to accomplish exempt purposes  Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity  Administrative expenses paid to accomplish exempt purposes of supported organizations  Amounts paid to acquire exempt-use assets  Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)  Other distributions (describe in Part VI). See instructions.  Total annual distributions. Add lines 1 through 6.  Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.  Distributable amount for 2023 from Section C, line 6  Line 8 amount divided by line 9 amount  (i)  Excess Distributions  Underdistributions  Pre-2023  Distributable amount for 2023 from Section C, line 6  Underdistributions, if any, for years prior to 2023  (reasonable cause required - explain in Part VI). See instructions.	Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)  fron D - Distributions  Amounts paid to supported organizations to accomplish exempt purposes  Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity  2 Administrative expenses paid to accomplish exempt purposes of supported organizations  Amounts paid to acquire exempt-use assets  4 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)  5 Other distributions (describe in Part VI). See instructions.  6 Total annual distributions. Add lines 1 through 6.  7 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.  8 Distributable amount for 2023 from Section C, line 6  Line 8 amount divided by line 9 amount  10 Excess Distributions  Distributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions.

Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2023	Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2023			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2023			
а	From 2018			
b	From 2019			
С	From 2020			
d	From 2021			
е	From 2022			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2023 distributable amount			
i	Carryover from 2018 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2023 from			
	Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2023 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2024. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2019			
b	Excess from 2020			
C	Excess from 2021			
d	Excess from 2022			
е	Excess from 2023			
				<b>.</b>

Schedule A (Form 990) 2023

# Schedule B (Form 990)

Department of the Treasury Internal Revenue Service Schedule of Contributors

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

OMB No. 1545-0047

**2023** 

Name of the organization			Employer identification number
USA TRIATHLON FOUNDA			46-5062719
Organization type (check one	<i>)</i> .		
Filers of:	Section:		
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization		
	4947(a)(1) nonexempt charitable trust <b>not</b> treat	ed as a private fou	ndation
	527 political organization		
Form 990-PF	501(c)(3) exempt private foundation		
	4947(a)(1) nonexempt charitable trust treated a	as a private foundat	ion
	501(c)(3) taxable private foundation		
Check if your organization is	covered by the <b>General Rule</b> or a <b>Special Rule</b> .		
<b>Note:</b> Only a section 501(c)(7 instructions.	), (8), or (10) organization can check boxes for both the G	eneral Rule and a S	Special Rule. See
General Rule			
	filing Form 990, 990-EZ, or 990-PF that received, during or property) from any one contributor. Complete Parts I arontributions.		
Special Rules			
regulations under s 16b, and that recei	described in section 501(c)(3) filing Form 990 or 990-EZ ections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schewed from any one contributor, during the year, total contributor on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, I	edule A (Form 990) butions of the great	, Part II, line 13, 16a, or ter of <b>(1)</b> \$5,000; or
contributor, during literary, or educatio	described in section 501(c)(7), (8), or (10) filing Form 98 the year, total contributions of more than \$1,000 exclusive nal purposes, or for the prevention of cruelty to children contributor name and address), II, and III.	ely for religious, ch	aritable, scientific,
contributor, during contributions totale during the year for <b>General Rule</b> applie	described in section 501(c)(7), (8), or (10) filing Form 98 the year, contributions exclusively for religious, charitable, d more than \$1,000. If this box is checked, enter here the en exclusively religious, charitable, etc., purpose. Don't cost to this organization because it received nonexclusively remore during the year	, etc., purposes, bu e total contributions omplete any of the p eligious, charitable	t no such that were received parts unless the , etc., contributions
_	isn't covered by the General Rule and/or the Special Rul, line 2, of its Form 990; or check the box on line H of its F		

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

2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2023)

Name of organization
USA TRIATHLON FOUNDATION

Employer identification number 46-5062719

Part I	Contributors	(see instructions).	Use duplicate cop	ies of Part I if additiona	al space is needed.
--------	--------------	---------------------	-------------------	----------------------------	---------------------

