MARCUM LLP 1 CANAL PLAZA, 4TH FLOOR PORTLAND, ME 04101

UNITED STATES BIATHLON ASSOCIATION 49 PINELAND DRIVE, SUITE 301 A NEW GLOUCESTER, ME 04260

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Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

CLIENT'S COPY

 $15250416\ 150872\ 197515$



April 16, 2024

Mr. Jack Gierhart 49 Pineland Drive, Suite 301 A New Gloucester, ME 04260

Dear Jack:

Enclosed are the original and one copy of the 2022 Exempt Organization return, as follows...

2022 Form 990

Form 114, Report of Foreign Bank and Financial Accounts

2021 FORM FIN 114

The attached PDF copies are required to be retained for the Organization to be compliant with the document retention requirements established by the Internal Revenue Service (IRS). Please have an officer sign and then retain them for your records. We recommend that you retain all pertinent tax records for a period of at least three years as taxing agencies possess the authority to request these supporting documents.

Upon receipt of the signed Form 8879, we will immediately electronically file the return(s) with the IRS.

If your return contains Schedule B, *Schedule of Contributors,* please note that public inspection copy of Form 990 containing redacted version of Schedule B is the only version which should be provided to any requesting third party or the general public.

Please call us at any time should you have any questions relating to your tax situation, business, financial or estate planning or any other financial matters. As a part of your advisory team, we will be happy to assist you.

Tax or Professional advice contained in or accompanying this document, unless otherwise specifically stated, is not intended or written to be used, and cannot be used, for the purpose of (I) avoiding penalties under the Internal Revenue code, or (II) promoting, marketing, or recommending to another party any transaction or matter that is contained in or accompanying this document. In addition, unless otherwise specifically stated, any advice provided shall not be deemed a formal tax opinion upon which the addressee can rely.

We sincerely appreciate the opportunity to serve you. If you have any questions regarding the returns, please do not hesitate to call.

Very truly yours,

Jeremy S. Handlon Marcum LLP

TAX RETURN FILING INSTRUCTIONS

REPORT OF FOREIGN BANK AND FINANCIAL ACCOUNTS

Prepared For:

Mr. Jack Gierhart 49 Pineland Drive, Suite 301 A New Gloucester, ME 04260

Prepared By:

Marcum LLP 1 Canal Plaza, 4th Floor Portland, ME 04101

Form Must be Filed On or Before:

Return Form(s) 114A to us as soon as possible.

Special Instructions:

Form(s) 114 have been prepared for electronic filing. Please sign, date, and return Form(s) 114A to our office. We will then transmit your report(s) to the FinCEN.

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

June 30, 2023

Prepared For:

Mr. Jack Gierhart 49 Pineland Drive, Suite 301 A New Gloucester, ME 04260

Prepared By:

Marcum LLP 1 Canal Plaza, 4th Floor Portland, ME 04101

Amount Due or Refund:

Not applicable

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

Not applicable

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-TE to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-TE to us by May 15, 2024

If your tax return(s) are being electronically filed, we cannot release them until we have your signed authorization(s). After reviewing your return(s) for accuracy and completeness, please sign and email your authorization(s) to <u>8879.Portland@marcumllp.com</u>

* * * * *	THIS	IS	NOT	А	FILEABLE	COPY	* * * * *
	T T T D	тD	TIOT	<u> </u>		COLT	

	Y	NOT A FII	LEABLE COPY ***	* *			
Form 114a	Becor	d of Auth	orization to				
Department of the Treasur					ĺ		
Financial Crimes Enforceme		Electronically File FBARs					
Network (FinCEN)	(See ir	(See instructions below for completion)					
May 2015	Do not send to	FinCEN. Retain t	his form for your records.		ĺ		
1012y 2013	 The f	orm 114a may be	digitally signed		UNITED	S20220001	
Part I Persons who ha	ave an obligation to file a Report of						
1. Owner last name or enti		C C	2. Owner first name			3. Owner M.I.	
UNITED STATES	BIATHLON ASSOCIAT	ION					
4. Spouse last name (if joir	ntly filing FBAR - see instructions be	elow)	5. Spouse first name			6. Spouse M.I.	
I/we declare that I/we have	provided information concerning	2 (en	ter number of accounts) foreig	gn bank and f	inancial acco	ount(s) for the	
filing year ending Decembe	er 31, 2022 to the preparer list						
and complete; that I/we au	thorize the preparer listed in Part II	to complete and	submit to the Financial Crime	es Enforceme	nt Network (FinCEN) a	
Report of Foreign Bank and	d Financial Accounts (FBAR) based	I on the information	on that I/we have provided; a	nd that I/we a	uthorize the	preparer	
listed in Part II to receive in	formation from FinCEN, answer inc	quiries and resolv	e issues relating to this subm	ission. I/we a	cknowledge	that,	
notwithstanding this declar	ration, it is my/our legal responsibili	ity, not that of the	e preparer listed in Part II, to t	imely file an F	BAR if requi	red by law	
to do so.							
					Г	V	
7. Owner signature (Autho	rized representative if entity)	8. Date	9. Owner or entity T	1N 10.		X EIN SSN/ITIN	
* THIS IS NOT	A FILEABLE COPY *	MM DD YY	<u>777</u> 030279959		type b∟ c	SSN/TTIN	
11. Spouse signature		12. Date	13. Spouse TIN	14	.TIN a		
					type b	SSN/ITIN	
		MM DD YY			с [Foreign	
Part II Individual or E	ntity Authorized to File FBAR on b	pehalf of Person	s who have an obligation to	file.			
15. Preparer last name		16. Preparer firs	st.name	17. Prepar	ər M.I. 18.	Preparer PTIN	
HANDLON		JEREMY		S	₽0	1299398	
19. Address		20. City		21. State	22. ZIP	/postal code	
					0.4.1.0	1	
······································		PORTLAND		ME	0410		
	Preparer's (item 15) employer's (En	tity) name	25. Employer EIN	26. Prepar	er's signature	Э	
code US MAR	CUM LLP		11-1986323	MARCUM	T.T.P		
		eting the FBAR	Signature Authorization Rec				
This record may be comple	eted by the individual or entity gran	-	-		orized to per	form such	
	cord must be signed by the individ	-	· · · —	-	-		
	entity must be registered with FinCl						
Read and complete the ac	count owner statement in Part I.						
To authorize a third party to	o file the Foreign Bank and Financia	al Accounts Repo	ort (FBAR), the account owne	r should com	olete Part I. i	tems 1 through	
	ate the document in Part I, items 7/	-				C C	
	y Spouses (see exceptions in the F						
	g an FBAR jointly with his/her spou items 11/12, (item 11 may be digita			-	-		
-	ed foreign account. In this case, bo				•		
	BAR on behalf of both spouses will	-	•	-	-	• • •	
number x).	san on benañ or betri spedses win	complete r art in			se above, or	same as item	
	number x). Complete Part II, items 15 through 18 with the preparer's information. The address, items 19 through 23, is that of the preparer or the preparer's						
			· · · · · · · · · · · · · · · · · · ·		-		
	employer if the preparer is an employee. Record the employer's information (if any) in items 24 and 25. If the preparer does not have a PTIN, leave item 18 blank. The third party preparer must sign in item 26 (digital signature acceptable) of Part II indicating that the FBAR will be filed as directed						
by the authorizing authority	<i>.</i>						
	The person(s) listed in Part I, and the person listed in Part II as authorized to file on behalf of the person(s) listed in Part I, should retain copies of this record of authorization and the filing itself, both for a period of 5 years. See 31 CEB 1010, 430(d)						

this record of authorization and the filing itself, both for a period of 5 years. See 31 CFR 1010. 430(d). DO NOT SEND THIS RECORD TO FinCEN UNLESS REQUESTED TO DO SO.

220011 04-01-22

Rev. 10.7 May 21, 2015

8E	379-TE	***	** THIS IS NOT A FILEABLE COPY ** IRS e-file Signature Authorizatio for a Tax Exempt Entity	**** n	OMB No. 1545-0047
Department	t of the Treasury		ar 2022, or fiscal year beginning <u>JUL 1</u> , 2022, and ending <u>JUN</u> Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest informatic	1 <u>30</u> , 20 <u>23</u>	2022
Name of f	venue Service filer		Go to www.irs.gov/Formoo/91E for the latest informatio	EIN or SSN	
		STATES	BIATHLON ASSOCIATION	03-027	9959
Name and	title of officer or pe			05 027	
Name and			PRESIDENT & CEO		
Part I	Type of	Return and	Return Information		
Form 53 or 10a b whicheve than one	30 filers may ente elow, and the amo er is applicable, bl e line in Part I.	r dollars and c ount on that lii ank (do not er	ou are using this Form 8879-TE and enter the applicable amount, ents. For all other forms, enter whole dollars only. If you check th e for the return being filed with this form was blank, then leave lin ter -0-). But, if you entered -0- on the return, then enter -0- on the	e box on line 1a, 2a, 3a ne 1b, 2b, 3b, 4b, 5b, 6t applicable line below. D	, 4a, 5a, 6a, 7a, 8a, 9a, o, 7b, 8b, 9b, or 10b, oo not complete more
	Form 990 check h		b Total revenue, if any (Form 990, Part VIII, column (A),		
	Form 990-EZ che		b Total revenue, if any (Form 990-EZ, line 9)		
	Form 1120-POL		b Total tax (Form 1120-POL, line 22)		b
	Form 990-PF che		b Tax based on investment income (Form 990-PF, Par	t V, line 5) 41	b
5a I	Form 8868 check	here	b Balance due (Form 8868, line 3c)		b
6a I	Form 990-T chec	k here	b Total tax (Form 990-T, Part III, line 4)		b
7a l	Form 4720 check	here	b Total tax (Form 4720, Part III, line 1)		b
	Form 5227 check		b FMV of assets at end of tax year (Form 5227, Item D) 81	b
9a l	Form 5330 check	here	b Tax due (Form 5330, Part II, line 19)		b
	Form 8038-CP ch		b Amount of credit payment requested (Form 8038-CF		Ob
Part I			The Authorization of Officer or Person Subject X I am an officer of the above entity or I am a person size		
entry to financial later that payment personal	the financial institution to debin n 2 business days t of taxes to receive	ution account it the entry to prior to the p re confidential nber (PIN) as r	e U.S. Treasury and its designated Financial Agent to initiate an indicated in the tax preparation software for payment of the feder his account. To revoke a payment, I must contact the U.S. Treas ayment (settlement) date. I also authorize the financial institutions information necessary to answer inquiries and resolve issues rela by signature for the electronic return and, if applicable, the conse	ral taxes owed on this ret sury Financial Agent at 1-8 s involved in the procession ated to the payment. I have	turn, and the 388-353-4537 no ng of the electronic ve selected a thdrawal.
X] I authorize MA	RCUM LL	P	to enter my PIN	98765
			ERO firm name		Enter five numbers, but
	with a state age on the return's c As an officer or	ncy(ies) regula lisclosure con person subjec	ar 2022 electronically filed return. If I have indicated within this ref ting charities as part of the IRS Fed/State program, I also authori sent screen. : to tax with respect to the entity, I will enter my PIN as my signat n this return that a copy of the return is being filed with a state ag	ture on the tax year 2022	RO to enter my PIN electronically filed
Signature o	IRS Fed/State p		nter my PIN on the return's disclosure consent screen. ** THIS IS NOT A FILEABLE COPY **	* * * Date	
Part I			uthentication		
ERO's E	FIN/PIN. Enter yo	our six-digit ele	ctronic filing identification		
number	(EFIN) followed by	your five-digit	self-selected PIN. 011983 Do not enter		
submitti		•	ny PIN, which is my signature on the 2022 electronically filed retu the requirements of Pub. 4163, Modernized e-File (MeF) Inform		
ERO's sig	nature MAR	CUM LLP	Date	04/16/24	
		_	ERO Must Retain This Form - See Instruction		
			ot Submit This Form to the IRS Unless Requested		0070 75
LHA Fo	or Privacy Act and	Paperwork	Reduction Act Notice, see instructions.	F	orm 8879-TE (2022)
202521 12-	-16-22				

FINANCIAL CRIMES ENFORCEMENT NETWORK

BSA E-Filing - Report of Foreign Bank and Financial Accounts (FBAR)

FinCEN Form 114

UNITEDS20220001

Filing Name UNITED STATES BIATHLON ASSOCIATION

Submission Type NEW

PIN NOT REQUIRED

Check here X if this report is submitted by an authorized third party, and complete the 3rd party preparer section on page one of the report. The E-file system will auto complete item 46.

NOTE: The FBAR must be received by the Department of the Treasury on or before April 18, 2023. An automatic extension to October 16, 2023 is available.

This report filed late for the following reason (Check only one):

- a. Forgot to file
- b. Did not know that I had to file
- c. Thought account balance was below reporting threshold
- d. Did not know that my account qualified as foreign
- e. Account statement not received in time
- f. Account statement lost (Replacement requested)
- g. Late receiving missing required account information
- h. Unable to obtain joint spouse signature in time
- i. Unable to access BSA E-filing system
- z. ____ Other (please provide explanation below)

223151 01-31-23

FinCEN Form 114

REPORT OF FOREIGN BANK AND FINANCIAL ACCOUNTS

Do NOT file with your Federal Tax Return

1 This report is for calendar year ended 12/31 2022

									Amended		
Part I F	iler information		UNITE	DS2022	0001						
2 Type of filer											
a 🗌 Individ	dual b 🗌 Partnershi	ip c 📃 Corpo	oration d	Consoli	dated e	X Fidu	uciary or ot	her - Enter	type NON-PRO)FI	. T
3 U.S. Taxpay	er Identification Number	3a TIN type	4 Foreign	identificatio	n (<u>Comp</u> l	ete only if i	tem 3 is not	applicable)	5 Individual's	date	of birth
0302799	59		a Type:	Passpo	_	Foreign Tl		hor	MM/DI)/YY	YY
			атуре. Ц	Passpo	ι <u> </u>	Foreign T		her	-		
	U.S. Identification		b Number		c Cour	ntry of Issu	ie				
	or organization name					rst name			8 Middle initia	1 8	a Suffix
	STATES BIATH	LON ASSOC	CIATION	V							
9 Mailing addr	ress (number, street, and	l apt. or suite no	.)								
49 PINE	LAND DRIVE, S	<u>SUITE 301</u>	LA								
10 City		1	1 State 12	ZIP/Postal	Code	13 Count	try				
				1000		TTOR					
NEW GLO				4260		USA					
14 a) Does the Yes	e filer have a financial int				ka Davt II	ar Dart III	but maint	oin rooorde	of the information		
No X	Enter number of according accordi		D0	not comple	te Part II	or Part III	, but maint	ain records	s of the information	1.	
	⊐ e filer have signature aut	hority over but n	o financial ir	nterest in 25	or more	financial	accounts?				
Yes	Enter number of acco							on on whose	e behalf the filer has s	sian.	authority.
No X			00.			li ougin to n	or outer pero				uannonnyi
Part II In	formation on finar	ncial account	t(s) owne	d separat	ely						
15 Maximum va	alue of account during ca	alendar year 1	5a Amount	16 Type of	account	а 🗶 в	ank b	Securitie	s c Other - Ei	nter t	ype below
			unknown								
	114,970.										
	ancial institution in which										
	ARKASSE TRAUI										
18 Account nur 0040707	nber or other designation סכד	, v	•		•	suite no.) c	of financial	institution	in which account is	s hele	d
	770			OMA-ST		المحمام الأل		O eet			
20 City TRAUNST	EIN	21 State, if	known		n posta 278	I CODE, IT K	nown 23	Country ERMANY	7		
Signature	44a Check here X		completed			arer and c	-		ty preparer section		
44 Filer signatu		er title, if not report)
The report wi	III be electronically d when filed	•	RESIDE		-				6 Date (MM/DD/Y This date will auto FBAR is electroni	-fill wh cally s	ien the signed
	47 Preparer's last name	e 48 First na	ame	49 MI			51 TIN		51a TIN type		PTIN
Third Party	HANDLON	JEREMY		S	self	employed	P0129	9398	SSN/ITIN		Foreign
Preparer	52 Contact phone no.		Firm's nam				54 Firm's		54a TIN type	X	EIN
Use Only	(207) 352-76		RCUM L				11-19		<u> </u>		Foreign
	55 Mailing address (nu	imber, street, ap	t. or suite no	b.) 56 City		5	57 State	58 ZIP/P	ostal Code	59 (Country