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1_	N/A	\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2	<u>N/A</u>	\$90,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3	N/A	\$250,000.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4	N/A	\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
5	N/A	\$110,000.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
6_	N/A	\$1,132,350.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

vaine or organization			
	TTCT	TO TATUT ON	ECTIVID V TT ON

Employer identification number 46-5062719

Part I	Contributors (see instructions). Use duplicate copi	ies of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	N/A	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9_	N/A	\$\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

**Employer identification number** USA TRIATHLON FOUNDATION 46-5062719

(d) Date received  (d) Date received
(d) Date received
(d) Date received
(d) Date received

Page 3

Name of organization **Employer identification number** USA TRIATHLON FOUNDATION 46-5062719 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

Schedule B (Form 990) (2023)

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

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

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

Attach to Form 990.

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

OMB No. 1545-0047 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

USA	TRIATHLON FOUNDATION	46-5062719
Pa	Organizations Maintaining Donor Advised Funds or Other Similar Funds or A	Accounts
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in	n donor advised
	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant fun	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for an	
	conferring impermissible private benefit?	
Pa	rt II Conservation Easements	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (for example, recreation or education)  Preservation of	f a historically important land area
	Protection of natural habitat Preservation of	f a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in t	he form of a conservation
	easement on the last day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure included on line 2a	2c
d	Number of conservation easements included on line 2c acquired after July 25, 2006, and	
	not on a historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or termin	ated by the organization during the
	tax year	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection	on, handling of
	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing contains and enforced c	onservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing cor	nservation easements during the year
8	Does each conservation easement reported on line 2d above satisfy the requirements of section	
_	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and	
	sheet, and include, if applicable, the text of the footnote to the organization's financial statement organization's accounting for conservation easements.	ents that describes the
Pa	organization's accounting for conservation easements.  To a supplier of the conservation of the conservati	Similar Assets
ı a	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	Olimai Assets
10	· •	atatament and balance about works
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue of art, historical treasures, or other similar assets held for public exhibition, education, or	or research in furtherance of public
	service, provide in Part XIII the text of the footnote to its financial statements that describes the	ese items.
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue sta	
	art, historical treasures, or other similar assets held for public exhibition, education, or research provide the following amounts relating to these items:	arch in furtherance of public service,
	(i) Revenue included on Form 990, Part VIII, line 1	\$
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar as	
_	following amounts required to be reported under FASB ASC 958 relating to these items:	330to for illianiciai gaili, provide the
а	Revenue included on Form 990, Part VIII, line 1	\$
b	Assets included in Form 990, Part X	