PORTLAND

223141 04-01-22

1 CANAL PLAZA, 4TH FLOOR

04101

US

ME

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

т

Inte	rnal Rev	enue Service	Go to www.irs.gov/Form990 for instructions and the	he latest ir	formation.	Inspection			
Α	For the	he 2022 calend	lar year, or tax year beginning $ m JUL1$, $ m 2022$ and e	ending J	UN 30, 2023				
	Check i	f C Name o	f organization		D Employer identifica	tion number			
_	applica								
	char		ED STATES BIATHLON ASSOCIATION		-				
	Nam	nge Doing b	usiness as		03-027995	9			
	Initia	m Numbe		Room/suite	E Telephone number				
	Fina retur		INELAND DRIVE, SUITE 301 A		(207) 688				
_	term ated	City or	town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	3,255,647.			
	retu		GLOUCESTER, ME 04260		H(a) Is this a group retu				
	App tion pend		nd address of principal officer: JACK GIERHART		for subordinates?	Yes X No			
		49 PI	NELANE DRIVE 301A, NEW GLOUCESTER,	ME	H(b) Are all subordinates inclu	ided? Yes No			
<u> </u>	Tax-e		X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) o	or 527	If "No," attach a lis	t. See instructions			
	Webs		TEAMUSA.ORG/US-BIATHLON		H(c) Group exemption				
			X Corporation Trust Association Other	L Year	of formation: 1980 M	State of legal domicile: ME			
Ρ	art I	Summary							
	J 1		be the organization's mission or most significant activities: NATIC	DNAL G	OVERNING BODY	FOR THE			
Č,		OLYMPIC	SPORT OF BIATHLON.						
Governance	2	Check this bo	J						
	3		ting members of the governing body (Part VI, line 1a)			<u> </u>			
			dependent voting members of the governing body (Part VI, line 1b) $_$						
Activitiae 8.	g 5		Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5						
Ξ	6		of volunteers (estimate if necessary)			0			
ţ	<u>ז</u> ן 7 מ		d business revenue from Part VIII, column (C), line 12			0.			
		o Net unrelated	business taxable income from Form 990-T, Part I, line 11	<u></u>		0.			
					Prior Year	Current Year			
9	8		and grants (Part VIII, line 1h)		1,689,846.	1,819,535.			
	9	•	ice revenue (Part VIII, line 2g)		1,251,884.	1,316,458.			
Bevenue	10		come (Part VIII, column (A), lines 3, 4, and 7d)		4,429.	1,350.			
_	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		45,719.	118,304.			
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,991,878.	3,255,647.			
	13		milar amounts paid (Part IX, column (A), lines 1-3)		0.	0.			
	14		to or for members (Part IX, column (A), line 4)			<u> </u>			
9	g 15		r compensation, employee benefits (Part IX, column (A), lines 5-10)	······ —	852,054.				
Evnancae	2 16a 5 .		undraising fees (Part IX, column (A), line 11e) ing expenses (Part IX, column (D), line 25) 251,60		0.	0.			
Ş	2 I				2 024 020	2,203,547.			
	1 "		es (Part IX, column (A), lines 11a-11d, 11f-24e)		2,024,838. 2,876,892.	3,200,267.			
			es. Add lines 13-17 (must equal Part IX, column (A), line 25)		114,986.	55,380.			
	<u>19</u> ഗ	Revenue less	expenses. Subtract line 18 from line 12		ginning of Current Year	End of Year			
Net Assets or	nnce	Tatal			712,712.	682,226.			
SSe	ख 20 एस		Part X, line 16)		525,206.	437,324.			
let ∕	121 12 00		s (Part X, line 26) fund balances. Subtract line 21 from line 20		187,506.	244,902.			
	<u>] 22</u> art I				107,500.	444,904.			
			I declare that I have examined this return, including accompanying schedules	and statem	ante and to the best of my k	nowledge and belief it is			
			e. Declaration of preparer (other than officer) is based on all information of whi			וטיייטעט מווע שבוובו, וג וא			
սս	.,	ool, ana complett	. Doolaration of proparor (othor than official) is based on an information of Will	ion proparer	nao any knowlougo.				

Sign	Signature of officer		Date					
Here	JACK GIERHART, PRESIDENT & Type or print name and title	CEO						
Paid	Print/Type preparer's name JEREMY S. HANDLON	Preparer's signature	Date Check PTIN 04/16/24 self-employed P01299398					
Preparer	Firm's name MARCUM LLP		Firm's EIN 11-1986323					
Use Only	Firm's address 1 CANAL PLAZA, 4TH PORTLAND, ME 04102	Phone no. (207) 352-7600						
May the II	Aay the IRS discuss this return with the preparer shown above? See instructions X Yes No							
			000					

232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions.

	990 (2022) UNITED STATES BIATHLON ASSOCIATION	03-0279959	Page 2
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	Х
1	Briefly describe the organization's mission: THE MISSION OF USBA IS TO ENCOURAGE, IMPROVE AND PROMOTE	THE SPORT O	F
	BIATHLON IN THE UNITED STATES; HELP U.S. BIATHLON ATHLET.		-
	SUSTAINED COMPETITIVE EXCELLENCE IN OLYMPIC, WORLD CHAMP		
	OTHER INTERNATIONAL COMPETITIONS IN BIATHLON; AND TO PROD	MOTE GREATER	
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.		XNo
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 by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	• •	nd
	revenue, if any, for each program service reported.		
4a		ue\$ 1,390,	083.)
	NATIONAL TEAM TRIALS, TRAINING AND COMPETITION		
	THE US BIATHLON ASSOCIATION SERVES AS THE NATIONAL GOVER THE SPORT OF BIATHLON IN COMPLIANCE WITH THE TED STEVENS		κ
	AMATEUR SPORTS ACT AND THE CONSTITUTION AND BYLAWS OF TH		
	COMMITTEE, AS SUCH, IT PROVIDES TRAINING AND SUPPORT FOR		
	BIATHLETES TO PROGRESS AND COMPETE AT NATIONAL AND INTER		М
	TRIALS, TRAINING AND COMPETITION.		
4b	(Code:) (Expenses \$ 282,177. including grants of \$) (Reven	ue \$)
	ATHLETE DEVELOPMENT PROGRAMS		
	THE US BIATHLON PROVIDES FUNDING AND SUPPORT FOR DEVELOP	MENT PROGRAM	S
	IN THE SPORT OF BIATHLON.		
4c	(Code:) (Expenses \$ including grants of \$) (Reven)
40	(Code:) (Expenses \$ including grants of \$) (Reven	ue)
4d	Other program services (Describe on Schedule O.)		
40	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses 2,425,016.)	
4e	Total program service expenses 2,425,016.	 Form 9	90 (2022)
232002	2 12-13-22		(_3)
	2		

000 (0000)	UN
990 (2022)	UN

Form

			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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	<u> </u>
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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		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		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	x	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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 reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	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	x	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	x	
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
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any]		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 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 Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		Х
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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
· ·	any tax-exempt bonds?	24c		
Ь	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
		<u>24u</u>		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
a	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			v
	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	<u>28a</u>		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
С	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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 20			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
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	990 (2022) UNITED STATES BIATHLON ASSOCIATION 03-0279	959	P	_{age} 5				
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)							
0-			Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 12							
Ь	, , , , ,							
-	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?							
3a b	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a 3b		X				
	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	30						
чa	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	х					
h	If "Yes," enter the name of the foreign country GERMANY	4 a						
D	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).							
50		5a		х				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b		X				
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	50 50						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	<u> </u>						
Ua		6a		х				
b	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Ua						
b		6b						
7	Organizations that may receive deductible contributions under section 170(c).	00						
	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		Х				
a b		7a 7b						
	It "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	10						
C		7c		х				
Ь		10						
	d If "Yes," indicate the number of Forms 8282 filed during the year7d7d7d							
f	 e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 							
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7f 7g						
8	 h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 2. Spanageing arranizations maintaining damage gluicad funda. Did a damage gluicad funda maintained by the 							
U								
9	 sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. 							
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b						
10	Section 501(c)(7) organizations. Enter:	0.0						
a	Initiation fees and capital contributions included on Part VIII, line 12							
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b							
11	Section 501(c)(12) organizations. Enter:							
a	Gross income from members or shareholders							
b	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	120						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
	Is the organization licensed to issue qualified health plans in more than one state?	13a						
-	Note: See the instructions for additional information the organization must report on Schedule O.							
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							
с	Enter the amount of reserves on hand							
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		х				
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or							
	excess parachute payment(s) during the year?	15		х				
	If "Yes," see the instructions and file Form 4720, Schedule N.			_				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х				
	If "Yes," complete Form 4720, Schedule O.							
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities							
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17						
	If "Yes," complete Form 6069.							
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Pa	Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response							
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See in							
	Check if Schedule O contains a response or note to any line in this Part VI							
Sec	tion A. Governing Body and Management							
				Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year1a	15						
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.							
b	Enter the number of voting members included on line 1a, above, who are independent	15						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with a	ny other						
	officer, director, trustee, or key employee?		2		Х			
3	Did the organization delegate control over management duties customarily performed by or under the direct							
			3		Х			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was		4		Х			
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		Х			
6	Did the organization have members or stockholders?		6	Х				
- 7a								
	more members of the governing body?		7a	х				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockhol							
-	a superior of the state of the second state of the state		7b		х			
8								
	a The governing body?							
b								
a	Is there any officer director trustee or key employee listed in Part VII. Section A, who cannot be reached at	the						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		x			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		x			
			9	Yes				
Sec	organization's mailing address? If "Yes," provide the names and addresses on Schedule O tion B. Policies (This Section B requests information about policies not required by the Internal Revenue of		_	Yes	No			
Sec 10a	organization's mailing address? <i>If</i> "Yes," provide the names and addresses on Schedule O tion B. Policies (<i>This Section B requests information about policies not required by the Internal Revenue</i> of Did the organization have local chapters, branches, or affiliates?		9 10a	Yes				
Sec 10a	organization's mailing address? If "Yes," provide the names and addresses on Schedule O tion B. Policies (This Section B requests information about policies not required by the Internal Revenue of Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters,		10a	Yes	No			
Sec 10a b	organization's mailing address? If "Yes," provide the names and addresses on Schedule O tion B. Policies (This Section B requests information about policies not required by the Internal Revenue of Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, and branches to ensure their operations are consistent with the organization's exempt purposes?		10a 10b		No			
Sec 10a b	organization's mailing address? If "Yes," provide the names and addresses on Schedule O tion B. Policies (This Section B requests information about policies not required by the Internal Revenue of Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before		10a	Yes	No			
Sec 10a b 11a b	organization's mailing address? If "Yes," provide the names and addresses on Schedule O tion B. Policies (This Section B requests information about policies not required by the Internal Revenue of Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before Describe on Schedule O the process, if any, used by the organization to review this Form 990.	<i>Code.)</i> affiliates, e filing the form?	10a 10b 11a	X	No			
Sec 10a b 11a b 12a	organization's mailing address? <i>If</i> "Yes," provide the names and addresses on Schedule O tion B. Policies (<i>This Section B requests information about policies not required by the Internal Revenue of</i> Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If</i> "No," go to line 13	affiliates,	10a 10b 11a 12a	x	No			
Sec 10a b 11a b 12a b	organization's mailing address? <i>If</i> "Yes," provide the names and addresses on Schedule O tion B. Policies (<i>This Section B requests information about policies not required by the Internal Revenue of</i> Did the organization have local chapters, branches, or affiliates?	affiliates, e filing the form?	10a 10b 11a	X	No			
Sec 10a b 11a b 12a b	organization's mailing address? <i>If</i> "Yes," <i>provide the names and addresses on Schedule O</i> tion B. Policies <i>(This Section B requests information about policies not required by the Internal Revenue of</i> Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If</i> "No," <i>go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to confl Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes," <i>de</i>	affiliates, e filing the form? licts?	10a 10b 11a 12a 12b	x	<u>No</u> X			
Sec 10a b 11a b 12a c	organization's mailing address? <i>If</i> "Yes," <i>provide the names and addresses on Schedule O</i> tion B. Policies <i>(This Section B requests information about policies not required by the Internal Revenue of</i> Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before Did the organization have a written conflict of interest policy? <i>If</i> "No," <i>go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to confl Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes," <i>de</i> <i>on Schedule O how this was done</i>	Code,) affiliates, affiliates, affiling the form? licts?	10a 10b 11a 12a 12b 12c	x	No X			
Sec 10a b 11a b 12a c 13	organization's mailing address? <i>If</i> "Yes," provide the names and addresses on Schedule O tion B. Policies (<i>This Section B requests information about policies not required by the Internal Revenue of</i> Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before Did the organization have a written conflict of interest policy? <i>If</i> "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to confl Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes," <i>de</i> <i>on Schedule O how this was done</i> Did the organization have a written whistleblower policy?	Code,) affiliates, e filing the form? licts? escribe	10a 10b 11a 12a 12b 12c 13	x	N₀ X X X X			
Sec 10a b 11a b 12a c 13 13	organization's mailing address? If "Yes," provide the names and addresses on Schedule O tion B. Policies (This Section B requests information about policies not required by the Internal Revenue of Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization nave a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to confl Did the organization have a written whistleblower policy? Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?	Code.) affiliates, affiliates, affiliates, affiling the form? licts? sscribe	10a 10b 11a 12a 12b 12c	x	No X			
Sec 10a b 11a b 12a c 13	organization's mailing address? <i>If</i> "Yes," provide the names and addresses on Schedule O tion B. Policies (<i>This Section B requests information about policies not required by the Internal Revenue</i> of Did the organization have local chapters, branches, or affiliates?	Code.) affiliates, affiliates, affiliates, affiling the form? licts? sscribe	10a 10b 11a 12a 12b 12c 13	x	N₀ X X X X			
Sec 10a b 11a b 12a b 12a 13 14 15	organization's mailing address? <i>If</i> "Yes," provide the names and addresses on Schedule O tion B. Policies (<i>This Section B requests information about policies not required by the Internal Revenue of</i> Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If</i> " <i>No</i> ," <i>go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to confl Did the organization negularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes," <i>de on Schedule O how this was done</i> Did the organization have a written document retention and destruction policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by incompensory.	Code.) affiliates, affiliates, affiliates, affiling the form? licts? escribe dependent	10a 10b 11a 12a 12b 12c 13 14	X X X	N₀ X X X X			
Sec 10a b 11a b 12a b c 13 14 15 a	organization's mailing address? <i>If</i> "Yes," provide the names and addresses on Schedule O tion B. Policies (<i>This Section B requests information about policies not required by the Internal Revenue of</i> Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If</i> " <i>No</i> ," <i>go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to confl Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by incopersons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	Code.) affiliates, e filing the form? licts? escribe	10a 10b 11a 12a 12b 12c 13 14 15a	x	No X X X X X			
Sec 10a b 11a b 12a b c 13 14 15 a	organization's mailing address? <i>If</i> "Yes," <i>provide the names and addresses on Schedule</i> O tion B. Policies <i>(This Section B requests information about policies not required by the Internal Revenue of</i> Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to confl Did the organization negularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," de on Schedule O how this was done</i> Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by inc persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization	Code.) affiliates, e filing the form? licts? escribe	10a 10b 11a 12a 12b 12c 13 14	X X X	N₀ X X X X			
Sec 10a b 11a b 12a c 13 14 15 a b	organization's mailing address? <i>If</i> "Yes." provide the names and addresses on Schedule O tion B. Policies (<i>This Section B requests information about policies not required by the Internal Revenue of</i> Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If</i> "No," <i>go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to confl Did the organization negularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes," <i>de</i> <i>on Schedule O how this was done</i> Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by inc persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	Code,) affiliates, e filing the form? licts? escribe lependent	10a 10b 11a 12a 12b 12c 13 14 15a	X X X	No X X X X X			
Sec 10a b 11a b 12a c 13 14 15 a b	organization's mailing address? <i>If</i> "Yes," provide the names and addresses on Schedule O tion B. Policies (<i>This Section B requests information about policies not required by the Internal Revenue of</i> Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If</i> "No," <i>go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to confl Did the organization negularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes," <i>de</i> <i>on Schedule O how this was done</i> Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by inc persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement wi	Code.) affiliates, e filing the form? licts? escribe dependent th a	10a 10b 11a 12a 12b 12c 13 14 15a 15b	X X X	No X X X X X			
Sec 10a b 11a b 12a b 13 14 15 a b 16a	organization's mailing address? <i>If</i> "Yes," <i>provide the names and addresses on Schedule O</i>	Code.) affiliates, e filing the form? licts? escribe dependent th a	10a 10b 11a 12a 12b 12c 13 14 15a	X X X	No X X X X X			
Sec 10a b 11a b 12a b 13 14 15 a b 16a	organization's mailing address? <i>If</i> "Yes," provide the names and addresses on Schedule O tion B. Policies (<i>This Section B requests information about policies not required by the Internal Revenue of</i> Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If</i> "No," <i>go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to confl Did the organization negularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes," <i>de</i> <i>on Schedule O how this was done</i> Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by inc persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement wi	Code.) affiliates,	10a 10b 11a 12a 12b 12c 13 14 15a 15b	X X X	No X X X X X			

Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed NONE						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available						
	for public inspection. Indicate how you made these available. Check all that apply.						
	X Own website X Another's website X Upon request Other (explain on Schedule O)						
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial						
	statements available to the public during the tax year.						
20	State the name, address, and telephone number of the person who possesses the organization's books and records THE ORGANIZATION - 207-688-6500						
	49 PINELAND DRIVE, NEW GLOUCESTER, ME 04260						
232006	5 12-13-22 Form 990 (2022						

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• 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)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	Position (do not check more than one		Reportable						
	hours per	box	, unles	ss per	rson i	s both	n an	compensation	compensation	amount of
	week			uau		1/		from	from related	other
	(list any hours for	lirecto						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or c	stee			Isatec		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al trus		yee	mper		1099-NEC)	1000 1120)	and related
	below	ndividual trustee or director	nstitutional trustee	er	Key employee	Highest compensated employee	ner			organizations
	line)	Indiv	Insti	Officer	Key	High emp	Former			
(1) MATTHEW K COBB	40.00									
FORMER PRESIDENT & CEO						X		127,000.	0.	19,629.
(2) JACK GIERHART	40.00									
PRESIDENT & CEO				Х				47,091.	0.	0.
(3) BILL ALFOND	1.00									
DIRECTOR		Х						0.	Ο.	0.
(4) PHYLLIS JALBERT	1.00									
DIRECTOR		Х						0.	Ο.	0.
(5) SARAH KONRAD	1.00									
DIRECTOR		х						0.	Ο.	0.
(6) ROBERT HALL	1.00									
CHAIR		х		х				0.	Ο.	0.
(7) JERRY BALTZELL	1.00									
DIRECTOR		х						0.	Ο.	0.
(8) BRIAN NOYES	1.00									
TREASURER		х		х				0.	Ο.	0.
(9) HARRY BRAKELEY	1.00									
DIRECTOR - INDEPENDENT		Х						0.	Ο.	0.
(10) DEXTER PAINE	1.00									
DIRECTOR		х						0.	Ο.	0.
(11) WILLIAM JAKE BROWN	1.00									
DIRECTOR		х						0.	Ο.	0.
(12) KELLY KJORLIEN	1.00									
DIRECTOR		х						0.	Ο.	0.
(13) MAX DURTSCHI	1.00									
DIRECTOR		х						0.	0.	0.
(14) RACHEL STEER	1.00									
VICE CHAIR		х		х				0.	0.	0.
(15) MAJ. GEN. KNIGHT	1.00									
DIRECTOR		х						0.	0.	0.
(16) KATHERINE KENDRICK	1.00									
DIRECTOR		х						0.	0.	0.
(17) KELSEY DICKINSON	1.00									
DIRECTOR		х						0.	0.	0.
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232007 12-13-22

Form 990 (2022)

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Form 990 (2022) UNITED S7	PATES BI	AT	HL	ON	Α	.SS	<u> </u>	CIATION	03-02	<u>:799</u>	59	Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloye	ees,	and	Hig	ghes	t C	ompensated Employee	s (continued)			
(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estima amour othe	ited it of	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS 1099-NEC)		compens from t organiz and relat organiza	he: ation ated
(18) ARTHUR STEGEN	1.00											
SECRETARY		X		X				0.		0.		0.
								K		_		
				_								
1b Subtotal								174,091.		0.	19,0	529.
c Total from continuation sheets to Part VI _d Total (add lines 1b and 1c)	I, Section A							0.		0.		0.
2 Total number of individuals (including but n) wh	o re	-	000 of reportable			1
compensation from the organization											Yes	s No
3 Did the organization list any former officer,	,	,				·			,			
line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i> 4 For any individual listed on line 1a, is the su	m of reportabl	e co	mpe	nsat	ion	and	oth	ner compensation from the	ne organization	···	3	X
and related organizations greater than \$150										-	4	X
5 Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes." com											5	x
Section B. Independent Contractors		3 70	<u>JI SU</u>	<u>ch p</u>	erse	<u>.</u>				····	5	
1 Complete this table for your five highest con the organization. Report compensation for t	-	-								ensatio	on from	
(A)	ine calendar ye			y wi				(B)			(C)	
Name and business								Description of s		Co	mpensat	ion
ARMIN AUCHENTALLER, HAUS		8	8,					TO COACH THE STATES NATIO			107 9	201
RASEN, ANTHOLZ, ITALY 390	50							STALES NATIO	NAL ILAM		127,8	591.
							_					
							_					
2 Total number of independent contractors (ir \$100,000 of compensation from the organiz	0	ot lin	nited	to t	hos 1	e lis	ted	above) who received mo	ore than			
					-	-				F	orm 990	(2022)

232008 12-13-22

		2022) UNITED STATES	BIATHLON	I ASSOCIATI	LON	03-0279	959 Page 9
Par	rt VII	I Statement of Revenue					
		Check if Schedule O contains a response	or note to any line			(-)	
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts ts	1 a	Federated campaigns 1a					
contributions, Girts, Grants and Other Similar Amounts	b	Membership dues 1b	65,213.				
δ, Amon	с	Fundraising events 1c					
ar	d	°	214,924.				
, Milional M	е	3 (
e s	f	All other contributions, gifts, grants, and	F 2 0 2 0 0				
Ê		similar amounts not included above 1f	539,398.				
n pu	g L	Noncash contributions included in lines 1a-1f		1,819,535.			
סכ	n	Total. Add lines 1a-1f	Business Code	1,019,333.			
	2 a	DIRECT ATHLETE SUPPORT	900099	736 758.	736,758.		
Program service Revenue	z a b	SPONSORSHIP AND MARKET	900099	736,758. 579,700.	579,700.		
Ine	c			0,0,,,000			
erer Sver	d						
²	e						
Ĕ	f	All other program service revenue					
	g	Total. Add lines 2a-2f		1,316,458.			
	3	Investment income (including dividends, intere					
		other similar amounts)		695.	K		695.
	4	Income from investment of tax-exempt bond p	proceeds				
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a						
	b	Less: rental expenses 6b					
	c	Rental income or (loss)					
	_ d	· · · · · · · · · · · · · · · · · · ·	(ii) Other				
	<i>i</i> a	655					
	h	assets other than inventory 7a 655 . Less: cost or other basis					
e	b	and sales expenses					
evenue	c	Gain or (loss)					
		Net gain or (loss)		655.			655.
Other R		Gross income from fundraising events (not					
₽		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18 8a	1				
	b						
	с	Net income or (loss) from fundraising events					
	9 a	Gross income from gaming activities. See					
		Part IV, line 19 9a					
		Less: direct expenses9b					
			·····				
	10 a	Gross sales of inventory, less returns					
		and allowances 10					
		Less: cost of goods sold 10					
\neg	С	Net income or (loss) from sales of inventory	Business Code				
sn	11 🤉	MISCELLANEOUS	900099	73,625.	73,625.		
neo	n a b		900099	44,679.			44,679.
Miscellaneous Revenue	c			,,,,,			,,,,,
2 B B B	d	All other revenue					
Σ		Total. Add lines 11a-11d		118,304.			
	12	Total revenue. See instructions		3,255,647.	1,390,083.	0.	46,029.
32009	9 12-13						Form 990 (2022

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UNITED STATES BIATHLON ASSOCIATION Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must comple Check if Schedule O contains a response			nplete column (A).	
	Check if Schedule O contains a respons not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	ie or note to any line in (A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		•		I
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	187,629.	56,289.	84,433.	46,907.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	637,161.	542,685.	75,468.	19,008.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	100 050		14 000	4 4 4 4 4
9	Other employee benefits	103,253.	84,626.	14,223.	<u>4,404</u> 5,204
10	Payroll taxes	68,677.	50,588.	12,885.	5,204.
11	Fees for services (nonemployees):				
	Management				
	Legal	65,015.		65,015.	
	Accounting	66,849.		66,849.	
	Lobbying				
-	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	241,849.	241,849.		
40	column (A), amount, list line 11g expenses on Sch 0.)	168,371.	241,049.		168,371.
12	Advertising and promotion	100,371.			100,571
13	Office expenses				
14 15	Information technology				
15 16	Royalties Occupancy	30,633.		30,633.	
17	Traval	628,660.	566,452.	54,502.	7,706.
18	Payments of travel or entertainment expenses	020,0001		51/5021	
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	2,990.		2,990.	
21	Payments to affiliates	_,		_,	
22	Depreciation, depletion, and amortization	7,431.	7,431.		
23	Insurance	38,873.	,	38,873.	
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	SUPPLIES	587,833.	587,833.		
b	ATHLETE ASSISTANCE	218,916.	218,916.		
с	HEALTH MANAGEMENT SERVI	54,107.	54,107.		
d	BAD DEBTS	27,500.		27,500.	
е	All other expenses	64,520.	14,240.	50,280.	
25	Total functional expenses. Add lines 1 through 24e	3,200,267.	2,425,016.	523,651.	251,600.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

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UNITED	STATES	BIATHLON	ASSOCIATION

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		Check if Schedule O contains a response or not	e to any l	ine in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			123,784.	1	114,259.
	2	Savings and temporary cash investments		2			
	3	Pledges and grants receivable, net		46,550.	3	0.	
	4	Accounts receivable, net			190,057.	4	184,401.
	5	Loans and other receivables from any current or	former o	fficer, director,			
		trustee, key employee, creator or founder, subst	antial cor	ntributor, or 35%			
		controlled entity or family member of any of thes	e person	s		5	
	6	Loans and other receivables from other disquality	ied perso	ons (as defined			
		under section 4958(f)(1)), and persons described				6	
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			29,075.	8	<u>19,812.</u> 18,190.
Ä	9	Prepaid expenses and deferred charges			18,397.	9	18,190.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		298,154. 294,427.			
	b	Less: accumulated depreciation	10b	294,427.	9,658.	10c	3,727.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1	1		58,663.	12	62,029.
	13	Investments - program-related. See Part IV, line	I1			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			236,528.	15	279,808.
	16	Total assets. Add lines 1 through 15 (must equa	al line 33)		712,712.	16	682,226.
	17	Accounts payable and accrued expenses			235,296.	17	110,456.
	18	Grants payable			-	18	
	19	Deferred revenue			0.	19	2,700.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I	Part IV of	Schedule D		21	
S	22	Loans and other payables to any current or form	er officer	, director,			
liti		trustee, key employee, creator or founder, subst	antial cor	ntributor, or 35%			
Liabilities		controlled entity or family member of any of thes	e person	s		22	
	23	Secured mortgages and notes payable to unrela			44,281.	23	28,460.
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	17-24). (Complete Part X	045 600		~~~ ~~~
		of Schedule D			245,629.	25	295,708.
	26	Total liabilities. Add lines 17 through 25			525,206.	26	437,324.
ß		Organizations that follow FASB ASC 958, che	ck here	X			
Ce		and complete lines 27, 28, 32, and 33.			47 (0)		04 000
alar	27				-47,623.	27	-84,906.
ä	28	Net assets with donor restrictions			235,129.	28	329,808.
ŭ		Organizations that do not follow FASB ASC 9	58, checl	k here			
Net Assets or Fund Balances		and complete lines 29 through 33.					
ts c	29	Capital stock or trust principal, or current funds				29	
SSe	30	Paid-in or capital surplus, or land, building, or ec				30	
ťΑ	31	Retained earnings, endowment, accumulated in				31	044.000
Re	32	Total net assets or fund balances			187,506.	32	244,902.
	33	Total liabilities and net assets/fund balances			712,712.	33	682,226.

Form **990** (2022)