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

Schedule D (Form 990) 2023

Sche		TRIATHLON						062719	Page 2
Pa	rt    Organizations Maintainin	g Collections	of Art, Histo	rical Treasures,	or Other	Similar A	Assets (c	ontinued	1)
3	Using the organization's acquisition	i, accession, ar	nd other recor	ds, check any of	the follow	ing that n	nake sign	ificant us	e of its
	collection items (check all that apply	').							
а	Public exhibition		d	Loan or exchar	nge prograr	m			
b	Scholarly research		е	Other					
С	Preservation for future genera	ations							
4	Provide a description of the organi	zation's collecti	ons and expla	ain how they furth	ner the org	ganization'	s exempt	purpose	in Part
	XIII.								
5	During the year, did the organization	solicit or receiv	ve donations o	f art, historical trea	asures, or o	other simil	ar		
	assets to be sold to raise funds rathe	er than to be ma	intained as pa	rt of the organizat	ion's collec	ction?	[	Yes	No No
Pa	rt IV Escrow and Custodial Ar	rangements							
	Complete if the organizati	ion answered	"Yes" on Fori	m 990, Part IV, li	ne 9, or re	eported a	n amoun	t on For	m
	990, Part X, line 21.								
1a	Is the organization an agent, truste	e, custodian o	r other interm	ediary for contrib	outions or	other ass	ets not		
	included on Form 990, Part X?						[	Yes	No No
b	If "Yes," explain the arrangement in	Part XIII and co	omplete the fol	lowing table.					
							Amount		
С	Beginning balance				1c				
d	Additions during the year				1 d				
е	Distributions during the year				1 e				
f	Ending balance				1 f				
2a	Did the organization include an amo	unt on Form 99	0, Part X, line	21, for escrow or	custodial	account lia	ıbility?	Yes	No
b	If "Yes," explain the arrangement in	Part XIII. Chec	k here if the ex	xplanation has been	n provided	in Part XIII			
Pa	rt V Endowment Funds								
	Complete if the organizat	ion answered	"Yes" on For	m 990, Part IV, li	ine 10.				
		(a) Current year	<b>(b)</b> Prio	r year (c) Two	years back	(d) Three y	ears back	(e) Four ye	ears back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains,								
	and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of	of the current ye	ar end balance	e (line 1g, column (	a)) held as	:			
а	Board designated or quasi-endowme	ent	_ %						
b	Permanent endowment	%							
С	Term endowment%								
	The percentages on lines 2a, 2b, ar	-							
3a	Are there endowment funds not in the	ne possession o	of the organiza	tion that are held	and admir	nistered for	the	-	
	organization by:								es No
	(i) Unrelated organizations?							3a(i)	
	(ii) Related organizations?							3a(ii)	
b	If "Yes" on line 3a(ii), are the related	•	•					3b	
4	Describe in Part XIII the intended us		<u>ization's endo</u>	wment funds.					
Pa	rt VI Land, Buildings, and Equi Complete if the organizat	pment tion answered	"Yes" on For	m 990 Part IV I	ine 11a 9	See Form	990 Pa	rt X line	10
	Description of property		st or other basis	(b) Cost or other bas		cumulated		Book value	
		(ir	vestment)	(other)		eciation			
_	Land								
b	Buildings								
	Leasehold improvements								
	Equipment		NONE	11,297	7.	11,222.			75.
e	Other	1							

75. Schedule D (Form 990) 2023

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))

Schedule D (Form 990) 2023 USA TRIATHLON	FOUNDATION	46	5-5062719 Page
Part VII Investments - Other Securities Complete if the organization answered	l "Vos" on Form 00	0. Part IV line 11h. See Form 900.	Part Y line 12
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuat Cost or end-of-year mark	ion:
(1) Financial derivatives		Cost of end-of-year mark	et value
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related	l "\/a a" a	0 Part IV line 44 a Cas Farm 000	Dowl V. Line 40
Complete if the organization answered	I		
(a) Description of investment	(b) Book value	(c) Method of valuat Cost or end-of-year mark	
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
<u>(7)</u>			
(8)			
_(9)			
Total. (Column (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets	l "Voo" on Form 00	O Part IV line 11d See Form 000	Dort V line 15
Complete if the organization answered		o, Part IV, line 11d. See Form 990,	
	scription		(b) Book value
<u>(1)</u> <u>(2)</u>			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
<b>(9)</b>			
Total. (Column (b) must equal Form 990, Part X, line 15, or	col. (B))		
Part X Other Liabilities			200 5
Complete if the organization answered line 25.	1 "Yes" on Form 99	0, Part IV, line 11e or 11f. See Fori	m 990, Part X,
	tion of liability		(b) Book value
(1) Federal income taxes			
(2)DUE TO USA TRIATHLON OF COLORA			53,109
(3)			
<u>(4)</u>			1
(5) (6)			
<u>(6)</u> <u>(7)</u>			
(8)			
(0)			

JSA 3E1270 1.000

8182RM P091 11/15/2024 12:05:11 V23-7.6F

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)). 53,109. 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 .