Part X Balance Sheet

-	~~~	(0000
Form	990	(2022

Form	990 (2022) UNITED STATES BIATHLON ASSOCIATION	03-0279	959	Pa	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)		3,255		
2	Total expenses (must equal Part IX, column (A), line 25)	2 3	3,200		
3	Revenue less expenses. Subtract line 2 from line 1	3			80.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			06.
5	Net unrealized gains (losses) on investments	5		2,0	16.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	244	1,9	02.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled 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 audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2022)

Form **990** (2022)

SCHEDULE A

Department of the Treasury Internal Revenue Service

(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
2022
Open to Public Inspection

Name of the	organization
-------------	--------------

Nam	ne of t	he organization							identification number
Pa	~+ I	UNIT. Beesen for Dublic (ED STATES I	BIATHLON ASSO	JCIATI				3-0279959
		Reason for Public C					ee instruction	S.	
The	organ	ization is not a private found	ation because it is: (F	For lines 1 through 12, cl	heck only o	one box.)			
1		A church, convention of chu	urches, or associatio	n of churches described	in sectio	n 170(b)(1	l)(A)(i).		
2		A school described in secti	ion 170(b)(1)(A)(ii). (/	Attach Schedule E (Form	n 990).)				
3		A hospital or a cooperative	hospital service orga	inization described in se	ection 170	(b)(1)(A)(ii	i).		
4		A medical research organization	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)	(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a col	lege or university owned	or operate	ed by a go	vernmental ur	nit describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov	ernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organization that normal	lly receives a substar	ntial part of its support fr	om a gove	ernmental	unit or from th	e general p	oublic described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org	anization described	in section 170(b)(1)(A)(i x) operate	ed in conju	nction with a	land-grant	college
		or university or a non-land-g	rant college of agricu	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or
		university:						-	
10		An organization that normal	Ily receives (1) more t	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from
		activities related to its exem							
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acquii	red by the org	anization a	ifter June 30, 1975.
		See section 509(a)(2). (Cor	nplete Part III.)						
11		An organization organized a		vely to test for public sat	ety. See	section 50)9(a)(4).		
12		An organization organized a	-					rry out the	purposes of one or
		more publicly supported or	-					-	
		lines 12a through 12d that							
а		Type I. A supporting orga	•••			-		-	giving
		the supported organization	-			-			
		organization. You must c							
b		Type II. A supporting orga	-		ion with its	s supporte	d organizatio	n(s). bv hav	vina
		control or management o	-				-		-
		organization(s). You mus			·			,	
с		Type III functionally inte	-		in connect	tion with. a	and functional	lv integrate	d with.
	-	its supported organization						, ,	,
d		Type III non-functionally		-				ted organiz	zation(s)
		that is not functionally inte	• · ·					•	
		requirement (see instructi			•		-		
е		Check this box if the orga	,	•				I. Type III	
		functionally integrated, or					.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	·, ·, //- · · ·	
f	Ente	er the number of supported o		any mogratica capper in	.9 0.94				
		vide the following information	•						
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	anization listed	(v) Amount of	monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	structions)	support (see instructions)
Tota	ıl								

Schedule A (Form 990) 2022 Part II Support Sch

UNITED STATES BIATHLON ASSOCIATION

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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2207878.	1941727.	2268029.	2302830.	2556293.	11276757.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	2207878.	1941727.	2268029.	2302830.	2556293.	11276757.
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)						269,743.
	Public support. Subtract line 5 from line 4.						11007014.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	2207878.	1941727.	2268029.	2302830.	2556293.	11276757.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots	1,096.	3,923.	5,220.	4,429.	1,350.	16,018.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital				45 540		
	assets (Explain in Part VI.)	787.	-1,750.	56,990.	45,719.	118,304.	
	Total support. Add lines 7 through 10						11512825.
	Gross receipts from related activities,	•	,				,809,275.
13	First 5 years. If the Form 990 is for th	-					
800	organization, check this box and stor	o here	<u></u>				·····
	tion C. Computation of Publi		-				95.61 %
	Public support percentage for 2022 (I					14	
	Public support percentage from 2021					15	, -
16a	33 1/3% support test - 2022. If the other here. The exception qualifier						
h	stop here. The organization qualifies33 1/3% support test - 2021. If the organization		•		lino 15 io 22 1/20/		
U	and stop here. The organization qual						
17-	10% -facts-and-circumstances test				13 162 or 16b a		
178	and if the organization meets the fact						
	meets the facts-and-circumstances te			-	achien	-	
h	10% -facts-and-circumstances test	-				7a and line 15 is	
J	more, and if the organization meets the	•					
	organization meets the facts-and-circu						
18	Private foundation. If the organizatio		-				;
				, ,, .	,		(Form 990) 2022

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Schedule A	(Form 990)	2022	UNITED	STATES	BIATHLON	ASSOCIATION
Part III	Support	Schedule fo	r Organizat	tions Desc	ribed in Section	on 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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 202	22 (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 per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513				-		
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support					-	
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 202	22 (f) Total
9	Amounts from line 6						
10a	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						
د 11	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third, f	ourth, or fifth tax	year as a section	501(c)(3) orga	anization,
Sec	ction C. Computation of Publi	ic Support Per	centage				
15	Public support percentage for 2022 (I	line 8, column (f), d	livided by line 13, c	olumn (f))		15	%
	Public support percentage from 2021					16	%
Sec	ction D. Computation of Inves	stment Income	e Percentage				
17	Investment income percentage for 20	022 (line 10c, colur	mn (f), divided by lir	ne 13, column (f))		17	%
18	Investment income percentage from	2021 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2022. If the	organization did n	not check the box o	on line 14, and line	e 15 is more than :	33 1/3%, and	line 17 is not
	more than 33 1/3%, check this box a	nd stop here. The	organization qualif	ies as a publicly s	supported organization	ation	
b	33 1/3% support tests - 2021. If the	organization did n	not check a box on	line 14 or line 19	a, and line 16 is m	ore than 33 1	/3%, and
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The organ	nization qualifies	as a publicly supp	orted organiz	ation
20	Private foundation. If the organization	on did not check a	box on line 14, 19a	a, or 19b, check t	his box and see in	structions	
23202	23 12-09-22					Sche	edule A (Form 990) 2022

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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Schedule A (Form 990) 2022

Schedule A (Form 990) 2022 UNITED STATES BIATHLON ASSOCIATION

Pa	rt IV	Supporting Organizations (continued)			
				Yes	No
11	Has t	he organization accepted a gift or contribution from any of the following persons?			
а		son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c b	elow, the governing body of a supported organization?	11a		
b	A fam	ily member of a person described on line 11a above?	11b		
с	A 35%	6 controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		in Part VI.	11c		
Sec	ction I	3. Type I Supporting Organizations			
				Yes	No
1	more direct effect	The governing body, members of the governing body, officers acting in their official capacity, or membership of one or supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, sors, or trustees at all times during the tax year? <i>If "No," describe in</i> Part VI <i>how the supported organization(s)</i> <i>ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported</i> <i>ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the</i>			
		brted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		ne organization operate for the benefit of any supported organization other than the supported			
	orgar	ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part	I how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	super	vised, or controlled the supporting organization.	2		
Sec	ction (C. Type II Supporting Organizations			
				Yes	No
1	Were	a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or tru	stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or ma	nagement of the supporting organization was vested in the same persons that controlled or managed			
	the su	pported organization(s).	1		
Sec	tion l	D. All Type III Supporting Organizations			
				Yes	No
1	Did th	ne organization provide to each of its supported organizations, by the last day of the fifth month of the			
	orgar	ization'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			
	orgar	ization'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			
	orgar	ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the of	ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By re	ason of the relationship described on line 2, above, did the organization's supported organizations have a			
	signif	icant voice in the organization's investment policies and in directing the use of the organization's			

income or assets at all times during the tax year? If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard.

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the	organization used to satisf	fy the Integral Part Test du	iring the year (see instruction
•	Check the box heat to the method that the	organization used to satisf	y ine iniegran ari resi uu	ining the year (occ mod dot

a The organization satisfied the Activities Test. Complete line 2 below.

b The organization is the parent of each of its supported organizations. Complete li
--

c [The	organization sup	ported a governme	ental entity.	Describe in Pa	rt VI how	you supported a	governmental entity	v (see instruction <u>s).</u>	
-----	-----	------------------	-------------------	---------------	----------------	-----------	-----------------	---------------------	-------------------------------	--

- 2 Activities Test. Answer lines 2a and 2b below.
- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

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

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.*

3b | | Schedule A (Form 990) 2022

3

2a

2b

3a

Yes No

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17

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. Section A - Adjusted Net Income (A) Prior Year (B) Current Year (optional) 1 Net short-term capital gain 1 2 3 Other gross income (see instructions) 3 4 4 5 Depreciation and depletion 5 6 Portion of gross income or for management, conservation, or onelection or gross income or for management, conservation, or maintenance of property held for production or income (see instructions) 6 7 Other expenses (see instructions) 7 8 8 8 Adjusted Net Income or for management, conservation, or maintenance of property held for production or income (see instructions) 6 7 7 0 8 Ageregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of yea?): 1 1 1 Aggregate fair market value of all non-exempt-use assets 16 6 6 6 Total (add lines 1a, 1b, and 1c) 10 10 10 6 Add lines 1a, 1b, and 1c) 14	Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	Orga	nizations	
All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year (optional) Section A - Adjusted Net Income (A) Prior Year (B) Current Year (optional) 1 Net short-tem capital gain 1 (A) Prior Year (B) Current Year (optional) 2 Recoveries of prior-year distributions 2 (B) Current Year (optional) (C) Current Year (optional) 3 Other gross income (see instructions) 3 4 (C) Current Year (optional) 5 Depreciation and depletion 5 (C) Current Year (optional) (C) Current Year (optional) 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 (C) Current Year (optional) 7 Other expenses (see instructions) 7 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Section B - Minimum Asset Amount (A) Prior Year (P) Year (optional) (P) Current Year (optional) (D) Current Year (optional) 1 Adgrage monthly value of securities 1a 1a (D) Prior Year (optional) (D) Current Year (optional) 2 Accipate fair market value of all non-exempt use assets (see instructions) 1a (D) Prior Year (optional) (D)	1	Check here if the organization satisfied the Integral Part Test as a qualifying t	rust or	n Nov. 20, 1970 (<i>explain in</i> F	Part VI). See instructions.
Section A - Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain 1 2 Recovering 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 properly held for production of income (see instructions) 6 7 Other expenses (see instructions) 7 8 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 8 Section B - Minimum Asset Amount (A) Prior Year (B) Current Year (optional) 1 Aggregate fair market value of all non-exempt use assets (see instructions for short kary acer or assets held for part of year): 1a a a Average monthly value of securities 1a b Average monthly value of securities b Average monthly cash balances 1b c c c c Fair market value of other non-exempt use assets 2 c c d Total (add lines 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) 6 7 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 8 Section B - Minimum Asset Amount (A) Prior Year (B) Current Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a a Average monthly value of securities 1a b Average monthly value of other non-exempt-use assets 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discourt claimed for blockage or other factors (explain in detail in Part VI): 2 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 Subtra	Sect	ion A - Adjusted Net Income		(A) Prior Year	
3 Other gross income (see instructions) 3 4 Add lines 1 through 3. 4 5 Depreciation and depletion 5 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 7 Other expenses (see instructions) 7 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Section B - Minimum Asset Amount (A) Prior Year (B) Current Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 1a a Average monthly value of securities 1a b Average monthly value of securities 1a c Fair market value of other non-exempt-use assets 1c 1d d Total (add lines 1a, 1b, and 1c) 1d 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 2 2 Acquisition indebtedness applicable to non-exempt-use assets 2 2 3 Subtract line 2 form line 1d. 3 3 3	1	Net short-term capital gain	1		
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8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year 1 Adjusted net income for prior year (from Section A, line 8, column A) 1 2 Enter 0.85 of line 1. 2 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3	6	Multiply line 5 by 0.035.	6		
Section C - Distributable Amount Current Year 1 Adjusted net income for prior year (from Section A, line 8, column A) 1 2 Enter 0.85 of line 1. 2 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3	7	Recoveries of prior-year distributions	7		
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	8	Minimum Asset Amount (add line 7 to line 6)	8		
2 Enter 0.85 of line 1. 2 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3	Sect	ion C - Distributable Amount			Current Year
3 Minimum asset amount for prior year (from Section B, line 8, column A) 3	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	5	Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	6				
emergency temporary reduction (see instructions).			6		
7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see	7		integra	ted Type III supporting organ	nization (see

UNITED STATES BIATHLON ASSOCIATION

Schedule A (Form 990) 2022

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232026 12-09-22

instructions).

Schedule A (Form 990) 2022

UNITED S	STATES	BIATHLON	ASSOCIATION
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		BIATHLON ASSOC			3-0279959	Page 7
Par		a)(3) Supporting Orga	nizations (continu	ied)		
Secti	on D - Distributions				Current Ye	ar
_1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported				
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	3	3		
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
6	Other distributions (describe in Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which th	e organization is responsive				
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2022 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	IS	(iii) Distributab Amount for 2	
1	Distributable amount for 2022 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2022 (reason-					
2	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2022					
	From 2017					
	From 2018					
	From 2019					
	From 2020					
	From 2021					
	Total of lines 3a through 3e					
	Applied to underdistributions of prior years					
<u>h</u>	Applied to 2022 distributable amount					
<u> i</u>	Carryover from 2017 not applied (see instructions)					
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2022 from Section D,					
	line 7: \$					
<u>a</u>	Applied to underdistributions of prior years					
	Applied to 2022 distributable amount					
C	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2022, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2022. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2023. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
a	Excess from 2018					
b	Excess from 2019					
с	Excess from 2020					
d	Excess from 2021					
е	Excess from 2022					

Schedule A (Form 990) 2022

232027 12-09-22

Schedule A (Form 990) 2022				ASSOCIATI		03-0279959	Page 8