Part 2	Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.							
1	Total revenue, gains, and other support per audited financial statements	1	3,987,155.					
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.)							
е	Add lines 2a through 2d	2e	644,189.					
3	Subtract line 2e from line 1	3	3,342,966.					
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:							
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a							
b	Other (Describe in Part XIII.)							
	Add lines 4a and 4b	4c						
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	3,342,966.					
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.							
1	Total expenses and losses per audited financial statements	1	2,431,725.					
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:							
а	Donated services and use of facilities							
b	Prior year adjustments							
C	Other losses							
d	Other (Describe in Part XIII.)	2e	644 100					
e	Add lines 2a through 2d	3	644,189. 1,787,536.					
3	Subtract line <b>2e</b> from line <b>1</b>	<u> </u>	1,707,550.					
4 a	Investment expenses not included on Form 990, Part VIII, line 7b							
a b	Other (Describe in Part XIII.)							
	Add lines 4a and 4b	4c						
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,787,536.					
Part	XIII Supplemental Information							
2; Part	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform							
SEE	SUPPLEMENTAL PAGE							

### Part XIII Supplemental Information (continued)

SCHEDULE D, PART X, LINE 2

TRIATHLON AND THE FOUNDATION QUALIFY AS TAX-EXEMPT ORGANIZATIONS UNDER THE PROVISIONS OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. INCOME FROM ACTIVITIES NOT DIRECTLY RELATED TO TRIATHLON'S AND THE FOUNDATION'S TAX-EXEMPT PURPOSE IS SUBJECT TO TAXATION AS UNRELATED BUSINESS INCOME. TRIATHLON AND THE FOUNDATION ARE SUBJECT TO EXAMINATION BY VARIOUS TAXING AUTHORITIES GENERALLY FOR THREE TO FIVE YEARS AFTER THE FILING OF THEIR RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX (FORM 990). TRIATHLON AND THE FOUNDATION DO NOT BELIEVE THAT THEY HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE CONSOLIDATED FINANCIAL STATEMENTS.

### **SCHEDULE I** (Form 990)

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

2023

OMB No. 1545-0047

**Open to Public** Inspection

Department of the Treasury Internal Revenue Service

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

Go to www.irs.gov/Form990 for the latest information. Name of the organization Employer identification number USA TRIATHLON FOUNDATION 46-5062719 **General Information on Grants and Assistance** 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, other) (c) IRC section (d) Amount of cash (e) Amount of (a) Description of 1 (a) Name and address of organization (b) EIN (h) Purpose of grant (if applicable) noncash assistance or government grant noncash assistance or assistance (1) USA TRIATHLON OF COLORADO 5825 DELMONICO DR, STE 200 CO SPGS, CO 80919 46-1178146 501(C)(3) 790,696. SEE PART IV 90-0635108 501(C)(3) 25,000. 15 BRYANT ST EAST HAMPTON, NY 11937 SEE PART IV (3) NAVAL ACADEMY ATHLETICS 566 BROWNSON RD ANNAPOLIS, MD 21402 52-0613669 501(C)(3) 60,000. SEE PART IV (4) LEFF FAMILY FOUNDATION 278 W ASHLAND ST DOYLESTOWN, PA 18901 47-4483358 501(C)(3) 20,000. SEE PART IV (5) (6) (7) (8) (9) (10)(11)(12)

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

Schedule I (Form 990) 2023

NONE

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 ATHLETE TUITION/UNIFORMS/SUPPLIES/STIPEND	60	102,234.	32,817.	FMV	ATHLETIC SUPPLIES
2					
3					
4					
5					
6					
7					

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

SCH I PART 1 LINE 2

PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS: USATF TRANSFERS
RESTRICTED GRANTS UPON CASH RECEIPT OF A RESTRICTED GIFT. THE USATF
RELEASES FUNDS WHEN IT HAS SUBSTANTIATED IT HAS SATISFIED ANY DONOR
IMPOSED RESTRICTIONS ON THE CONTRIBUTIONS.

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

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

SCH I, PART II, COLUMN H, LINE 1 - 8

PURPOSE: TO PROVIDE OPERATIONAL SUPPORT FOR TRIATHLON CLUBS AND ATHLETIC

PROGRAMS.

Schedule I (Form 990) (2023)

Page 2

### SCHEDULE J (Form 990)

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

Compensated Employees, and Highest Compensated Employees

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

Attach to Form 990.

2023
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Name of the organization

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

e of the organization Employer identification number
A TRIATHLON FOUNDATION 46-5062719

Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel  Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
_	1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant  Form 990 of other organizations  Compensation survey or study  Approval by the board or compensation committee			
_				
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
•	compensation contingent on the revenues of:			
а	The organization?	5a		Х
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed			
_	payments not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
^	in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		
	1. Togala alono 300 alono 100. 7300-0(0):	ו שו		

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

Schedule J (Form 990) 2023

Schedule J (Form 990) 2023 USA TRIATHLON FOUNDATION 46-5062719 Page 2

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

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

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

	(B) Breakdown of W-2	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
GABE CAGWIN (	i)						
1 PRESIDENT (TO 07/2023)	i) 151,130	. NONE	700.	7,699.	10,202.	169,731.	
	i)						
<b>2</b> CEO (FROM 7/2023 TO 9/2023)		. 17,801.	2,400.	10,835.	21,095.	378,185.	
	i)						
3 (i							
	i)						
4 (1							
	i)						
5 (1							
	i)						
6 (1							
	i)						
	i)						
	i)						
8 (1)							
	i)						
9 (1							
	i)						
10 (0							
	i)						
11 (							
	i)						
	i)						
	i)						
	i)						
I	i)						
	i)						
	i)						

Schedule J (Form 990) 2023 USA TRIATHLON FOUNDATION 46-5062719 Page 3

### Part | Supplemental Information

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

SCHEDULE J, PART I, LINE 3

THE FILING ORGANIZATION, USA TRIATHLON FOUNDATION (FDN), DID NOT EMPLOY ANY INDIVIDUALS DURING THE 2023 CALENDAR YEAR. A RELATED ORGANIZATION, USA TRIATHLON OF COLORADO (USAT), PROVIDED CONTRACTED SERVICES TO THE FDN FOR THE 2023 YEAR, WHICH INCLUDED CONTRACTED MANAGEMENT SERVICES. THE CONTRACTED MANAGEMENT SERVICES WERE PERFORMED PRIMARILY BY MR. GABE CAGWIN AND MS. VICTORIA BRUMFIELD. SINCE MR. CAGWIN AND MS. BRUMFIELD ARE AN EMPLOYEES OF A RELATED ORGANIZATION, AND SERVED AS THE ACTING TOP MANAGEMENT / TOP FINANCIAL OFFICERS OF THE FDN, THROUGH THEIR CONTRACTED ROLE OF PRESIDENT OF THE FDN (CAGWIN), AND CEO (BRUMFIELD), THEIR COMPENSATION FROM USAT HAS BEEN REPORTED ON FORM 990 PART VII, AND SCHEDULE J, PART II.

RELATED ORGANIZATION, USAT, HAS A COMPENSATION COMMITTEE AND A

COMPENSATION POLICY IN PLACE FOR OFFICERS AND KEY EMPLOYEES. FOR KEY

EMPLOYEES, THE CFO USES SURVEYS AND INDUSTRY KNOWLEDGE TO DEVELOP A RANGE

FOR EACH SALARIED POSITION AT USAT. THE CFO/CEO PROPOSES OVERALL PAY

Schedule J (Form 990) 2023 USA TRIATHLON FOUNDATION 46-5062719 Page 3

### Part | Supplemental Information

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

SCALES DURING EACH BUDGET REVIEW AND IN NOVEMBER, THE USAT BOARD

APPROVES, OR APPROVES WITH CHANGES, THE FOLLOWING YEAR'S BUDGET AND

PROPOSED COMPENSATION PACKAGES.