	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D,	I, 2, 3b, 3c, 4b,	4c, 5a, 6, 9a,	9b, 9c, 11a, 11b,	and 11c; Part IV, Se	ection B, lines 1 a	and 2; Part IV, Sectior	r C, rt V
	Section D, lines 5, 6, and (See instructions.)	8; and Part V,	Section E, line	es 2, 5, and 6. Also	o complete this part	for any additiona	al information.	rt v,
	<u> </u>							
232028 12-09-22	2						Schedule A (Form 9	90) 2022

15250416 150872 197515

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

03-0279959

2022

** Do Not File ** *** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
ILLIAM ALFOND	500,000.	269,743
otal Excess Contributions to Schedule A, Part II, Line 5	·	269,743

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

N

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

entification number

03-0279959

Name of the organizatio	on la constant de la c	Employer identification n
	UNITED STATES BIATHLON ASSOCIATION	03-0279959
Organization type (che	ck one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
, ,	ion is covered by the General Rule or a Special Rule.	
Note: Only a section 50 General Rule	01(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special R	ule. See instructions.
-	ation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totalir any one contributor. Complete Parts I and II. See instructions for determining a contributo	• • • •
Special Rules		
sections 509(a contributor, du	ation described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, a uring the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) D-EZ, line 1. Complete Parts I and II.	nd that received from any one
For an organiz	ation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from	any one

contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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

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

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

Schedule B (Form 990) (2022)

Name of organization

Employer identification number

03-0279959

UNITED STATES BIATHLON ASSOCIATION

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 UNITED STATES BIATHLON FOUNDATION X Person Payroll 49 PINELAND DRIVE, SUITE 301A 82,190. Noncash (Complete Part II for NEW GLOUCESTER, ME 04260 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 2 UNITED STATES OLYMPIC COMMITTEE X Person Payroll ONE OLYMPIC PLAZA 1,167,624. Noncash (Complete Part II for COLORADO SPRINGS, CO 80909 noncash contributions.) (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 3 ARIENS X Person Payroll 655 WEST RYAN STREET 175,000. Noncash (Complete Part II for BRILLION, WI 54110-1072 noncash contributions.) (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 4 PAUL SMITH'S COLLEGE X Person Payroll Noncash 7777 NY-30 68,000. \$ (Complete Part II for PAUL SMITHS, NY 12970 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 HIGH PEAK DISTRIBUTORS X Person Payroll 1016 STATE RTE 3 40,000. Noncash (Complete Part II for SARANAC LAKE, NY 12983 noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 6 SARATOGA EAGLE SALES & SERVICE, INC X Person Payroll **45 DUPLAINVILLE ROAD** 45,000. Noncash \$ (Complete Part II for SARATOGA SPRINGS, NY 12866 noncash contributions.)

223452 11-15-22

15250416 150872 197515

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
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(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
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(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Schedule B (Form 990) (2022)

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Page 3

Schedule B (Form 990) (2022) Name of organization

UNITED STATES BIATHLON ASSOCIATION

Employer identification number

03-0279959

Schedule E	B (Form 990) (2022)				Page 4		
	rganization				Employer identification number		
UNITEI	D STATES BIATHLON ASSOCI	IATION			03-0279959		
Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, or Use duplicate copies of Part III if additional s	through (e) and the following charitable, etc., contributions of \$1	a line entry. For or	ganizations	hat total more than \$1,000 for the year		
(a) No.							
from Part I	(b) Purpose of gift	(c) Use of g	ift	(d) Desc	cription of how gift is held		
-		(e) Transfe	er of gift				
-	Transferee's name, address, a	nd ZIP + 4	R	elationship of tra	nsferor to transferee		
(a) No.							
from Part I	(b) Purpose of gift	(c) Use of g	ift	(d) Desc	cription of how gift is held		
		(e) Transfe	er of gift				
-	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee						
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	ift	(d) Desc	cription of how gift is held		
		(e) Transfe	ar of gift				
-	Transferee's name, address, a		-	elationship of tra	nsferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	ift	(d) Desc	cription of how gift is held		
-	(e) Transfer of gift						
-	Transferee's name, address, a	nd ZIP + 4	R	elationship of tra	nsferor to transferee		
223454 11-15					Sakadula B (Earra 000) (2020)		
220404 11-10					Schedule B (Form 990) (2022)		

SCHEDULE D)
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(Form	990)
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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.



Department of the Treasury Internal Revenue Service

Name of the organization

UNITED STATES BIATHLON ASSOCIATION

Employer identification number 03 - 0279959

organization answered "Yet" on Form 980, Part IV, Ire 6. (e) Donor advised funds (b) Funds and other accounts Capacity and use of contributions to (during year) Aggragian value of contributions to (during year) Aggragian value of contributions to (during year) Aggragian value of contributions to (during year) Capacity and year estimates and other advisors in writing that the assets held in donor advised funds are the organization inform all donors and donor advisors in writing that grant funds can be used only for chartable purposes and not for the benefit of the donor of othors advisor, for any other purpose conferring impermised purposes and not for the benefit of the donor of othors advisor, for a from 960, Part IV, line 7. Part III Conservation Easements. Complete if the organization charts and all that tapply. Part III Conservation Easements held by the organization charts and all that tapply. Preservation of an for public use for example, recreation or education) Preservation of a historicall important lind area Preservation of apen space Complete inset at through 21 if the organization held a qualified conservation contribution the form of a conservation easements Total number of conservation easements Autor of conservation easements in courted and the stat days of the approximation of a conservation desement in cluded in (c) acquired after July 25 2006, and ret on a Autor of conservation easements modified, transferred, released, exing ushed, or eminated by the organization during the tax year Autor of conservation easements modified, transferred, released, exing ushed, or eminated to the state and the year Autor of conservation easements modified, transferred, released, exing ushed, or eminated by the organization during the year Autor of conservation easements modified, transferred, nelased, exing ushed, or eminated by the organization during the year Autor of conservation easements modified, transferred, nelased, exing ushed, or eminated by the organization during the year Autor of	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the				
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 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Mo de staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organizations accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art,	3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	e organization during the tax	
 5 Does the organization have a written policy regarding the periodic monitoring, inspection, 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 conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(iii)? Yes No 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization is accounting for conservation easements. Part IIII Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part XIII, line 1 (ii) Assets included in Form 990, Part XIII, line 1 (iii) Assets included in Form 990, Part X § 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gai		year			
 violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: If the organization received or held works of art, historical treasures, o	4	Number of states where property subject to conservation easement is located			
 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of			
 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?					
 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(i)? Yes No 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (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 assets for financial sastes for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part X b Assets included in Form 990, Part X b	6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing con	servation easements during the year	
 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(i)? Yes No 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (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 assets for financial sastes for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part X b Assets included in Form 990, Part X b	7	Amount of our anon inclused in manifesting increating hand	lling of violations, and enforcing concern	tion occoments during the year	
 and section 170(h)(4)(B)(ii)? Yes No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organization's Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (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 assets ASC 958 relating to these items: a Revenue included on Form 990, Part X b Assets included in Form 990, Part X k EHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 	'	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year			
 and section 170(h)(4)(B)(ii)? Yes No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organization's Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (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 assets ASC 958 relating to these items: a Revenue included on Form 990, Part X b Assets included in Form 990, Part X k EHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 	8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	(b)(4)(B)(i)	
 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (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 assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part X b Assets included in Form 990, Part X c Assets included in Form 990, Part X k Assets included in Form 990, Part X 	0		•		
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Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (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 assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part X f the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part X b Assets included in Form 990, Part X					
 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (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 assets ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X b Assets included in Form 990, Part X c Assets included in Form 990, Part X 	Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.				
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 b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (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 assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part X b Assets included in Form 990, Part X c To Paperwork Reduction Act Notice, see the Instructions for Form 990. b Schedule D (Form 990) 2022 		of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public			
art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:		service, provide in Part XIII the text of the footnote to its finar	ncial statements that describes these iten	ns.	
provide the following amounts relating to these items: (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 assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part X b Assets included in Form 990, Part X b Assets included in Form 990, Part X b Assets included in Form 990, Part X c Schedule D (Form 990) 2022 	b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of			
 (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 assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X b Assets included in Form 990, Part X b Assets included in Form 990, Part X c Schedule D (Form 990) 2022 		art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service,			
(ii) Assets included in Form 990, Part X \$		provide the following amounts relating to these items:			
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2022		(i) Revenue included on Form 990, Part VIII, line 1			
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2022					
a Revenue included on Form 990, Part VIII, line 1 \$	2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide			
b Assets included in Form 990, Part X \$ LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. \$ Schedule D (Form 990) 2022			-		
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2022					
			s for Form 990.	Schedule D (Form 990) 2022	

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Sche		STATES BIAT				03-02			age 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, or O	ther Sin	nilar Assets	contin	ued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	e following that ma	ke signific	ant use of its			
	collection items (check all that apply):								
а	Public exhibition	d	I 🗌 Loan or ex	change program					
b	Scholarly research	e	• 🗌 Other						
с	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explair	1 how they further	the organization's	exempt p	urpose in Part	XIII.		
5	During the year, did the organization solicit of	or receive donations of	of art, historical trea	asures, or other sir	milar asse	ts	_		_
	to be sold to raise funds rather than to be ma						Yes		No
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the organizati	ion answered "Yes	" on Form	n 990, Part IV,	line 9, or		
19	Is the organization an agent, trustee, custod		iany for contributio	ne or other assets	not inclue	hed			
Id	on Form 990, Part X?		•				Yes		No
h	If "Yes," explain the arrangement in Part XIII					····· L			
D		and complete the lot	lowing table.		Г		Amount	•	
с	Beginning balance				F	1c		-	
b b	Additions during the year					1d			
e	Distributions during the year					1e			
f	Ending balance					1f			
	Did the organization include an amount on F					 	Yes		No
	If "Yes," explain the arrangement in Part XIII.					·····	_]
Par									
		(a) Current year	(b) Prior year	(c) Two years ba		hree years back	(e) Four	years	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 the cur	rent year end balance	e (line 1g, column (a)) held as:					
а	Board designated or quasi-endowment		_%						
b	Permanent endowment	%							
с	Term endowment	<u>%</u>							
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.							
3a	Are there endowment funds not in the posse	ession of the organiza	ation that are held a	and administered f	or the		-		
	organization by:							Yes	No
	(i) Unrelated organizations						3a(i)		
	(ii) Related organizations						3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza			?			3b		
4	Describe in Part XIII the intended uses of the		wment funds.						
Pai	t VI Land, Buildings, and Equipm					_			
	Complete if the organization answere	d "Yes" on Form 990			rt X, line 1	10.			
	Description of property	(a) Cost or o basis (investr	• • •	st or other s (other)	(c) Accum deprecia		(d) Bool	< value	e
1a	Land								
b	Buildings								
с	Leasehold improvements								
d	Equipment								
е	Other		2	98,154.	294	,427.		3,71	
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	<u>X. column (B). line</u>	10c.)				3,72	27.

Schedule D (Form 990) 2022

) (Form 990) 2022			BIATHLON	AS	SOCIATION	03	-0279959	Page 3
Part VII									
	Complete if the org	anization answere	ed "Yes" on F	orm 990, Part IV,	line 1	1b. See Form 990, Part X, line	12.		
(a) Descri	ption of security or categ	JOTY (including name of	security)	(b) Book value		(c) Method of valuation: C	ost or end	d-of-year market v	alue
(1) Financ	ial derivatives								
(2) Closely	held equity interests								
(3) Other									
	NITED STATES	S OLYMPIC							
	DUNDATION			62,02	9.	END-OF-YEAR MA	ARKET	VALUE	
(C)				•					
(D)									
(E)									
(E)									
(G)									
(H)									
	(h) must squal Form 000	Dort V. col. (D) lin	. 10.)	62,02	0				
Dart VII	(b) must equal Form 990 I Investments - I	Program Bela		02,02					
		-		form 000 Dart IV	lino 1	1c. See Form 990, Part X, line	10		
	(a) Description of			(b) Book value		(c) Method of valuation: C		d of yook morilaty	, alua
	(a) Description of	Investment		(b) BOOK value		(c) Method of Valuation. C		d-oi-year market v	alue
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
Total. (Col.	(b) must equal Form 990), Part X, col. (B) lin	e 13.)						
Part IX	J								
	Complete if the org	anization answere	ed "Yes" on F	orm 990, Part IV,	line 1	1d. See Form 990, Part X, line	15.		
			(a) Des	cription				(b) Book va	
(1) BI	ENEFICIAL II	NTEREST I	N CHARI	TABLE REN	MAI	NDER UNITRUST		279	,808.
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
	umn (b) must equal Fo	rm 990 Part X o	ol (B) line 15)				279	,808.
Part X	Other Liabilitie	S.	<u>л. (D) пле то.</u>	/					,
	Complete if the ora	anization answere	ed "Yes" on F	orm 990. Part IV.	line 1	1e or 11f. See Form 990, Part	X. line 25.		
1		escription of liabil				· · · · · · · · · · · · · · · · · · ·	- ,	(b) Book va	alue
1. (1) Fee	deral income taxes		- ,					(2) 200111	
	REDIT CARD	DAVARI.F						20	,946.
	ENSION PLAN								,517.
	RIZE MONEY								,813.
								213	<u>,813.</u> 857.
	CCRUED PAYR							10	
	CCRUED EXPE	N2E2						49	,575.
(7)									
(8)									
(9)									
								•	,708.
2. Liability	y for uncertain tax pos	sitions. In Part XIII	, provide the	text of the footnot	te to t	the organization's financial sta	tements th	hat 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 ... 🚺

Schedule D (Form 990) 2022

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_	dule D (Form 990) 2022 UNITED STATES BIATHLON A				0279959 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial State	ements With Re	evenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	3,257,663.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments		2,016.	_	
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	2,016.
3	Subtract line 2e from line 1			3	3,255,647.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	3,255,647.
	retarretende: , taa milee e and ter (mis must eduar om 390, 1 art 1, me 12.)			-	, ,
Pa	rt XII Reconciliation of Expenses per Audited Financial Stat	tements With E	xpenses per l	Retur	n.
Ра	TXII Reconciliation of Expenses per Audited Financial Stat Complete if the organization answered "Yes" on Form 990, Part IV, line	tements With E	xpenses per l	Retur	n.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stat	tements With E e 12a.	xpenses per l	Retur	n. 3,200,267.
	rt XII Reconciliation of Expenses per Audited Financial Stat Complete if the organization answered "Yes" on Form 990, Part IV, line	tements With E e 12a.	xpenses per l		n.
1	Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements	tements With E	xpenses per l		n.
1 2	Reconciliation of Expenses per Audited Financial Stat Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	2a 2b	xpenses per l		n.
1 2	TXII Reconciliation of Expenses per Audited Financial Stat Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b	xpenses per l		n.
1 2 a b	TXII Reconciliation of Expenses per Audited Financial Stat Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c	xpenses per l		n.
1 2 b c d	TXII Reconciliation of Expenses per Audited Financial Stat Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c 2d	xpenses per f		n. <u>3,200,267.</u> 0.
1 2 b c d	TXII Reconciliation of Expenses per Audited Financial Stat Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	xpenses per f	1	n. 3,200,267.
1 2 b c d e	TXII Reconciliation of Expenses per Audited Financial Stat Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	xpenses per f	1 2e	n. <u>3,200,267.</u> 0.
1 2 b c d 3	TXII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d	xpenses per f	1 2e	n. <u>3,200,267.</u> 0.
1 2 6 6 8 4	TXII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d	xpenses per f	1 2e	n. <u>3,200,267.</u> 0.
1 2 a b c d e 3 4 a	TXII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d	xpenses per F	1 2e 3	n. <u>3,200,267.</u> 0. <u>3,200,267.</u> 0.
1 2 d e 3 4 b c 5	TXII Reconciliation of Expenses per Audited Financial Stat Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d	xpenses per f	1 2e 3	n. 3,200,267. 0. 3,200,267.

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

PART X, LINE 2:

THE ASSOCIATION BELIEVES IT HAS NO MATERIAL UNCERTAIN TAX POSITIONS AND

29

ACCORDINGLY, DOES NOT RECOGNIZE ANY LIABILITY FOR UNRECOGNIZED TAX

BENEFITS.

232054 09-01-22

Department of the Treasury			Attach to Form 990.			Open to Public
Internal Revenue Service	Go to w	ww.irs.gov/Form	990 for instructions and the latest i	nformation.		Inspection
Name of the organization					Employer	identification number
UNITED STATES E	IATHLON Z	ASSOCIAT	ION		03-02	79959
Part I General Info Form 990, Part I		ctivities Out	side the United States. Compl	ete if the organ	ization answ	vered "Yes" on
		n maintain record	ds to substantiate the amount of its gra	ants and other a	assistance,	
the grantees' eligibility	for the grants or a	assistance, and t	he selection criteria used to award the	grants or assis	stance?	Yes No
2 For grantmakers. Dese United States.	cribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and ot	her assistand	ce outside the
			n be duplicated if additional space is r			
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a pro describe	vity listed in gram service e specific typ (s) in the reg	e expenditures for and investments
EUROPE (INCLUDING						
ICELAND & GREENLAND)						
- ALBANIA, ANDORRA,				COACHING AT	HLETES FO	R
AUSTRIA, BELGIUM	0	5	PROGRAM SERVICES	USBA		1,034,635.
3 a Subtotal	0	5				1,034,635.
 b Total from continuation sheets to Part I 		0				0.
c Totals (add lines 3a		5				1 034 635

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

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

Schedule F (Form 990) 2022

OMB No. 1545-0047

2022

232071 10-17-22

SCHEDULE F (Form 990)

Schedule F (Form 990) 2022

UNITED STATES BIATHLON ASSOCIATION

03-0279959

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			ecognized as charities by the f			_		
	exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter							
3 Enter total number of other organizations or entities								

03-0279959

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2022

	(Form 990) 2022		STATES	BIATHLON	ASSOCIATION	
Part IV	Foreign For	ns				

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes,"		
	the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign		
	Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may		
	be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and		
	Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a		
	U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes,"		
	the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to		
	Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a		
	qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621,		
	Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing		
	Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes,"		
	the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain		
	Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If		
	"Yes," the organization may be required to separately file Form 5713, International Boycott Report (see		
	Instructions for Form 5713; don't file with Form 990)	Yes	X No
		Schedule F (For	m 990) 2022

	ES BIATHLON ASSOCIATION	03-0279959 Page 5
	I, line 2 (monitoring of funds); Part I, line 3, column	(f) (accounting method: amounts of
	; Part II, line 1 (accounting method); Part III (accoun	
(estimated number of recipients), as appl	icable. Also complete this part to provide any addition	ional information. See instructions.
PART I, LINE 2:		
THE UNITED STATES BIATHLON	ASSOCIATION SERVES AS THE	GOVERNING BODY AND
OVERSEES THE USE OF GRANT F	UNDS OUTSIDE THE UNITED SI	TATES. THE USOC
AUDITS THE USBA EVERY THREE	YEARS. IN ADDITION, THE C	CEO MONITORS AND
VERIFIES THE USE OF GRANTS	RECEIVED.	
		~
32075 10-17-22	34	Schedule F (Form 990) 2022
50416 150872 197515		STATES BIATHLON AS 197515

SC	HEDULE J	Compensation Information	1	OMB No. 1	545-004	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	20)
		Compensated Employees		20		-
Depa	tment of the Treasury	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Publ	ic
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe	ction	
Nam	e of the organization	ı		identificatio		nber
		UNITED STATES BIATHLON ASSOCIATION	03-0	27995	9	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a	Check the appropri	ate 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 c	harter travel Housing allowance or residence for perso	nal use			
	Travel for com	panions Payments for business use of personal re	sidence			
	Tax indemnific	ation and gross-up payments Health or social club dues or initiation fee	s			
	Discretionary :	spending account Personal services (such as maid, chauffer	ur, chef)			
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or				
	reimbursement or p	rovision of all of the expenses described above? If "No," complete Part III to explain		1b		
2	Did the organization	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
3	Indicate which, if an	ny, of the following the organization used to establish the compensation of the organization's	;			
	CEO/Executive Dire	ector. Check all that apply. Do not check any boxes for methods used by a related organization	on to			
	establish compensa	ation of the CEO/Executive Director, but explain in Part III.				
	X Compensation	a committee Written employment contract				
	Independent of	compensation consultant Compensation survey or study				
	Form 990 of o	ther organizations X Approval by the board or compensation of	ommittee			
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 re	lated organization:				
а	Receive a severance	e payment or change-of-control payment?		4a		X
b	Participate in or rec	eive payment from a supplemental nonqualified retirement plan?		4b		X
с	Participate in or rec	eive payment from an equity-based compensation arrangement?		4c		X
	If "Yes" to any of lin	nes 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 of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the r					
						X
	Any related organiz	ation?				X
		or 5b, describe in Part III.				
6	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n			
	contingent on the r	et earnings of:				
						X
	Any related organiz	ation?				X
		or 6b, describe in Part III.				
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments				
		nes 5 and 6? If "Yes," describe in Part III		7		X
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	ne			
				8		X
9		id the organization also follow the rebuttable presumption procedure described in				
		1 53.4958-6(c)?				
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Sched	lule J (Forn	n 990)	2022

232111 10-18-22

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 and/or 1099-MISC and/or 1099-NEC compensation				(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)	
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(i)								
(ii)								
(i)								
(ii)								
(i)								
(ii)								
(i)								
(ii)								
(i)								
(ii								
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Schedule J (Form 990) 2022 UNITED STATES BIATHLON ASSOCIATION

Part III Supplemental Information

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

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



Name of the organization

UNITED STATES BIATHLON ASSOCIATION

03-0279959

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

UNDERSTANDING. TOLERANCE AND GOOD WILL BETWEEN INDIVIDUALS OF ALL

NATIONS.

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

THE MEMBERS ARE THE BOARD OF DIRECTORS

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

MEMBERS OF THE BOARD ASSESS THE GOVERNING BODY ANNUALLY AND HAVE THE POWER

TO APPOINT ONE OR MORE MEMBERS TO AT THEIR DISCRETION.

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

COPY OF FORM 990 WAS PROVIDED TO THE GOVERNING BODY BEFORE FILING.

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

THE COMPENSATION COMMITTEE FOR THE BOARD OF DIRECTORS REVIEWS THE PRESIDENT

CEO'S PERFORMANCE, AND OTHER SALARY DATA FROM SIMILAR ORGANIZATIONS WHEN &

DETERMINING THE APPROPRIATE COMPENSATION LEVEL.

FORM 990, PART VI, SECTION C, LINE 18:

FORM 990 IS AVAILABLE UPON REQUEST

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

AVAILABLE UPON REQUEST

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

Schedule O (Form 990) 2022

232211 10-28-22

38 2022.05080 UNITED STATES BIATHLON AS 197515_1

SCH	IEDULE R
	1

(Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

OMB No. 1545-0047

2022 Open to Public Inspection

Employer identification number 03 - 0279959

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

Name of the organization

UNITED STATES BIATHLON ASSOCIATION

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity		g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
UNITED STATES BIATHLON FOUNDATION -	TO PROMOTE THE OLYMPIC						
27-3551544, 49 PINELAND DRIVE, STE 301A, NEW	SPORT OF BIATHLON IN THE						
GLOUCESTER, ME 04260	UNITED STATES.	MAINE	501(C)3	LINE 11			Х
	-						
	-						

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

Schedule R (Form 990) 2022

Schedule R (Form 990) 2022 UNITED STATES BIATHLON ASSOCIATION

03-0279959 Page 2

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)		h)	(i)	(j	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling		Share of total	(9) Share of end-of-year assets	Disprop	ortionate itions?			al or Percentag ^{jing} er?
		country)		sections 512-514)		455015	Yes	No	K-1 (Form 1065)	Yes	
	1										
	1										
	1										
	1										
						-					
	1										
	1										
	1										
	1	1					I	I	1		

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.

			r						
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i	i)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct controlling entity	Type of entity (C corp, S corp,	Share of total income	Share of end-of-year	Percentage ownership	l contr	b)(13) rolled
of related organization		foreign	Criticy	or trust)	moonic	assets	ownersnip	enti	ity?
		country)				233013		Yes	No

Schedule R (Form 990) 2022 UNITED STATES BIATHLON ASSOCIATION

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

Net	e Complete line 1 if any antity is listed in Darte II. III. as N/ of this school de					Yes	No
	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. During the tax year, did the organization engage in any of the following transactions	with one or more re	latad arganizationa listad i			res	NO
'	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		U		1a		Х
					1b		X
	Gift, grant, or capital contribution from related organization(s)				1c	x	
					1d		Х
	Loans or loan guarantees by related organization(s)				1e		X
Ũ							
f	Dividends from related organization(s)				1f		Х
g	Sale of assets to related organization(s)				1g		Х
					1h		Х
i	Exchange of assets with related organization(s)				1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		Х
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		Х
I.	Performance of services or membership or fundraising solicitations for related organ	nization(s)			11	X	
m	Performance of services or membership or fundraising solicitations by related organ	nization(s)			1m		Х
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization	on(s)			1n	X	
ο	Sharing of paid employees with related organization(s)				10	X	
	Reimbursement paid to related organization(s) for expenses				1p		X
q	Reimbursement paid by related organization(s) for expenses				1q		Х
					1r		X
	Other transfer of cash or property from related organization(s)				1s		Х
2	If the answer to any of the above is "Yes," see the instructions for information on w	ho must complete th	nis line, including covered r	elationships and transaction thresholds.			
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount inv	olved		
<u>(1)</u> (INITED STATES BIATHLON FOUNDATION	N	1,000.	SQUARE FOOTAGE			
<u>(2)</u> โ	INITED STATES BIATHLON FOUNDATION	0	2,000.	HOURS WORKED			
<u>(3)</u> (INITED STATES BIATHLON FOUNDATION	L	2,000.	HOURS WORKED			
<u>(4)</u> ប	INITED STATES BIATHLON FOUNDATION	с	82,190.	DOLLARS RECEIVED			
<u>(4)</u> โ	INITED STATES BLATHLON FOUNDATION	C	82,190.	DOLLARS RECEIVED			

232163 09-14-22

Schedule R (Form 990) 2022 UNITED STATES BIATHLON ASSOCIATION

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

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

(a)	(b)	(c)	(d)	(e Are	e)	(f)	(g)	(۲	ו)	(i)	(j)	(k)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are partne 501(org	e all rs sec. c)(3)	Share of total	Share of	Dispr tion allocat	opor- iate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera manag	or Percentage
of entity		country)	excluded from tax under sections 512-514)	org Yes			end-of-year assets	allocat Yes	ions?	of Schedule K-1 (Form 1065)	partne	
				103	NO			163	NO	(************	1631	

Schedule R (Form 990) 2022

Schedule R (Form 990) 2022	
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Part VII Supplemental Information

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

232165 09-14-22	Schedule R (Form 990) 2022
43	

FORM 99	90 PAGE 10							990							
Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	ADMINISTRATIVE EQUIPMENT														
13	OFFICE FURNISHINGS	08/24/06	200DB	7.00	НҮ	17	3,900.				3,900.	3,900.		0.	3,900.
14	PHONE LINES IN OFFICE	09/15/06	200DB	5.00	НҮ	17	597.				597.	597.		٥.	597.
15	CUSHION	09/28/06	200DB	7.00	НҮ	17	168.				168.	168.		0.	168.
16	OFFICE FURNITURE	09/28/06	200DB	7.00	НҮ	17	12,776.				12,776.	12,776.		0.	12,776.
17	FILEMAKER DATABASE	11/20/06	200DB	5.00	НҮ	17	719.				719.	719.		0.	719.
26	FAX MACHINE	07/12/06	200DB	5.00	НҮ	17	600.				600.	600.		0.	600.
28	OFFICE FURNISHINGS	11/15/07	200DB	7.00	НҮ	17	750.				750.	750.		0.	750.
33	WIRELESS ROUTER AND HARDWARE	11/12/07	200DB	5.00	НҮ	17	537.				537.	537.		0.	537.
45	DULEY MACBOOK	03/10/10	200DB	5.00	MQ	17	3,880.				3,880.	3,880.		0.	3,880.
46	LCD HD PROJECTOR	04/16/10	200DB	7.00	MQ	17	852.				852.	852.		٥.	852.
51	APPLE COMPUTER	11/11/10	200DB	5.00	MQ	17	1,931.				1,931.	1,931.		0.	1,931.
52	APPLE COMPUTER	09/29/11	200DB	5.00	MQ	17	1,259.				1,259.	1,259.		٥.	1,259.
53	APPLE IPAD	05/01/12	200DB	5.00	MQ	17	500.				500.	500.		0.	500.
57	ALGIS COMPUTER	02/13/13	200DB	5.00	НҮ	17	1,220.				1,220.	1,220.		٥.	1,220.
58	NEW COMPUTER FOR TEAM	02/24/13	200DB	5.00	НҮ	17	1,006.				1,006.	1,006.		0.	1,006.
65	APPLE COMPUTER - MAX	12/02/16	200DB	5.00	MQ	17	2,076.				2,076.	2,076.		٥.	2,076.
72	MACBOOK AIR - 13 INCH SILVER	03/24/20	200DB	5.00	MQ	17	1,808.				1,808.	1,255.		221.	1,476.

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(D) - Asset disposed

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ORM 99	90 PAGE 10							990							
Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
73	APPLE MB PRO 16 COMPUTER - FEDE FONTANA	10/22/20	200DB	5.00	MQ	17	2,844.				2,844.	1,564.		512.	2,076.
74	MACBOOK PRO 16" LAPTOP	11/30/22	200DB	5.00	нү	19B	1,500.			1,500.				1,500.	
	* 990 PAGE 10 TOTAL - ADMINISTRATIVE EQUIPMENT						38,923.			1,500.	37,423.	35,590.		2,233.	36,323.
	PROGRAM EQUIPMENT														
3	VIDEO CAMERA	09/11/02	200DB	3.00	НУ	17	1,062.				1,062.	1,062.		0.	1,062.
4	SPOTTING SCOPE	01/01/04	200DB	5.00	нү	17	2,098.				2,098.	2,098.		0.	2,098.
5	SHOOTING SIMULATOR	05/04/99	200DB	5.00	НҮ	17	3,405.				3,405.	3,405.		0.	3,405.
6	SPOTTING SCOPE, TRIPOD	11/30/04	200DB	5.00	ну	17	2,098.				2,098.	2,098.		0.	2,098.
7	LACTATE ANALYZER	04/13/05	200DB	5.00	НҮ	17	1,097.				1,097.	1,097.		0.	1,097.
8	5 RADIOS W/ MICROPHONES	01/03/03	200DB	5.00	нү	17	2,245.				2,245.	2,245.		0.	2,245.
9	2 IZHMASH BIATHLON	07/01/00	200DB	5.00	ну	17	2,228.				2,228.	2,228.		0.	2,228.
10	HAND HELD TERMINALS	08/26/00	200DB	3.00	нү	17	1,055.				1,055.	1,055.		0.	1,055.
11	SKI TESTING	01/10/01	200DB	5.00	НУ	17	2,000.				2,000.	2,000.		٥.	2,000.
12	TRIGGER SYSTEMS	08/26/00	200DB	5.00	нү	17	1,600.				1,600.	1,600.		0.	1,600.
18	SCAT SHOOTING SYSTEM - 5	07/20/06	200DB	5.00	ну	17	5,920.				5,920.	5,920.		0.	5,920.
19	VIDEO CAMERA	09/15/06	200DB	5.00	НҮ	17	392.				392.	392.		0.	392.