# **SCHEDULE M** (Form 990)

**Noncash Contributions** 

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

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number

(c)
Noncash contribution

USA TRIATHLON FOUNDATION 46-5062719 **Types of Property** 

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on	Method o			
			items contributed	Form 990, Part VIII, line 1g	Horicasii com	iibutio	ii aiiio	unto
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC,							
	or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation							
	contribution - Historic							
	structures							
14	Qualified conservation							
	contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ( <u>SEE SUPP PAGE</u> )		7.	32,817.				
26	Other ()							
27	Other ()							
28	Other (				T.			
29	Number of Forms 8283 received							
	which the organization completed F	Form 8283,	Part V, Donee Acknowledge	ement	29			ONE
							Yes	No
30a	During the year, did the organizat				_			
	28, that it must hold for at least 3	•			•			
_	used for exempt purposes for the e		period?			30a		X
	If "Yes," describe the arrangement i							
31	Does the organization have a			=				
	contributions?					31		X
32a	Does the organization hire or use		_					_
	contributions?					32a		X
	If "Yes," describe in Part II.							
33	If the organization didn't report an	amount in c	olumn (c) for a type of prop	perty for which column (a)	is checked,			
	describe in Part II.							

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

Schedule M (Form 990) 2023

Part II Suppler

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

SCHEDULE M, PART I, COLUMN B

COLUMN (B) FOR LINE 25 REPORT THE NUMBER OF CONTRIBUTIONS RECEIVED.

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

SCHEDULE M. PART I - OTHER NONCASH CONTRIBUTIONS

SCHEDULE M, PART I	- OTHER NO	NCASH CONTRIBUTIONS		
DESCRIPTION	(A) CHECK	(B) NUMBER OF CONTRIBUTIONS	(C) REVENUES REPORTED	(D) METHOD OF DETERMINING
ATHLETIC CLOTHI	X	7	32,817.	FMV
TOTALS		7.	32,817.	
	==	=======================================	=========	

# **SCHEDULE 0** (Form 990 or 990-EZ)

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

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

OMB No. 1545-0047 Inspection

46-5062719

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number

#### FORM 990, PART I, LINE 1

USA TRIATHLON FOUNDATION

USA TRIATHLON MISSION (CONTINUED):

THE FOUNDATION FOCUSES ON THREE KEY AREAS (YOUTH, PARATRIATHLON, AND EVERY ATHLETE CHASING HIS OR HER OLYMPIC DREAMS).

#### FORM 990, PART III, LINE 1

THE FOUNDATION FOCUSES ON THREE KEY AREAS (YOUTH, PARATRIATHLON, AND EVERY ATHLETE CHASING HIS OR HER OLYMPIC DREAMS).

#### FORM 990, PART VI, SECTION A, LINE 3

CONTINUING IN 2023, USA TRIATHLON FOUNDATION (FDN), CONTRACTED WITH THE RELATED ORGANIZATION USA TRIATHLON (USAT), FOR THE USE OF FACILITIES, PROGRAMMATIC SERVICES, AND MANAGEMENT/ ADMINISTRATIVE SERVICES INCLUDING IT SUPPORT SERVICES. SINCE USAT AND FDN ARE RELATED ORGANIZATIONS, ALL THE COMPENSATION PAID DURING THE 2023 CALENDAR YEAR TO INDIVIDUALS SERVING AS OFFICERS OF THE FDN, WHO WERE EMPLOYED BY USAT, HAVE BEEN DETAILED OUT ON FORM 990, PART VII, SECTION A. THE FOLLOWING INDIVIDUALS SERVED THE FDN DURING THE 2023 CALENDAR YEAR AS OFFICERS, WITHIN A CONTRACTED SERVICE ARRANGEMENT: GABE CAGWIN, PRESIDENT (TO 07/2023) AND VICTORIA BRUMFIELD, CEO (FROM 7/2023).

#### FORM 990, PART VI, SECTION A, LINE 6

THE ORGANIZATION HAS ONE VOTING MEMBER, USA TRIATHLON.

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

THE SOLE VOTING MEMBER, USA TRIATHLON, APPOINTS ALL MEMBERS OF THE BOARD OF DIRECTORS.