20	SHOOTING TRAINING SYSTEM	11/17/06	200DB	5.00	НУ	17	3,480.				3,480.	3,480.		0.	3,480.
21	TWO SCATT SYSTEMS	01/30/07	200DB	5.00	НҮ	17	3,028.				3,028.	3,028.		0.	3,028.

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(D) - Asset disposed

FORM 99	90 PAGE 10							990							
Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
22	RADIO	02/28/07	200DB	5.00	нү	17	798.				798.	798.		0.	798.
23	CAMERA	05/05/07	200DB	5.00	нү	17	545.				545.	545.		0.	545.
24	RIFLE STOCK	06/28/07	200DB	5.00	нү	17	522.				522.	522.		0.	522.
25	ALTUIUS FIREARMS	11/17/06	200DB	5.00	НУ	17	10,153.				10,153.	10,153.		0.	10,153.
27	VIDEO CAMERA	07/23/07	200DB	5.00	ну	17	871.				871.	871.		0.	871.
29	RIFLE AND TARGET	04/02/07	200DB	5.00	НУ	17	1,851.				1,851.	1,851.		0.	1,851.
30	LARSEN RIFLE	07/07/07	200DB	5.00	НҮ	17	2,079.				2,079.	2,079.		٥.	2,079.
31	STRENGTH TRAINING MACHINE	08/14/07	200DB	5.00	НУ	17	1,768.				1,768.	1,768.		0.	1,768.
32	4 ANSCHUTZ RIFLES AND ACCESSORIES	08/07/07	200DB	5.00	НҮ	17	13,632.			·	13,632.	13,632.		0.	13,632.
34	TIGER PRESSURE SYSTEM	10/15/07	200DB	5.00	НҮ	17	1,432.				1,432.	1,432.		0.	1,432.
35	PANASONIC COMPUTER	10/18/07	200DB	5.00	НҮ	17	3,329.				3,329.	3,329.		0.	3,329.
36	DARTFISH VIDEO ANALYSIS SOFTWARE	11/07/07	SL	3.00	НУ	16	1,990.				1,990.	1,990.		0.	1,990.
37	ON/OFF SVERIGE	12/29/07	200DB	5.00	НҮ	17	505.				505.	505.		0.	505.
38	TIGER PRESSURE SYSTEM	12/16/08	200DB	5.00	НУ	17	1,560.				1,560.	1,560.		0.	1,560.
39	LASER	06/23/09	200DB	5.00	ну	17	217.				217.	217.		0.	217.
40	RIFLE AND TARGET	07/09/08	200DB	7.00	НҮ	17	702.				702.	702.		0.	702.
41	RIFLE AND TARGET	12/16/08	200DB	7.00	НҮ	17	1,923.				1,923.	1,923.		0.	1,923.
43	RIFLE AND TARGET	08/24/09	200DB	5.00	MQ	17	11,876.				11,876.	11,876.		0.	11,876.

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(D) - Asset disposed

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ORM 99	00 PAGE 10					-		990	-						
Asset No.	Description	Date Acquired	Method	Life	C L on ♪ v	Line ^{No.} C	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
44	HORA RIFLE AND TARGET	05/17/10	200DB	5.00	MQ1	17	8,652.				8,652.	8,652.		0.	8,652.
47	ALTIUS BIATHLON RIFLE	07/30/10	200DB	5.00	MQ1	17	2,782.				2,782.	2,782.		0.	2,782.
48	RIFLE TESTING	08/30/10	200DB	5.00	MQ1	17	2,016.				2,016.	2,016.		٥.	2,016.
49	RIFLE STOCK	08/31/11	200DB	5.00	MQ1	17	2,191.				2,191.	2,191.		0.	2,191.
50	TWO WAY RADIOS	11/26/10	200DB	5.00	MQ1	17	1,092.				1,092.	1,092.		0.	1,092.
54	ROLLER SKIS AND WHEELS	08/17/12	200DB	5.00	HY1	17	1,228.				1,228.	1,228.		0.	1,228.
55	2 WALKIE TALKIE RADIOS	11/29/12	200DB	5.00	HY1	17	760.				760.	760.		0.	760.
56	CATAPULT GPS SYSTEM	02/26/13	200DB	5.00	HY1	17	8,000.				8,000.	8,000.		0.	8,000.
60	APPLE COMPUTER	09/12/13	200DB	5.00	НУ1	17	1,259.			Ť	1,259.	1,259.		0.	1,259.
61	WINTERSTEIGER TOOLS FOR US GRINDING MACHINE	10/02/13	200DB	5.00	HY1	17	1,995.				1,995.	1,995.		0.	1,995.
62	DESSCO GENERATOR FOR SKI GRINDING IN SOCHI	10/15/13	200DB	5.00	HY1	17	5,088.				5,088.	5,088.		0.	5,088.
63	6 TARGETS FOR LAKE PLACID	11/19/13	200DB	5.00	HY1	17	40,257.				40,257.	40,257.		0.	40,257.
64	LASER SHOOTING SYSTEM	08/12/15	200DB	5.00	ну1	17	1,618.				1,618.	1,618.		0.	1,618.
67	2 WALNUT SPRINT .22LR RIFLES	07/01/17	200DB	5.00	НУ1	17	5,700.				5,700.	5,372.		328.	5,700.
68	AUSZAHLUNG GRINDING MACHINE	07/24/17	200DB	5.00	ну1	17	17,288.				17,288.	16,292.		996.	17,288.
	WINTERSTEIGER GRINDING														
69	MACHINE	01/23/18	200DB	5.00	HY1	17	22,344.				22,344.	21,057.		1,287.	22,344.
= ^	2 ANSCHUTZ NS BIATHLON	00/00/10	0000-	F 00			0 005				0 005	C 10C		0.05	P 244
70	RIFLES 4 ANSCHUTZ RIFLES AND	06/30/19	200DB	5.00	MQ1	17	8,085.				8,085.	6,426.		885.	7,311.
71	ACCESSORIES	09/20/19	200DB	5.00	MQ1	17	15,453.				15,453.	11,837.		1,702.	13,539.

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(D) - Asset disposed

FORM 99	90 PAGE 10			-				990	-	-	-	-	-		
Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	* 990 PAGE 10 TOTAL -														
	PROGRAM EQUIPMENT						233,269.				233,269.	225,383.		5,198.	230,581.
	VEHICLES														
66	2017 VW GOLF	05/16/17	200DB	5.00	MQ	17	25,963.				25,963.	25,963.		0.	25,963.
	* 990 PAGE 10 TOTAL -						•								
	VEHICLES						25,963.				25,963.	25,963.		0.	25,963.
	PARALYMPIC PROGRAM EQUIPMENT														
	* 990 PAGE 10 TOTAL -														
	PARALYMPIC PROGRAM EQUIPMENT						0.				0.	0.		0.	0.
	* GRAND TOTAL 990 PAGE 10 DEPR						200 155			1,500.	296,655.	286,936.		7 421	202 867
	DEPR						298,155.			1,500.	290,055.	200,930.		7,431.	292,867.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						296,655.			0.	296,655.	286,936.			292,867.
	ACQUISITIONS						1,500.			1,500.	0.	0.			0.
	DISPOSITIONS/RETIRED						0.			0.	0.	0.			0.
	ENDING BALANCE						298,155.			1,500.	296,655.	286,936.			292,867.
	ENDING ACCUM DEPR											294,367.			
	ENDING BOOK VALUE											3,788.			

(D) - Asset disposed

1560		Deprec	iation a	and Am	ortizatio	n		OMB No. 1545-0172
-orm 4562					ed Property			2022
Department of the Treesury			Attach to y	your tax retu	rn.			
Department of the Treasury nternal Revenue Service	Go to	www.irs.gov/Fo	rm4562 for i					Sequence No. 179
Name(s) shown on return				Busine	ess or activity to whic	h this form relates		Identifying number
UNITED STATE:	S BIATHLON	ASSOCIAT	TION	FOR	M 990 PA	GE 10		03-0279959
Part I Election To Exp	pense Certain Property	y Under Section 17	79 Note: If yo	u have any lis	sted property, c	omplete Part	V before yo	u complete Part I.
1 Maximum amount (s	ee instructions)						. 1	1,080,000.
2 Total cost of section								
3 Threshold cost of se								2,700,000.
4 Reduction in limitation				•			4	
5 Dollar limitation for tax year	. Subtract line 4 from line 1	I. If zero or less, enter -	0 If married filing				5	
6	(a) Description of prop	perty		(b) Cost (busin	ess use only)	(c) Elected of	cost	
7 Listed property. Ente	er the amount from I	line 29			7			
8 Total elected cost of) lines 6 and ⁻			8	
9 Tentative deduction.								
10 Carryover of disallow								
11 Business income lim								
12 Section 179 expense							12	
13 Carryover of disallow					13			
Note: Don't use Part II o		,						
	preciation Allowan					-		
14 Special depreciation						-		4 = 0.0
								1,500.
15 Property subject to s	section 168(f)(1) elec	ction					15	
16 Other depreciation (i	ncluding ACRS)						16	
Part III MACRS De	epreciation (Don't i	include listed pro	perty. See in	structions.)				
			Se	ection A				
17 MACRS deductions	for assets placed in	service in tax ye	ars beginning	g before 2022			17	5,931.
18 If you are electing to group								
S	Section B - Assets I			*	Jsing the Gene	ral Deprecia	tion Systen	1
(a) Classification	of property	(b) Month and year placed in service	(business/in	r depreciation ivestment use instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property								
b 5-year property								
c 7-year property								
d 10-year property	,							
e 15-year property								
f 20-year property								
g 25-year property					25 yrs.		S/L	
g zo your property		1			27.5 yrs.	ММ	S/L	
h Residential renta	al property	/			27.5 yrs. 27.5 yrs.	MM	S/L S/L	
		/					S/L S/L	
i Nonresidential re	eal property				39 yrs.	MM	S/L S/L	
<u> </u>	ction C - Assets PI	/	During 2022	Tax Voor He	ing the Alterne	MM MM		
	Clion C - Assels Pi							
20a Class life					10		S/L	
b 12-year					12 yrs.		S/L	
c 30-year		/			30 yrs.	MM	S/L	
d 40-year		/			40 yrs.	MM	S/L	
	(See instructions.)							
21 Listed property. Ente							21	
22 Total. Add amounts	from line 12, lines 1	4 through 17, lin	es 19 and 20) in column (g)), and line 21.			
Enter here and on th	e appropriate lines o	of your return. Pa	artnerships ar	nd S corporat	ions - s <u>ee instr.</u>		22	7,431.
23 For assets shown ab	ove and placed in s	service during the	current year	, enter the				
portion of the basis a	attributable to section	on 263A costs			23			
216251 12-08-22 IHA FO	Paperwork Reduc	tion Act Notice	see senara	te4nstruction	ie.			Form 4562 (2022)

216251 12-08-22 LHA For Paperwork F 15250416 150872 197515

2022.05080 UNITED STATES BIATHLON AS 197515_1

	m 4562 (2022)		TED STA									03-	0279	959	Page 2
P	art V Listed Proper entertainment,				er vehicle	s, cert	ain aircr	aft, anc	d property	used for					
	Note: For any	vehicle for w	hich you are u	, sing the	standard	mileag	e rate o	deduc	cting lease	e expense	e, comp	lete on	ly 24a,		
	24b, columns	(a) through (c	c) of Section A,	all of Se	ection B, a	and Se	ction C i	f applic	cable.	-			-		
		-	on and Other		· · ·										
<u>24a</u>	Do you have evidence to s		siness/investme (c)	nt use cia		<u> </u>	es	<u>No</u>	24b If "Y	T Ó				_ Yes ∟ ∣	<u>No</u>
	(a) Type of property	(b) Date	Business/		(d) Cost or	Bas	(e) is for depre	ciation	(f) Recovery	Met	3)		h) ciation		(i) cted
	(list vehicles first)	placed in service	investment use percentag	ot	her basis	(bus	siness/inve use onlv	sument	period	Conve			iction		on 179
05	Special depreciation all				placed in		,	<i>′</i>							ost
25					•		0		,		25				
26	used more than 50% in Property used more that								<u></u>	<u></u>	25				
20				6											
		: :		6											
				6											
27	Property used 50% or le	ess in a qualit	,	-		-									
			I	6						S/L -					
		: :		6						S/L -					
		: :		6						S/L -					
28	Add amounts in column		,		and on li	ne 21.	page 1				28				
	Add amounts in column												29		
		. (,),			3 - Inform										
Cor	nplete this section for ve	hicles used l								related r	berson.	lf vou pr	ovided v	/ehicles	
	our employees, first ans				-					•					
,	,				,					3					
				(a)	(b)		(c)	(d)	(6	e)	(1	;)
30	Total business/investment	miles driven d	uring the		nicle	-	nicle		ehicle	Vehi		Veh	-	Veh	
	year (don't include commu		•												
31	Total commuting miles														
	Total other personal (no														
	driven														
33	Total miles driven during														
	Add lines 30 through 32	2													
34	Was the vehicle availab			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	during off-duty hours?														
35	Was the vehicle used p	rimarily by a	more												
	than 5% owner or relate	ed person?													
36	Is another vehicle availa	ble for perso	nal												
	use?	<u></u>													
		Section C	- Questions f	or Empl	oyers Wh	o Prov	vide Veh	icles fo	or Use by	Their E	nploye	es			
۸ni	wer these questions to	determine if y	/ou meet an e>	ception	to comple	eting S	ection E	for vel	hicles use	d by em	oloyees	who ar	ren't		
AIR															
mo	re than 5% owners or rel														No
mo	re than 5% owners or rel Do you maintain a writte			ohibits a	ll persona	l use o	f vehicle	s, inclu	iding com	imuting, I	oy your			Yes	
mo	Do you maintain a writte	en policy stat									oy your			Yes	
moi 37	Do you maintain a writte	en policy stat	ement that pro											Yes	
moi 37	Do you maintain a writte employees?	en policy stat	tement that protected	ohibits p	ersonal us	se of ve	ehicles,	except	commutii	ng, by yo	ur				
moi 37 38 39	Do you maintain a writte employees? Do you maintain a writte employees? See the ins Do you treat all use of v	en policy stat en policy stat structions for ehicles by er	tement that protections that protection that p	ohibits p by corp ersonal u	ersonal us orate offic use?	se of ve ers, di	ehicles, rectors,	except or 1% c	commutii or more o	ng, by yo wners	ur				
moi 37 38 39	Do you maintain a writte employees? Do you maintain a writte employees? See the ins Do you treat all use of v Do you provide more th	en policy stat en policy stat structions for ehicles by er an five vehic	tement that protected to the protected t	ohibits p by corp ersonal u ployees,	ersonal us orate offic use? obtain inf	se of ve ers, di ormati	ehicles, rectors, on from	except or 1% c your er	commutii or more o mployees	ng, by yo wners about	ur				
moi 37 38 39 40	Do you maintain a writte employees? Do you maintain a writte employees? See the ins Do you treat all use of v Do you provide more th the use of the vehicles,	en policy stat en policy stat structions for ehicles by er an five vehic and retain th	tement that pro- tement that pro- vehicles used nployees as pe- les to your em e information i	ohibits p by corp ersonal u ployees, received	ersonal us orate offic use? obtain inf ?	se of ve ers, di ormati	ehicles, o rectors, on from	except or 1% c your er	commutii or more or mployees	ng, by yo wners about	ur				
<u>moi</u> 37 38 39 40	Do you maintain a writte employees? Do you maintain a writte employees? See the ins Do you treat all use of v Do you provide more th the use of the vehicles, Do you meet the require	en policy stat en policy stat structions for ehicles by er an five vehic and retain th ements conce	tement that provide the provident that provide the provident that provide the provide the provide the provide the provident the	bhibits p by corp ersonal u ployees, received d autome	ersonal us orate offic use? obtain inf ? obtile dem	se of ve ers, di ormati	ehicles, rectors, on from tion use?	except or 1% c your er	commutii or more o mployees	ng, by yo wners about	ur				
moi 37 38 39 40 41	Do you maintain a writte employees? Do you maintain a writte employees? See the ins Do you treat all use of v Do you provide more th the use of the vehicles, Do you meet the require Note: If your answer to	en policy stat en policy stat structions for ehicles by er an five vehic and retain th ements conce	tement that provide the provident that provide the provident that provide the provide the provide the provide the provident the	bhibits p by corp ersonal u ployees, received d autome	ersonal us orate offic use? obtain inf ? obtile dem	se of ve ers, di ormati	ehicles, rectors, on from tion use?	except or 1% c your er	commutii or more o mployees	ng, by yo wners about	ur				
moi 37 38 39 40 41	Do you maintain a writte employees? Do you maintain a writte employees? See the ins Do you treat all use of v Do you provide more th the use of the vehicles, Do you meet the require Note: If your answer to art VI Amortization	en policy stat en policy stat structions for ehicles by er an five vehic and retain th ements conce	tement that provide the provident that provide the provident that provide the provide the provide the provide the provident the	bhibits p by corp ersonal u oloyees, received d automo s," don'i	ersonal us orate offic use? obtain inf ? obtile dem	se of ve ers, di ormati onstrat	ehicles, rectors, on from tion use?	except or 1% c your er	commutii or more or mployees vered veh	ng, by yo wners about	ur				
moi 37 38 39 40 41	Do you maintain a writte employees? Do you maintain a writte employees? See the ins Do you treat all use of v Do you provide more th the use of the vehicles, Do you meet the require Note: If your answer to	en policy stat tructions for ehicles by er an five vehic and retain th ements conce 37, 38, 39, 4	ement that provide that provide that provide that provide that provide the second seco	bhibits p by corp ersonal u ployees, received d autome	ersonal us orate offic use? obtain inf ? obtile dem complete	se of ve ers, di ormati onstrat Section (c)	ehicles, rectors, on from tion use on B for	except or 1% c your er	commutii or more o mployees	ng, by yo wners about	ur		Ar	(f)	
mo 37 38 39 40 41 P	Do you maintain a writte employees? Do you maintain a writte employees? See the ins Do you treat all use of v Do you provide more th the use of the vehicles, Do you meet the require Note: If your answer to art VI Amortization (a) Description o	en policy stat en policy stat structions for ehicles by er an five vehic and retain th ements conce <u>37, 38, 39, 4</u> f costs	tement that provide that provid	bhibits p by corp ersonal u ployees, received d automo s," don't (b) amortization begins	ersonal us orate offic use? obtain inf ? oblie dem t complete	se of ve ers, di ormati onstrat	ehicles, rectors, on from tion use? on B for	except or 1% c your er	commutii or more or mployees <u>vered veh</u> (d)	ng, by yo wners about icles.	ur 	tion	Ar		
moi 37 38 39 40 41 P	Do you maintain a writte employees? Do you maintain a writte employees? See the ins Do you treat all use of v Do you provide more th the use of the vehicles, Do you meet the require Note: If your answer to art VI Amortization (a)	en policy stat en policy stat structions for ehicles by er an five vehic and retain th ements conce <u>37, 38, 39, 4</u> f costs	tement that provide that provid	bhibits p by corp ersonal u ployees, received d automo s," don't (b) amortization begins	ersonal us orate offic use? obtain inf ? oblie dem t complete	se of ve ers, di ormati onstrat Section (c)	ehicles, rectors, on from tion use? on B for	except or 1% c your er	commutin or more ov mployees vered veh (d) Code	ng, by yo wners about icles.	ur (e) Amortiza	tion	Ar	(f)	
mo 37 38 39 40 41 P	Do you maintain a writte employees? Do you maintain a writte employees? See the ins Do you treat all use of v Do you provide more th the use of the vehicles, Do you meet the require Note: If your answer to art VI Amortization (a) Description o	en policy stat en policy stat structions for ehicles by er an five vehic and retain th ements conce <u>37, 38, 39, 4</u> f costs	tement that provide that provid	bhibits p by corp ersonal u ployees, received d automo s," don't (b) amortization begins	ersonal us orate offic use? obtain inf ? oblie dem t complete	se of ve ers, di ormati onstrat Section (c)	ehicles, rectors, on from tion use? on B for	except or 1% c your er	commutin or more ov mployees vered veh (d) Code	ng, by yo wners about icles.	ur (e) Amortiza	tion	Ar	(f)	
moi 37 38 39 40 41 P a 42	Do you maintain a writte employees? Do you maintain a writte employees? See the ins Do you treat all use of v Do you provide more th the use of the vehicles, Do you meet the require Note: If your answer to art VI Amortization (a) Description of Amortization of costs th	en policy stat en policy stat structions for ehicles by er an five vehic and retain th ements conce 37, 38, 39, 4 f costs at begins du	tement that provide the provident that provide the provide the provident that provide the provident the provid	bhibits p by corp ersonal u bloyees, received d automo s," don'it amortization begins t tax yea i i i	ersonal us orate offic use? obtain inf ? obile demo t complete r:	se of ve ers, di ormati onstrat Section (c)	ehicles, rectors, on from tion use? on B for	except or 1% c your er	commutin or more ov mployees vered veh (d) Code	ng, by yo wners about icles.	ur (e) Amortiza	tion centage	Ar	(f)	