# FORM 990, PART VI, SECTION A, LINE 7B

ALL AMENDMENTS TO GOVERNING DOCUMENTS, INCLUDING THE ARTICLES OF

# SCHEDULE O (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2023

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

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

USA TRIATHLON FOUNDATION 46-5062719

INCORPORATION AND BYLAWS, MUST BE APPROVED BY THE SOLE VOTING MEMBER, USA TRIATHLON.

#### FORM 990, PART VI, SECTION B, LINE 11B

THE FORM 990 WILL BE REVIEWED BY THE TREASURER OF THE TRUSTEES, AND THE RELATED ORGANIZATION'S CFO (USA TRIATHLON). AFTER THIS PRELIMINARY REVIEW, THE FORM 990 IS SUBMITTED TO USA TRIATHLON'S FINANCE COMMITTEE FOR REVIEW AND RECOMMENDATION TO THE FULL BOARD FOR REVIEW AND APPROVAL BEFORE THE RETURN IS FILED WITH THE IRS.

#### FORM 990, PART VI, SECTION B, LINE 15 A B

THE ORGANIZATION DID NOT HAVE ANY EMPLOYEES OR PAID OFFICERS DURING THE 2023 CALENDAR YEAR. HOWEVER, A COMPENSATION POLICY IS IN PLACE THAT WOULD REQUIRE THE BOARD AS A WHOLE, AS THE EXECUTIVE COMMITTEE, TO REVIEW THE COMPENSATION OF ALL OFFICERS BY COMPARING THEIR COMPENSATION TO COMPENSATION OF INDIVIDUALS IN LIKE POSITIONS, IN LIKE ORGANIZATIONS USING FORM 990, COMPENSATION STUDIES, AND OTHER AVAILABLE DATA. THE BOARD OR COMMITTEE WOULD THEN APPROVE ANY CHANGES IN COMPENSATION BASED ON THIS INFORMATION.

#### FORM 990, PART VI, SECTION C, LINE 19

THE ORGANIZATION WILL PROVIDE IN A TIMELY MANNER, COPIES OF ALL GOVERNING DOCUMENTS INCLUDING ITS CONFLICT OF INTEREST POLICIES AND FINANCIAL STATEMENTS WHEN REQUESTED IN WRITING OR IN PERSON.

## FORM 990 PART VIII, LINE 1G

FORM 990, PART IX, LINES 11 A

USA TRIATHLON (USAT) PROVIDED CONTRACTED SERVICES TO USA TRIATHLON

# SCHEDULE O (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection

Employer identification number

46-5062719

USA TRIATHLON FOUNDATION

FOUNDATION (FDN) DURING THE 2023 YEAR IN THE AMOUNT OF \$827,798. THE FDN PAID USAT \$183,564 FOR THESE CONTRACTED SERVICES. THE REMAINING BALANCE OF \$644,189, DUE TO USAT, WAS FORGIVEN/ CONTRIBUTED BACK TO THE FDN BY USAT. FOLLOWING IRS REPORTING REQUIREMENT, THE INKIND SERVICE CONTRIBUTION OF \$644,189 HAS BEEN EXCLUDED FROM THE FDN'S FORM 990 PART VIII STATEMENT OF REVENUE, AND FORM 990 PART IX FUNCTIONAL EXPENSE. THE CONTRIBUTED SERVICES ARE ALSO NOT INCLUDED ON SCHEDULE B, SCHEDULE OF CONTRIBUTORS.

#### FORM 990, PART III LINE 4A

(CONTINUED) THESE GRANTS ENABLE THE UNITED STATES TO ACHIEVE

UNPRECEDENTED GLOBAL TRIUMPHS BY BUILDING SUSTAINED SUCCESS AT THE

SPORT'S HIGHEST LEVEL AND HELPING ATHLETES REACH THEIR PERFORMANCE GOALS.

#### FORM 990, PART III, LINE 4B

(CONTINUED) SUPPORT FOR BOTH GRANTS FOR UNIVERSITIES AND COLLEGES TO START AND MAINTAIN NCAA WOMEN'S TRIATHLON PROGRAMS, AND FOR INDIVIDUAL STUDENT-ATHLETES.

Name of the organization
USA TRIATHLON FOUNDATION
Employer identification number
46-5062719

FORM 990, PART VII-COMPENSATION OF THE 5 HIGHEST PAID IND. CONTRACTORS

\_\_\_\_\_\_

NAME AND ADDRESS DESCRIPTION OF SERVICES COMPENSATION

-----

USA TRIATHLON OF COLORADO 5825 DELMONICO DR.,STE.200

\_\_\_\_\_

COLORADO SPRINGS, CO 80919 CONTRACTED SERVICES 183,564.

\_\_\_\_\_

#### SCHEDULE R (Form 990)

# **Related Organizations and Unrelated Partnerships**

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

Attach to Form 990.

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization

USA TRIATHLON FOUNDATION

46-5062719

	(a) Name, address, and EIN (if applicable) of disregarded entity		Prin	<b>(b)</b> mary 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. one or more related tax-exempt organizations during the state of the s	Complete if th he tax year.	e orgar	nization answ	rered "Yes" on Fo	orm 990, Part IV,	line 34, because	it had
	(a)	(b)		(c)	(d)	(e)	(f)	(g)

(a)  Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 5	g) 512(b)(13) rolled ity?
						Yes	No
(1) USA TRIATHLON 46-1178146							
5825 DELMONICO SR., STE 200 COLORADO SPRINGS, CO 80919	NGB OF TRIATH	CO	501(C)(3)	LINE 10	N/A		Х
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2023

Schedule R (Form 990) 2023 USA TRIATHLON FOUNDATION 46-5062719 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.

Name, address, and EIN of related organization	do (st fo	Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(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		General or managing		General or managing		General or managing partner?		General or managing partner?		General or managing partner?		General or managing		(k) Percentage ownership
		Country)					Yes	No		Yes	No																	
			country)					country) sections 512 - 514)		country) sections 512 - 514)	country   sections 512 - 514)	country) sections 512 - 514)																

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

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

Page 3 46-5062719 Schedule R (Form 990) 2023 USA TRIATHLON FOUNDATION

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

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?

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

а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	та		_X_
b	Gift, grant, or capital contribution to related organization(s)	1b	Х	
	Gift, grant, or capital contribution from related organization(s)	1c	Х	
	Loans or loan guarantees to or for related organization(s)	1d	Х	
	Loans or loan guarantees by related organization(s)	1e	Х	
•				
f	Dividends from related organization(s)	1f		
	Sale of assets to related organization(s)	1g		X
	Purchase of assets from related organization(s).	1h		X
	Exchange of assets with related organization(s).	1i		X
	Lease of facilities, equipment, or other assets to related organization(s).	1j		X
J	Lease of facilities, equipment, of other assets to related organization(s)	٠,		
		1k	Х	
	Lease of facilities, equipment, or other assets from related organization(s)	11		
	Performance of services or membership or fundraising solicitations for related organization(s)			
	Performance of services or membership or fundraising solicitations by related organization(s)	1m	_	
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	
0	Sharing of paid employees with related organization(s)	10		X
		4	37	
	Reimbursement paid to related organization(s) for expenses	1p	X	
q	Reimbursement paid by related organization(s) for expenses	1q	X	
r	Other transfer of cash or property to related organization(s)	1r	Х	
<u>s</u>	Other transfer of cash or property from related organization(s).	1s		
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction three		S.	
	(a) (b) (c)  Name of related organization Transaction Amount involved Method of	(d) of dete	rminin	a
		int invo		5
1)				
· _ \				
2)				
(3)				
4)				
5)				
6)				
SA.	Schedule R (F	orm	990) 2	2023

Yes No

Schedule R (Form 990) 2023 USA TRIATHLON FOUNDATION 46-5062719 Page  $\mathbf{4}$ 

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

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

	anationa F10 F14)		ations?	assets			Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	mana	ner?	(k) Percentage ownership
	from tax under sections 512 - 514)	Yes	No		Yes	No	(1 01111 1000)	Yes	No	

# Part VII Supplemental Information

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