moi 37 38 39 40 41 41 <u>42</u> 43	Do you maintain a writte employees? Do you maintain a writte employees? See the ins Do you treat all use of v Do you provide more th the use of the vehicles, Do you meet the require Note: If your answer to art VI Amortization (a) Description o	en policy stat en policy stat structions for ehicles by er an five vehic and retain th ements conce <u>37, 38, 39, 4</u> f costs at begins du	tement that provide that provid	bhibits p by corp ersonal u bloyees, received d automo s," don'it (b) (b) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	ersonal us orate offic use? obtain inf ? obtile demo t complete r:	ers, di ormati onstrat e Sectio (c) mortizab amount	ehicles, rectors, on from tion use? on B for	except or 1% c your er the cov	commutii or more or mployees vered veh (d) Code section	ng, by yo wners about icles.	(e) Amortiza eeriod or per	tion	Ar	(f)	

Form 8938 (Rev. November 202 Department of the Treas	,		ment of Specified Fore www.irs.gov/Form8938 for instruc Attach to your ta	ctions and th ax return.	e latest informatio	n.	OMB No. 1545-2195 Attachment
Internal Revenue Service	e	For calendar year	or tax year beginning 07	7/01/22	and ending 06 /	30/23.	Sequence No. 938
	lf you	have attached addition	onal statements, check here	N	umber of additiona	I statements	S
1 Name(s) sho			IATHLON ASSOCIATI	ON	2 Taxpay 03-0279		on number (TIN)
3 Type of filer					•		
a Spe	ecified in	dividual b	Partnership c	Corpora	ition	d	Trust
4 If you checke	ed box 3	a, skip this line 4. If yo	ou checked box 3b or 3c, enter the	name and TI	N of the specified in	idividual who	closely holds the
partnership o	or corpo	ration. If you checked	box 3d, enter the name and TIN of	the specified	l person who is a cu	rrent benefic	iary of the trust.
(See instruct	tions for	definitions and what to	o do if you have more than one spe	ecified individ	ual or specified pers	son to list.)	
a Name					b TIN		
Part I Fore	eign De	eposit and Custo	dial Accounts Summary				
5 Number of d	leposit a	ccounts (reported in P	art V)				111.050
6 Maximum va	alue of al	I deposit accounts .				\$	114,970.
7 Number of c	ustodial	accounts (reported in	Part V)				
		l custodial accounts				\$	
			unts closed during the tax year?			. Y	es X No
		eign Assets Sum					
		sets (reported in Part	,			•	
		l assets (reported in Pa	,			\$	77
		ets acquired or sold d	ibutable to Specified Forei	ian Financ	ial Accate (acc	instructio	
	innary		•			e reported	
(a) Asset cate	gory	(b) Tax item	(c) Amount reported on form or schedule	(d)	Form and line	·	Schedule and line
10 Familian dama	a:4 a a a	a latenaat		(u)		(0)	
13 Foreign depos		a Interest	\$				
		b Dividends	\$				
		c Royalties	\$				
		d Other income	\$				
		e Gains (losses) f Deductions	\$				
		g Credits	\$				
14 Other foreign	accote	a Interest	\$				
	assets	b Dividends	\$				
		c Royalties	\$				
		d Other income	\$				
		e Gains (losses)	\$				
		f Deductions	\$				
		g Credits	\$				
Part IV Exce	epted s		n Financial Assets (see inst	tructions)		1	
			on one or more of the following fo		e number of such fo	rms filed. Yo	u do not need to
		orm 8938 for the tax y	Ŭ				
15 Number of Fo			16 Number of Forms 3520	-A	17	Number of F	Forms 5471
18 Number of Fo			19 Number of Forms 8865				

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 8938 (Rev. 11-2021)

	(Rev. 11-2021)
Part V	Detailed Information for Each Foreign Deposit and Custodial Account Included in the Part I Summary

	(see instruct	ions)								
lf you	u have more than one a	iccount to	o report in F	art V, attach a separate stater	nent for	each addit	ional account. Se	ee instruction	S.	
20	Type of account	a X b	Deposit Custodial				Account number 04070777		ignation	
22	Check all that apply	a 🗌 .	Account op	ened during tax year b	Ac	count close	ed during tax yea	r		
		c 🗌 .	Account joi	ntly owned with spouse d	No	tax item re	ported in Part III	with respect	to this ass	et
23	Maximum value of acc	count du	ring tax yea	·						14,970.
24	Did you use a foreign	currency	exchange r	ate to convert the value of the	accour	t into U.S.	dollars?	X \	/es [No
25	If you answered "Yes'	" to line 2	4, complete	all that apply.						
	(a) Foreign currency i	in which	account	(b) Foreign currency exchar	ige rate	used to	(c) Source of e	•		
	is maintained			convert to U.S. dollars			Treasury Depar	tment's Bure	au of the F	iscal Service
	ROPEAN UNION									
	Name of financial inst KREISSPARKA	SSE 7	FRAUNS	TEIN-TROS			al Intermediary Id		Number (Gl	IN) (Optional)
	LUDWIG-THOM	A-STI	R. 4	hich account is maintained. N	umber,	street, and	room or suite no			
	TRAUNSTEIN			nd ZIP or foreign postal code GERMANY			83278			
Pa	rt VI Detailed In	format	ion for Ea	ach "Other Foreign Ass	et" In	cluded ir	the Part II S	ummary	(see inst	ructions)
lf you	u have more than one a	isset to re	eport in Parl	VI, attach a separate stateme	nt for ea	ach additio	nal asset. See ins	structions.		
29	Description of asset				30	Identifying	number or other	designation		
31	Complete all that app	ly. See in	structions f	or reporting of multiple acquis	tion or o	disposition	dates.			
а				licable						
b	Date asset disposed of	of during	tax year, if a	applicable						
C							titem reported in		respect to t	his asset
32	Maximum value of ass	set during	g tax year (c	heck box that applies)						
а	,	b		001 - \$100,000 c 🗌	\$10	0,001 - \$15	0,000	d \$15	0,001 - \$20	00,000
e	If more than \$200,000				·····				<u>\$</u>	
33				ate to convert the value of the	asset ir	nto U.S. do	llars?		🔄 Ye	s 🔄 No
34	If you answered "Yes"						(2) Courses of a			h fua na 11 O
	(a) Foreign currency i denominated	In which a	asset is	(b) Foreign currency exchar convert to U.S. dollars	ige rate	used to	(c) Source of e Treasury Depar			
	denominated									
35	If assot reported on lir	20 is s	tock of a fo	I reign entity or an interest in a t	foreign	ntity onto	the following inf	ormation for	the accet	
	Name of foreign entity			eightennity of an interest in a			(Optional)	Onnation for	une asset.	
u	Name of foreign entity	/					(Optional)			
с	Type of foreign entity		(1)	Partnership (2)	С	orporation	(3)	Trust	(4)	Estate
		eign entit		street, and room or suite no.			(-)			
		9	·,····,							
e	City or town, state or	province	, country, ar	nd ZIP or foreign postal code						
36	If asset reported on lir	ne 29 is r	ot stock of	a foreign entity or an interest i	n a forei	gn entity, e	enter the following	g information	for the ass	et.
	Note: If this asset has or counterparty. See i			er or counterparty, attach a se	parate s	tatement v	vith the same info	ormation for e	each additic	onal issuer
а	Name of issuer or cou	Interpart	/							
	Check if information is	s for		Issuer Counter	party					
b	Type of issuer or cour	nterparty						_		
	(1) Individual		(2)	Partnership (3)	C	orporation	(4)	Trust	(5)	Estate
	Check if issuer or cou				Foreign	person				
d	Mailing address of iss	uer or co	unterparty.	Number, street, and room or s	uite no.					
е	City or town, state or	province	, country, ar	nd ZIP or foreign postal code						
223022	2 04-01-22			52				Fo	orm 8938	(Rev. 11-2021)

- CURRENT YEAR FEDERAL -

UNITED STATES BIATHLON ASSOCIATION

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	ADMINISTRATIVE EQUIPMENT											
	OFFICE FURNISHINGS PHONE LINES IN	082406	200DB	7.00	17	3,900.			3,900.	3,900.		0.
		091506	200DB	5.00	17	597.			597.	597.		0.
15	CUSHION	092806	200DB	7.00	17	168.			168.	168.		0.
16	OFFICE FURNITURE	092806	200DB	7.00	17	12,776.			12,776.	12,776.		0.
17	FILEMAKER DATABASE	112006	200DB	5.00	17	719.			719.	719.		0.
26	FAX MACHINE	071206	200DB	5.00	17	600.			600.	600.		0.
		111507	200DB	7.00	17	750.			750.	750.		0.
	WIRELESS ROUTER AND HARDWARE	111207	200DB	5.00	17	537.			537.	537.		0.
45	DULEY MACBOOK	031010	200DB	5.00	17	3,880.			3,880.	3,880.		0.
46	LCD HD PROJECTOR	041610	200DB	7.00	17	852.			852.	852.		0.
51	APPLE COMPUTER	111110	200DB	5.00	17	1,931.			1,931.	1,931.		0.
52	APPLE COMPUTER	092911	200DB	5.00	17	1,259.			1,259.	1,259.		0.
53	APPLE IPAD	050112	200DB	5.00	17	500.			500.	500.		0.
		021313	200DB	5.00	17	1,220.			1,220.	1,220.		0.
58		022413	200DB	5.00	17	1,006.			1,006.	1,006.		0.
65		120216	200DB	5.00	17	2,076.			2,076.	2,076.		0.
	MACBOOK AIR - 13 INCH SILVER	032420	200DB	5.00	17	1,808.			1,808.	1,255.		221.

228102 04-01-22

(D) - Asset disposed

- CURRENT YEAR FEDERAL -

UNITED STATES BIATHLON ASSOCIATION

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
73	APPLE MB PRO 16 COMPUTER - FEDE FON	10222	0200DB	5.00	17	2,844.			2,844.	1,564.		512.
		11302	2200DB	5.00	19B	1,500.		1,500.				1,500.
	* 990 PAGE 10 TOTAL - ADMINISTRATIVE EQ					38,923.		1,500.	37,423.	35,590.		2,233.
	PROGRAM EQUIPMENT											
3	VIDEO CAMERA	09110	2200DB	3.00	17	1,062.			1,062.	1,062.		0.
4	SPOTTING SCOPE	01010	4200DB	5.00	17	2,098.			2,098.	2,098.		0.
		05049	9200DB	5.00	17	3,405.			3,405.	3,405.		0.
	SPOTTING SCOPE, TRIPOD	11300	4200DB	5.00	17	2,098.			2,098.	2,098.		0.
7		04130	5200DB	5.00	17	1,097.			1,097.	1,097.		0.
8	5 RADIOS W/ MICROPHONES	01030	3200DB	5.00	17	2,245.			2,245.	2,245.		0.
9	2 IZHMASH BIATHLON	07010	0200DB	5.00	17	2,228.			2,228.	2,228.		0.
10	HAND HELD TERMINALS	08260	0200DB	3.00	17	1,055.			1,055.	1,055.		0.
11	SKI TESTING	01100	1200DB	5.00	17	2,000.			2,000.	2,000.		0.
		08260	0200DB	5.00	17	1,600.			1,600.	1,600.		0.
	SCAT SHOOTING SYSTEM - 5	07200	6200DB	5.00	17	5,920.			5,920.	5,920.		0.
		09150	6200DB	5.00	17	392.			392.	392.		0.
	SHOOTING TRAINING SYSTEM	11170	6200DB	5.00	17	3,480.			3,480.	3,480.		0.
21	TWO SCATT SYSTEMS	01300	7200DB	5.00	17	3,028.			3,028.	3,028.		0.

228102 04-01-22

(D) - Asset disposed

- CURRENT YEAR FEDERAL -

UNITED STATES BIATHLON ASSOCIATION

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
22	RADIO	022807	200DB	5.00	17	798.			798.	798.		0.
23	CAMERA	050507	200DB	5.00	17	545.			545.	545.		0.
24	RIFLE STOCK	062807	200DB	5.00	17	522.			522.	522.		0.
25	ALTUIUS FIREARMS	111706	200DB	5.00	17	10,153.			10,153.	10,153.		0.
27	VIDEO CAMERA	072307	200DB	5.00	17	871.			871.	871.		0.
29	RIFLE AND TARGET	040207	200DB	5.00	17	1,851.			1,851.	1,851.		0.
		070707	200DB	5.00	17	2,079.			2,079.	2,079.		0.
31		081407	200DB	5.00	17	1,768.			1,768.	1,768.		0.
32	4 ANSCHUTZ RIFLES AND ACCESSORIES	080707	200DB	5.00	17	13,632.			13,632.	13,632.		0.
	TIGER PRESSURE SYSTEM	101507	200DB	5.00	17	1,432.			1,432.	1,432.		0.
		101807	200DB	5.00	17	3,329.			3,329.	3,329.		0.
	DARTFISH VIDEO ANALYSIS SOFTWARE	110707	SL	3.00	16	1,990.			1,990.	1,990.		0.
	ON/OFF SVERIGE	122907	200DB	5.00	17	505.			505.	505.		0.
	TIGER PRESSURE SYSTEM	121608	200DB	5.00	17	1,560.			1,560.	1,560.		0.
39	LASER	062309	200DB	5.00	17	217.			217.	217.		0.
40	RIFLE AND TARGET	070908	200DB	7.00	17	702.			702.	702.		0.
41	RIFLE AND TARGET	121608	200DB	7.00	17	1,923.			1,923.	1,923.		0.
43	RIFLE AND TARGET	082409	200DB	5.00	17	11,876.			11,876.	11,876.		0.

228102 04-01-22

(D) - Asset disposed

- CURRENT YEAR FEDERAL -

UNITED STATES BIATHLON ASSOCIATION

Asset No.	Description	Dat Acqui		Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	HORA RIFLE AND TARGET	0515	710	200DB	5.00	17	8,652.			8,652.	8,652.		0.
	ALTIUS BIATHLON			200000	5.00	– ′	0,052.			0,052.	0,052.		
47	RIFLE	0730	010	200DB	5.00	17	2,782.			2,782.	2,782.		0.
48	RIFLE TESTING	0830	010	200DB	5.00	17	2,016.			2,016.	2,016.		0.
49	RIFLE STOCK	0831	11	200DB	5.00	17	2,191.			2,191.	2,191.		0.
		1126	510	200DB	5.00	17	1,092.			1,092.	1,092.		0.
54		0817	12	200DB	5.00	17	1,228.			1,228.	1,228.		0.
	2 WALKIE TALKIE RADIOS	1129	12	200DB	5.00	17	760.			760.	760.		0.
56	CATAPULT GPS SYSTEM	0226	513	200DB	5.00	17	8,000.			8,000.	8,000.		0.
	APPLE COMPUTER WINTERSTEIGER TOOLS	0912	213	200DB	5.00	17	1,259.			1,259.	1,259.		0.
61	FOR US GRINDING MAC DESSCO GENERATOR	1002	213	200DB	5.00	17	1,995.			1,995.	1,995.		0.
62	FOR SKI GRINDING IN	1015	513	200DB	5.00	17	5,088.			5,088.	5,088.		0.
	6 TARGETS FOR LAKE PLACID	1119	913	200DB	5.00	17	40,257.			40,257.	40,257.		0.
	LASER SHOOTING SYSTEM	0812	215	200DB	5.00	17	1,618.			1,618.	1,618.		0.
	2 WALNUT SPRINT .22LR RIFLES	0701	17	200DB	5.00	17	5,700.			5,700.	5,372.		328.
	AUSZAHLUNG GRINDING									-	-		
	MACHINE WINTERSTEIGER	0/24	ŧμ /	200DB	5.00	17	17,288.			17,288.	16,292.		996.
69	GRINDING MACHINE	0123	318	200DB	5.00	17	22,344.			22,344.	21,057.		1,287.
	2 ANSCHUTZ NS			20055			0 005			0 005	C 40C		0.05
	BIATHLON RIFLES 4 ANSCHUTZ RIFLES	0630	л <u>т</u> 9	200DB	00.C	17	8,085.			8,085.	6,426.		885.
		0920	19	200DB	5.00	17	15,453.			15,453.	11,837.		1,702.

228102 04-01-22

(D) - Asset disposed

- CURRENT YEAR FEDERAL -

UNITED STATES BIATHLON ASSOCIATION

Asset No.	Description	Da Acqu	ite Jired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	* 990 PAGE 10 TOTAL - PROGRAM EQUIPMENT						233,269.		0.	233,269.	225,383.		5,198.
	VEHICLES												
66	2017 VW GOLF * 990 PAGE 10 TOTAL	051	617	200DB	5.00	17	25,963.			25,963.	25,963.		0.
	- VEHICLES						25,963.		0.	25,963.	25,963.		0.
	PARALYMPIC PROGRAM EQUIPMENT												
	* 990 PAGE 10 TOTAL - PARALYMPIC PROGRA						0.		0.	0.	0.		0.
	* GRAND TOTAL 990 PAGE 10 DEPR						298,155.		1,500.	296,655.	286,936.		7,431.
	CURRENT YEAR ACTIVITY												
	BEGINNING BALANCE						296,655.		0.	296,655.	286,936.		
	ACQUISITIONS						1,500.		1,500.	0.	0.		
	DISPOSITIONS						0.		0.	0.	0.		
	ENDING BALANCE						298,155.		1,500.	296,655.	286,936.		

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- NEXT YEAR FEDERAL -

UNITED STATES BIATHLON ASSOCIATION

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
	ADMINISTRATIVE EQUIPMENT								
	OFFICE FURNISHINGS	082406	200DB	7.00	3,900.		3,900.		0.
14		091506			597.		597.	597.	0.
	CUSHION	092806	200DB	7.00	168.		168.	168.	0.
16	OFFICE FURNITURE	092806			12,776.		12,776.	12,776.	0.
17	FILEMAKER DATABASE	112006	200DB	5.00	719.		719.	719.	0.
26	FAX MACHINE	071206			600.		600.	600.	0.
28	OFFICE FURNISHINGS	111507	200DB	7.00	750.		750.	750.	0.
33	WIRELESS ROUTER AND HARDWARE	111207			537.		537.	537.	0.
45	DULEY MACBOOK	031010			3,880.		3,880.	3,880.	0.
46	LCD HD PROJECTOR	041610	200DB	7.00	852.		852.	852.	0.
51	APPLE COMPUTER	111110	200DB	5.00	1,931.		1,931.	1,931.	0.
52	APPLE COMPUTER	092911	200DB	5.00	1,259.		1,259.	1,259.	0.
53	APPLE IPAD	050112	200DB	5.00	500.		500.	500.	0.
57	ALGIS COMPUTER	021313	200DB	5.00	1,220.		1,220.	1,220.	0.
58	NEW COMPUTER FOR TEAM	022413	200DB	5.00	1,006.		1,006.	1,006.	0.
65	APPLE COMPUTER - MAX	120216	200DB	5.00	2,076.		2,076.	2,076.	0.
72	MACBOOK AIR - 13 INCH SILVER	032420	200DB	5.00	1,808.		1,808.	1,476.	204.
	APPLE MB PRO 16 COMPUTER - FEDE								
73	FONTANA	102220	200DB	5.00	2,844.		2,844.	2,076.	323.
74	MACBOOK PRO 16" LAPTOP	113022	200DB	5.00	1,500.	1,500.			0.
	* 990 PAGE 10 TOTAL - ADMINISTRATIVE								
	EQUIPMENT				38,923.	1,500.	37,423.	36,323.	527.
	PROGRAM EQUIPMENT								
3	VIDEO CAMERA	091102	200DB	3.00	1,062.		1,062.	1,062.	0.
4	SPOTTING SCOPE	010104	200DB	5.00	2,098.		2,098.		0.
5		050499			3,405.		3,405.	3,405.	0.
6	SPOTTING SCOPE, TRIPOD	113004	200DB	5.00	2,098.		2,098.		0.
		041305			1,097.		1,097.	1,097.	0.
8		010303			2,245.		2,245.		0.
9		070100			2,228.		2,228.	2,228.	0.
10	HAND HELD TERMINALS	082600			1,055.		1,055.		0.
	SKI TESTING	011001			2,000.		2,000.	2,000.	0.
12	TRIGGER SYSTEMS	082600			1,600.		1,600.	1,600.	0.

(D) - Asset disposed

* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

- NEXT YEAR FEDERAL -

UNITED STATES BIATHLON ASSOCIATION

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
18	SCAT SHOOTING SYSTEM - 5	072006	200DB	5.00	5,920.		5,920.	5,920.	0.
	VIDEO CAMERA	091506			392.		392.	392.	0.
_	SHOOTING TRAINING SYSTEM	111706			3,480.		3,480.	3,480.	0.
	TWO SCATT SYSTEMS	013007			3,028.		3,028.	3,028.	0.
	RADIO	022807			798.		798.	798.	0.
	CAMERA	050507			545.		545.	545.	0.
	RIFLE STOCK	062807			522.		522.	522.	0.
25	ALTUIUS FIREARMS	111706	200DB	5.00	10,153.		10,153.	10,153.	0.
27	VIDEO CAMERA	072307	200DB	5.00	871.		871.	871.	0.
29	RIFLE AND TARGET	040207			1,851.		1,851.	1,851.	0.
30	LARSEN RIFLE	070707	200DB	5.00	2,079.		2,079.	2,079.	0.
31	STRENGTH TRAINING MACHINE	081407			1,768.		1,768.	1,768.	0.
32	4 ANSCHUTZ RIFLES AND ACCESSORIES	080707			13,632.		13,632.	13,632.	0.
34	TIGER PRESSURE SYSTEM	101507			1,432.		1,432.	1,432.	0.
35	PANASONIC COMPUTER	101807			3,329.		3,329.	3,329.	0.
36	DARTFISH VIDEO ANALYSIS SOFTWARE	110707		3.00	1,990.		1,990.		0.
	ON/OFF SVERIGE	122907			505.		505.	505.	0.
38	TIGER PRESSURE SYSTEM	121608			1,560.		1,560.	1,560.	0.
	LASER	062309			217.		217.	217.	0.
	RIFLE AND TARGET	070908			702.		702.	702.	0.
	RIFLE AND TARGET	121608			1,923.		1,923.	1,923.	0.
_	RIFLE AND TARGET	082409			11,876.		11,876.	11,876.	0.
	HORA RIFLE AND TARGET	051710			8,652.		8,652.	8,652.	0.
	ALTIUS BIATHLON RIFLE	073010			2,782.		2,782.	2,782.	0.
	RIFLE TESTING	083010			2,016.		2,016.	2,016.	0.
	RIFLE STOCK	083111			2,191.		2,191.	2,191.	0.
	TWO WAY RADIOS	112610			1,092.		1,092.	1,092.	0.
	ROLLER SKIS AND WHEELS	081712			1,228.		1,228.	1,228.	0.
	2 WALKIE TALKIE RADIOS	112912			760.		760.	760.	0.
	CATAPULT GPS SYSTEM	022613			8,000.		8,000.	-	0.
	APPLE COMPUTER	091213	200DB	5.00	1,259.		1,259.	1,259.	0.
	WINTERSTEIGER TOOLS FOR US GRINDING				4 . 0.0 -		1 0 0 -	1 0 0 -	
61	MACHINE	100213	200DB	5.00	1,995.		1,995.	1,995.	0.

(D) - Asset disposed

* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

- NEXT YEAR FEDERAL -

UNITED STATES BIATHLON ASSOCIATION

Asset No.	Description		Date quired	Method	Life	Unadjus Cost Or I	sted Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
	DESSCO GENERATOR FOR SKI GRINDING IN										
62	SOCHI				в5.00	5,0	088.		5,088.	5,088.	0.
63	6 TARGETS FOR LAKE PLACID				в5.00	40,2	257.		40,257.	40,257.	0.
64	LASER SHOOTING SYSTEM				в5.00		518.		1,618.		0.
67	2 WALNUT SPRINT .22LR RIFLES				в5.00		700.		5,700.		0.
68	AUSZAHLUNG GRINDING MACHINE				в5.00	17,2	288.		17,288.	17,288.	0.
69					в5.00	22,3	344.		22,344.	22,344.	0.
70					в5.00	8,0	085.		8,085.		774.
71	4 ANSCHUTZ RIFLES AND ACCESSORIES	09	2019	200D	в5.00	15,4	453.		15,453.	13,539.	1,701.
	* 990 PAGE 10 TOTAL - PROGRAM										
	EQUIPMENT					233,2	269.		233,269.	230,581.	2,475.
	VEHICLES										
66	2017 VW GOLF	05	1617	7200D	в5.00	25,9	963.		25,963.		0.
	* 990 PAGE 10 TOTAL - VEHICLES					25,9	963.		25,963.	25,963.	0.
	PARALYMPIC PROGRAM EQUIPMENT										
	* GRAND TOTAL 990 PAGE 10 DEPR					298,1	155.	1,500.	296,655.	292,867.	3,002.

(D) - Asset disposed

* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone