

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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DRAFT

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CLIENT'S COPY

DRAFT



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

DRAFT

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.

DRAFT

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 8879.Portland@marcumllp.com

Form 114a Department of the Treasury Financial Crimes Enforcement Network (FinCEN) May 2015	<h2 style="margin: 0;">Record of Authorization to Electronically File FBARs</h2> <p style="margin: 5px 0;">(See instructions below for completion)</p> <p style="margin: 5px 0;"><u>Do not send to FinCEN. Retain this form for your records.</u></p> <p style="margin: 5px 0;">The form 114a may be digitally signed</p>	UNITEDS2022001
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Part I Persons who have an obligation to file a Report of Foreign Bank and Financial Account(s)

1. Owner last name or entity's legal name UNITED STATES BIATHLON ASSOCIATION	2. Owner first name	3. Owner M.I.
4. Spouse last name (if jointly filing FBAR - see instructions below)	5. Spouse first name	6. Spouse M.I.

I/we declare that I/we have provided information concerning 2 (enter number of accounts) foreign bank and financial account(s) for the filing year ending December 31, 2022 to the preparer listed in Part II; that this information is to the best of my/our knowledge true, correct, and complete; that I/we authorize the preparer listed in Part II to complete and submit to the Financial Crimes Enforcement Network (FinCEN) a Report of Foreign Bank and Financial Accounts (FBAR) based on the information that I/we have provided; and that I/we authorize the preparer listed in Part II to receive information from FinCEN, answer inquiries and resolve issues relating to this submission. I/we acknowledge that, notwithstanding this declaration, it is my/our legal responsibility, not that of the preparer listed in Part II, to timely file an FBAR if required by law to do so.

7. Owner signature (Authorized representative if entity) * THIS IS NOT A FILEABLE COPY *	8. Date _____ MM DD YYYY	9. Owner or entity TIN 030279959	10. TIN type a <input checked="" type="checkbox"/> EIN b <input type="checkbox"/> SSN/ITIN c <input type="checkbox"/> Foreign
11. Spouse signature	12. Date _____ MM DD YYYY	13. Spouse TIN	14. TIN type a <input type="checkbox"/> EIN b <input type="checkbox"/> SSN/ITIN c <input type="checkbox"/> Foreign

Part II Individual or Entity Authorized to File FBAR on behalf of Persons who have an obligation to file.

15. Preparer last name HANDLON	16. Preparer first name JEREMY	17. Preparer M.I. S	18. Preparer PTIN P01299398
19. Address 1 CANAL PLAZA, 4TH FLOOR	20. City PORTLAND	21. State ME	22. ZIP/postal code 04101
23. Country code US	24. Preparer's (item 15) employer's (Entity) name MARCUM LLP	25. Employer EIN 11-1986323	26. Preparer's signature MARCUM LLP

Instructions for completing the FBAR Signature Authorization Record

This record may be completed by the individual or entity granting such authorization (Part I) OR the individual/entity authorized to perform such services. The completed record must be signed by the individual(s)/entity granting the authorization (Part I) and the individual/entity that will file the FBAR. The Preparer/filing entity must be registered with FinCEN BSA E-File system. (See <http://bsaeiling.fincen.treas.gov/main.html> for registration).

Read and complete the account owner statement in Part I.

To authorize a third party to file the Foreign Bank and Financial Accounts Report (FBAR), the account owner should complete Part I, items 1 through 3 (as required), sign and date the document in Part I, items 7/8 and complete items 9 and 10. Item 7 may be digitally signed.

Accounts Jointly Owned by Spouses (see exceptions in the FBAR instructions)

If the account owner is filing an FBAR jointly with his/her spouse, the spouse must also complete Part I, items 4 through 6. The spouse must also sign and date the report in items 11/12, (item 11 may be digitally signed) and complete items 13 and 14. A third party preparer may be one of the spouses of the jointly owned foreign account. In this case, both spouses must complete Part I of form 114a in its entirety. The third party preparer (spouse) that will file the FBAR on behalf of both spouses will complete Part II in its entirety (do not use such terms as *see 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.

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 CFR 1010.430(d).

DO NOT SEND THIS RECORD TO FinCEN UNLESS REQUESTED TO DO SO.

IRS e-file Signature Authorization for a Tax Exempt Entity

Form 8879-TE

For calendar year 2022, or fiscal year beginning JUL 1, 2022, and ending JUN 30, 2023

2022

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.

Name of filer UNITED STATES BIATHLON ASSOCIATION EIN or SSN 03-0279959

Name and title of officer or person subject to tax JACK GIERHART PRESIDENT & CEO

Part I Type of Return and Return Information

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

Table with 3 columns: Line number, Description, and Amount. Includes rows for Form 990, Form 990-EZ, Form 1120-POL, Form 990-PF, Form 8868, Form 990-T, Form 4720, Form 5227, Form 5330, and Form 8038-CP.

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity), (EIN) and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize MARCUM LLP to enter my PIN 98765. Enter five numbers, but do not enter all zeros.

as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

**** THIS IS NOT A FILEABLE COPY ****

Date

Part III Certification and Authentication

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

01198313131

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature MARCUM LLP Date 04/16/24

ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8879-TE (2022)

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 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)

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 Filer information UNITEDS20220001

2 Type of filer

a Individual b Partnership c Corporation d Consolidated e Fiduciary or other - Enter type NON-PROFIT

3 U.S. Taxpayer Identification Number 030279959 <small>If filer has no U.S. Identification number complete item 4</small>	3a TIN type <input type="checkbox"/> SSN/ITIN <input checked="" type="checkbox"/> EIN	4 Foreign identification (Complete only if item 3 is not applicable) a Type: <input type="checkbox"/> Passport <input type="checkbox"/> Foreign TIN <input type="checkbox"/> Other _____ b Number _____ c Country of Issue _____	5 Individual's date of birth MM/DD/YYYY
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6 Last name or organization name UNITED STATES BIATHLON ASSOCIATION	7 First name	8 Middle initial	8a Suffix
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9 Mailing address (number, street, and apt. or suite no.)

49 PINELAND DRIVE, SUITE 301 A

10 City NEW GLOUCESTER	11 State ME	12 ZIP/Postal Code 04260	13 Country USA
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14 a) Does the filer have a financial interest in 25 or more financial accounts?
Yes Enter number of accounts _____ Do not complete Part II or Part III, but maintain records of the information.
No

b) Does the filer have signature authority over but no financial interest in 25 or more financial accounts?
Yes Enter number of accounts _____ Comp. Part IV, items 34 through 43 for each person on whose behalf the filer has sign. authority.
No

Part II Information on financial account(s) owned separately

15 Maximum value of account during calendar year 114,970.	15a Amount unknown <input type="checkbox"/>	16 Type of account a <input checked="" type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other - Enter type below
---	--	---

17 Name of financial institution in which account is held
KREISSPARKASSE TRAUNSTEIN-TROS

18 Account number or other designation 0040707770	19 Mailing address (number, street, apt. or suite no.) of financial institution in which account is held LUDWIG-THOMA-STR. 4		
20 City TRAUNSTEIN	21 State, if known	22 Foreign postal code, if known 83278	23 Country GERMANY

Signature 44a Check here if this report is completed by a third party preparer and complete the third party preparer section.

44 Filer signature <small>The report will be electronically signed when filed</small>	45 Filer title, if not reporting a personal account PRESIDENT/CEO	46 Date (MM/DD/YYYY) <small>This date will auto-fill when the FBAR is electronically signed</small>
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Third Party Preparer Use Only	47 Preparer's last name HANDLON	48 First name JEREMY	49 MI S	50 Check <input type="checkbox"/> if self-employed	51 TIN P01299398	51a TIN type <input checked="" type="checkbox"/> PTIN <input type="checkbox"/> SSN/ITIN <input type="checkbox"/> Foreign
	52 Contact phone no. (207) 352-7600	52a Ext.	53 Firm's name MARCUM LLP		54 Firm's TIN 11-1986323	54a TIN type <input checked="" type="checkbox"/> EIN <input type="checkbox"/> Foreign
	55 Mailing address (number, street, apt. or suite no.) 1 CANAL PLAZA, 4TH FLOOR		56 City PORTLAND		57 State ME	58 ZIP/Postal Code 04101

Return of Organization Exempt From Income Tax

Department of the Treasury
Internal Revenue Service

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

2022

Open to Public Inspection

A For the **2022** calendar year, or tax year beginning **JUL 1, 2022** and ending **JUN 30, 2023**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization UNITED STATES BIATHLON ASSOCIATION Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 49 PINELAND DRIVE, SUITE 301 A City or town, state or province, country, and ZIP or foreign postal code NEW GLOUCESTER, ME 04260 F Name and address of principal officer: JACK GIERHART 49 PINELANE DRIVE 301A, NEW GLOUCESTER, ME	D Employer identification number 03-0279959 E Telephone number (207) 688-6500 G Gross receipts \$ 3,255,647. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: WWW.TEAMUSA.ORG/US-BIATHLON		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1980 M State of legal domicile: ME

Part I Summary

	1	Briefly describe the organization's mission or most significant activities: NATIONAL GOVERNING BODY FOR THE OLYMPIC SPORT OF BIATHLON.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	3	15
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	15
	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	12
	6	Total number of volunteers (estimate if necessary)	6	0
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
	Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 1,689,846.
9		Program service revenue (Part VIII, line 2g)	1,251,884.	1,316,458.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,429.	1,350.
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	45,719.	118,304.
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,991,878.	3,255,647.
13		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
14		Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	852,054.	996,720.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25)	251,600.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,024,838.	2,203,547.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,876,892.	3,200,267.
	19	Revenue less expenses. Subtract line 18 from line 12	114,986.	55,380.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 712,712.	End of Year 682,226.
	21	Total liabilities (Part X, line 26)	525,206.	437,324.
	22	Net assets or fund balances. Subtract line 21 from line 20	187,506.	244,902.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer JACK GIERHART, PRESIDENT & CEO Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name JEREMY S. HANDLON	Preparer's signature
	Firm's name MARCUM LLP	Date 04/16/24
	Firm's address 1 CANAL PLAZA, 4TH FLOOR PORTLAND, ME 04101	Check if self-employed <input type="checkbox"/> PTIN P01299398
		Firm's EIN 11-1986323 Phone no. (207) 352-7600

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: THE MISSION OF USBA IS TO ENCOURAGE, IMPROVE AND PROMOTE THE SPORT OF BIATHLON IN THE UNITED STATES; HELP U.S. BIATHLON ATHLETES ACHIEVE SUSTAINED COMPETITIVE EXCELLENCE IN OLYMPIC, WORLD CHAMPIONSHIP AND OTHER INTERNATIONAL COMPETITIONS IN BIATHLON; AND TO PROMOTE 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.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No 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 others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 2,142,839. including grants of \$) (Revenue \$ 1,390,083.) NATIONAL TEAM TRIALS, TRAINING AND COMPETITION THE US BIATHLON ASSOCIATION SERVES AS THE NATIONAL GOVERNING BODY FOR THE SPORT OF BIATHLON IN COMPLIANCE WITH THE TED STEVENS OLYMPIC AND AMATEUR SPORTS ACT AND THE CONSTITUTION AND BYLAWS OF THE US OLYMPIC COMMITTEE, AS SUCH, IT PROVIDES TRAINING AND SUPPORT FOR AMATEUR BIATHLETES TO PROGRESS AND COMPETE AT NATIONAL AND INTERNATIONAL TEAM TRIALS, TRAINING AND COMPETITION.

4b (Code:) (Expenses \$ 282,177. including grants of \$) (Revenue \$) ATHLETE DEVELOPMENT PROGRAMS THE US BIATHLON PROVIDES FUNDING AND SUPPORT FOR DEVELOPMENT PROGRAMS IN THE SPORT OF BIATHLON.

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 2,425,016.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		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? <i>If "Yes," complete Schedule C, Part II</i>		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? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?	X	
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I.</i> See instructions		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? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Yes, No. Rows 22-38 covering various organizational requirements.

Part 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

Table with 3 columns: Question number, Yes, No. Rows 1a-1c regarding Form 1096 and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee reporting, tax returns, foreign accounts, and charitable contributions.

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a	15	
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b	15	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done		X
12c			
13	Did the organization have a written whistleblower policy?		X
14	Did the organization have a written document retention and destruction policy?		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
16b			

Section 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.
 Own website Another's website 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

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MATTHEW K COBB FORMER PRESIDENT & CEO	40.00				X		127,000.	0.	19,629.	
(2) JACK GIERHART PRESIDENT & CEO	40.00			X			47,091.	0.	0.	
(3) BILL ALFOND DIRECTOR	1.00	X					0.	0.	0.	
(4) PHYLLIS JALBERT DIRECTOR	1.00	X					0.	0.	0.	
(5) SARAH KONRAD DIRECTOR	1.00	X					0.	0.	0.	
(6) ROBERT HALL CHAIR	1.00	X		X			0.	0.	0.	
(7) JERRY BALTZELL DIRECTOR	1.00	X					0.	0.	0.	
(8) BRIAN NOYES TREASURER	1.00	X		X			0.	0.	0.	
(9) HARRY BRAKELEY DIRECTOR - INDEPENDENT	1.00	X					0.	0.	0.	
(10) DEXTER PAINE DIRECTOR	1.00	X					0.	0.	0.	
(11) WILLIAM JAKE BROWN DIRECTOR	1.00	X					0.	0.	0.	
(12) KELLY KJORLIEN DIRECTOR	1.00	X					0.	0.	0.	
(13) MAX DURTSCHI DIRECTOR	1.00	X					0.	0.	0.	
(14) RACHEL STEER VICE CHAIR	1.00	X		X			0.	0.	0.	
(15) MAJ. GEN. KNIGHT DIRECTOR	1.00	X					0.	0.	0.	
(16) KATHERINE KENDRICK DIRECTOR	1.00	X					0.	0.	0.	
(17) KELSEY DICKINSON DIRECTOR	1.00	X					0.	0.	0.	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes entry for ARTHUR STEGEN, SECRETARY.

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

Table with 3 columns: Question number, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting.

Section B. Independent Contractors

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

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Includes entry for ARMIN AUCHENTALLER, HAUS SALMANN 88, RASEN, ANTHOLZ, ITALY 39030.

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

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns					
	b	Membership dues	65,213.				
	c	Fundraising events					
	d	Related organizations	1,214,924.				
	e	Government grants (contributions)					
	f	All other contributions, gifts, grants, and similar amounts not included above	539,398.				
	g	Noncash contributions included in lines 1a-1f	\$				
	h	Total. Add lines 1a-1f		1,819,535.			
Program Service Revenue	2 a	DIRECT ATHLETE SUPPORT	Business Code 900099	736,758.	736,758.		
	b	SPONSORSHIP AND MARKET	Business Code 900099	579,700.	579,700.		
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		1,316,458.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		695.		695.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real				
			(ii) Personal				
	6 b	Less: rental expenses					
	6 c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	655.			
			(ii) Other				
	7 b	Less: cost or other basis and sales expenses	0.				
	7 c	Gain or (loss)	655.				
d	Net gain or (loss)		655.		655.		
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18						
8 b	Less: direct expenses						
c	Net income or (loss) from fundraising events						
9 a	Gross income from gaming activities. See Part IV, line 19						
9 b	Less: direct expenses						
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances						
10 b	Less: cost of goods sold						
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	MISCELLANEOUS	Business Code 900099	73,625.	73,625.		
	b	CHANGE IN VALUE OF SPL	Business Code 900099	44,679.		44,679.	
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d		118,304.			
12	Total revenue. See instructions		3,255,647.	1,390,083.	0.	46,029.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations 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)				
9 Other employee benefits	103,253.	84,626.	14,223.	4,404.
10 Payroll taxes	68,677.	50,588.	12,885.	5,204.
11 Fees for services (nonemployees):				
a Management				
b Legal	65,015.		65,015.	
c Accounting	66,849.		66,849.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	241,849.	241,849.		
12 Advertising and promotion	168,371.			168,371.
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	30,633.		30,633.	
17 Travel	628,660.	566,452.	54,502.	7,706.
18 Payments of travel or entertainment expenses 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 O.)				
a SUPPLIES	587,833.	587,833.		
b ATHLETE ASSISTANCE	218,916.	218,916.		
c HEALTH MANAGEMENT SERVI	54,107.	54,107.		
d BAD DEBTS	27,500.		27,500.	
e 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	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 officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	29,075.	8	19,812.
	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	10a 298,154.		
	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 11	58,663.	12	62,029.
	13 Investments - program-related. See Part IV, line 11		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 equal line 33)	712,712.	16	682,226.	
Liabilities	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 Part IV of Schedule D		21	
	22 Loans and other 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		22	
	23 Secured mortgages and notes payable to unrelated third parties	44,281.	23	28,460.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	245,629.	25	295,708.
	26 Total liabilities. Add lines 17 through 25	525,206.	26	437,324.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	-47,623.	27	-84,906.
	28 Net assets with donor restrictions	235,129.	28	329,808.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	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.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,255,647.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,200,267.
3	Revenue less expenses. Subtract line 2 from line 1	3	55,380.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	187,506.
5	Net unrealized gains (losses) on investments	5	2,016.
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	244,902.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		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:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?	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:		
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule 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?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

Form 990 (2022)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization UNITED STATES BIATHLON ASSOCIATION	Employer identification number 03-0279959
--	--

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

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

Section A. Public Support

Calendar 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 organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	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.
6 Public support. Subtract line 5 from line 4.						11007014.

Section B. Total Support

Calendar 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	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 assets (Explain in Part VI.)	787.	-1,750.	56,990.	45,719.	118,304.	220,050.
11 Total support. Add lines 7 through 10						11512825.
12 Gross receipts from related activities, etc. (see instructions)					12	2,809,275.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	95.61 %
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	96.27 %
16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support. (Add lines 9, 10c, 11, and 12.)

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2021 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2021 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

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

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	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide 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 the 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

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

Schedule A (Form 990) 2022

Part VI

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

DRAFT

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

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

Name of the organization

UNITED STATES BIATHLON ASSOCIATION

Employer identification number

03-0279959

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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, 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).

Name of organization UNITED STATES BIATHLON ASSOCIATION	Employer identification number 03-0279959
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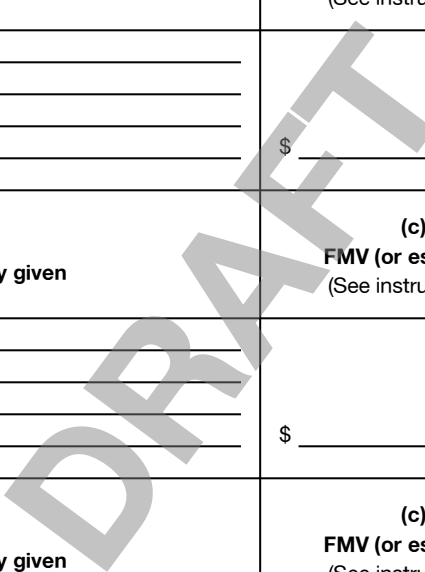
Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

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

Name of organization UNITED STATES BIATHLON ASSOCIATION	Employer identification number 03-0279959
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

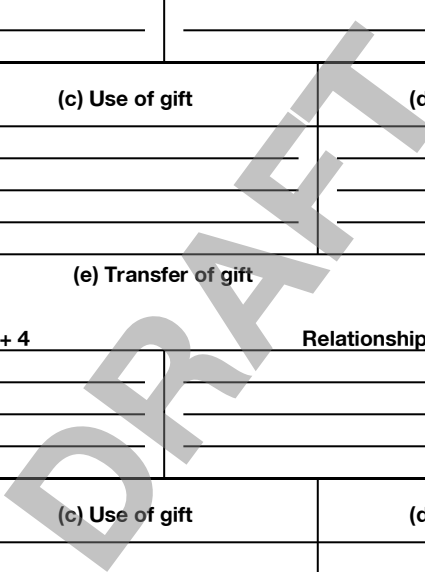
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____



Name of organization UNITED STATES BIATHLON ASSOCIATION	Employer identification number 03-0279959
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	



SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization UNITED STATES BIATHLON ASSOCIATION Employer identification number 03-0279959

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, a table for 2a-2d (Total number, acreage, certified historic structures, acquired after 2006), and questions 3-9 regarding monitoring, expenses, and reporting.

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions 1a, 1b, and 2 regarding reporting of art and historical treasures.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2022

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		298,154.	294,427.	3,727.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				3,727.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) UNITED STATES OLYMPIC		
(B) FOUNDATION	62,029.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	62,029.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) BENEFICIAL INTEREST IN CHARITABLE REMAINDER UNITRUST	279,808.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	279,808.

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CREDIT CARD PAYABLE	20,946.
(3) PENSION PLAN PAYABLE	8,517.
(4) PRIZE MONEY PAYABLE	215,813.
(5) ACCRUED PAYROLL	857.
(6) ACCRUED EXPENSES	49,575.
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	295,708.

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total revenue reported as 3,257,663, adjusted to 3,255,647.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total expenses reported as 3,200,267, adjusted to 3,200,267.

Part XIII Supplemental Information.

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 ACCORDINGLY, DOES NOT RECOGNIZE ANY LIABILITY FOR UNRECOGNIZED TAX BENEFITS.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

Attach to Form 990.

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

UNITED STATES BIATHLON ASSOCIATION

Employer identification number

03-0279959

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(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, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	0	5	PROGRAM SERVICES	COACHING ATHLETES FOR USBA	1,034,635.
3 a Subtotal	0	5			1,034,635.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	5			1,034,635.

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

Schedule F (Form 990) 2022

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)

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- 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax 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 ▶ _____

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.

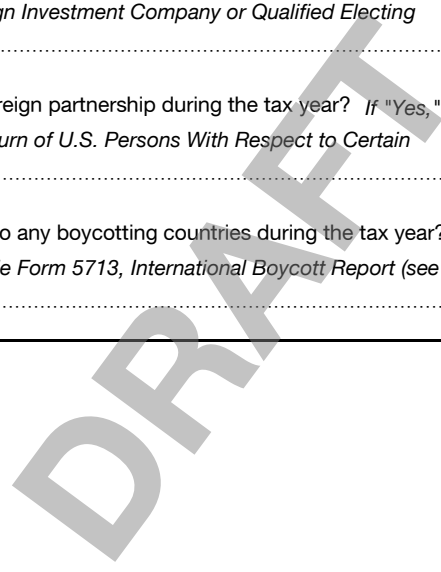
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

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Part IV Foreign Forms

- 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 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 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 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 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 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 No

Schedule F (Form 990) 2022



Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:

THE UNITED STATES BIATHLON ASSOCIATION SERVES AS THE GOVERNING BODY AND OVERSEES THE USE OF GRANT FUNDS OUTSIDE THE UNITED STATES. THE USOC AUDITS THE USBA EVERY THREE YEARS. IN ADDITION, THE CEO MONITORS AND VERIFIES THE USE OF GRANTS RECEIVED.

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**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
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

UNITED STATES BIATHLON ASSOCIATION

Employer identification number

03-0279959

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2022

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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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.

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**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

UNITED STATES BIATHLON ASSOCIATION

Employer identification number

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:

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

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

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

**SCHEDULE R
(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.

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 **UNITED STATES BIATHLON ASSOCIATION** Employer identification number **03-0279959**

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 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
UNITED STATES BIATHLON FOUNDATION - 27-3551544, 49 PINELAND DRIVE, STE 301A, NEW GLOUCESTER, ME 04260	TO PROMOTE THE OLYMPIC SPORT OF BIATHLON IN THE UNITED STATES.	MAINE	501(C)3	LINE 11			X

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

Schedule R (Form 990) 2022

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

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

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

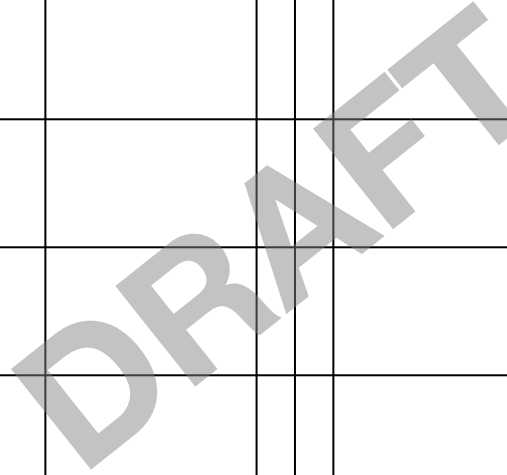
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) UNITED STATES BIATHLON FOUNDATION	N	1,000.	SQUARE FOOTAGE
(2) UNITED STATES BIATHLON FOUNDATION	O	2,000.	HOURS WORKED
(3) UNITED STATES BIATHLON FOUNDATION	L	2,000.	HOURS WORKED
(4) UNITED STATES BIATHLON FOUNDATION	C	82,190.	DOLLARS RECEIVED
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	



Part VII Supplemental Information

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

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Asset No.	Description	Date Acquired	Method	Life	Conv	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		HY17	3,900.				3,900.	3,900.		0.	3,900.
14	PHONE LINES IN OFFICE	09/15/06	200DB	5.00		HY17	597.				597.	597.		0.	597.
15	CUSHION	09/28/06	200DB	7.00		HY17	168.				168.	168.		0.	168.
16	OFFICE FURNITURE	09/28/06	200DB	7.00		HY17	12,776.				12,776.	12,776.		0.	12,776.
17	FILEMAKER DATABASE	11/20/06	200DB	5.00		HY17	719.				719.	719.		0.	719.
26	FAX MACHINE	07/12/06	200DB	5.00		HY17	600.				600.	600.		0.	600.
28	OFFICE FURNISHINGS	11/15/07	200DB	7.00		HY17	750.				750.	750.		0.	750.
33	WIRELESS ROUTER AND HARDWARE	11/12/07	200DB	5.00		HY17	537.				537.	537.		0.	537.
45	DULEY MACBOOK	03/10/10	200DB	5.00		MC17	3,880.				3,880.	3,880.		0.	3,880.
46	LCD HD PROJECTOR	04/16/10	200DB	7.00		MC17	852.				852.	852.		0.	852.
51	APPLE COMPUTER	11/11/10	200DB	5.00		MC17	1,931.				1,931.	1,931.		0.	1,931.
52	APPLE COMPUTER	09/29/11	200DB	5.00		MC17	1,259.				1,259.	1,259.		0.	1,259.
53	APPLE IPAD	05/01/12	200DB	5.00		MC17	500.				500.	500.		0.	500.
57	ALGIS COMPUTER	02/13/13	200DB	5.00		HY17	1,220.				1,220.	1,220.		0.	1,220.
58	NEW COMPUTER FOR TEAM	02/24/13	200DB	5.00		HY17	1,006.				1,006.	1,006.		0.	1,006.
65	APPLE COMPUTER - MAX	12/02/16	200DB	5.00		MC17	2,076.				2,076.	2,076.		0.	2,076.
72	MACBOOK AIR - 13 INCH SILVER	03/24/20	200DB	5.00		MC17	1,808.				1,808.	1,255.		221.	1,476.

228111 04-01-22

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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Asset No.	Description	Date Acquired	Method	Life	Conv	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	MC	17	2,844.				2,844.	1,564.		512.	2,076.
74	MACBOOK PRO 16" LAPTOP	11/30/22	200DB	5.00	HY	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	HY	17	1,062.				1,062.	1,062.		0.	1,062.
4	SPOTTING SCOPE	01/01/04	200DB	5.00	HY	17	2,098.				2,098.	2,098.		0.	2,098.
5	SHOOTING SIMULATOR	05/04/99	200DB	5.00	HY	17	3,405.				3,405.	3,405.		0.	3,405.
6	SPOTTING SCOPE, TRIPOD	11/30/04	200DB	5.00	HY	17	2,098.				2,098.	2,098.		0.	2,098.
7	LACTATE ANALYZER	04/13/05	200DB	5.00	HY	17	1,097.				1,097.	1,097.		0.	1,097.
8	5 RADIOS W/ MICROPHONES	01/03/03	200DB	5.00	HY	17	2,245.				2,245.	2,245.		0.	2,245.
9	2 IZHMASH BIATHLON	07/01/00	200DB	5.00	HY	17	2,228.				2,228.	2,228.		0.	2,228.
10	HAND HELD TERMINALS	08/26/00	200DB	3.00	HY	17	1,055.				1,055.	1,055.		0.	1,055.
11	SKI TESTING	01/10/01	200DB	5.00	HY	17	2,000.				2,000.	2,000.		0.	2,000.
12	TRIGGER SYSTEMS	08/26/00	200DB	5.00	HY	17	1,600.				1,600.	1,600.		0.	1,600.
18	SCAT SHOOTING SYSTEM - 5	07/20/06	200DB	5.00	HY	17	5,920.				5,920.	5,920.		0.	5,920.
19	VIDEO CAMERA	09/15/06	200DB	5.00	HY	17	392.				392.	392.		0.	392.
20	SHOOTING TRAINING SYSTEM	11/17/06	200DB	5.00	HY	17	3,480.				3,480.	3,480.		0.	3,480.
21	TWO SCATT SYSTEMS	01/30/07	200DB	5.00	HY	17	3,028.				3,028.	3,028.		0.	3,028.

228111 04-01-22

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2022 DEPRECIATION AND AMORTIZATION REPORT

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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		HY17	798.				798.	798.		0.	798.
23	CAMERA	05/05/07	200DB	5.00		HY17	545.				545.	545.		0.	545.
24	RIFLE STOCK	06/28/07	200DB	5.00		HY17	522.				522.	522.		0.	522.
25	ALTUIUS FIREARMS	11/17/06	200DB	5.00		HY17	10,153.				10,153.	10,153.		0.	10,153.
27	VIDEO CAMERA	07/23/07	200DB	5.00		HY17	871.				871.	871.		0.	871.
29	RIFLE AND TARGET	04/02/07	200DB	5.00		HY17	1,851.				1,851.	1,851.		0.	1,851.
30	LARSEN RIFLE	07/07/07	200DB	5.00		HY17	2,079.				2,079.	2,079.		0.	2,079.
31	STRENGTH TRAINING MACHINE	08/14/07	200DB	5.00		HY17	1,768.				1,768.	1,768.		0.	1,768.
32	4 ANSCHUTZ RIFLES AND ACCESSORIES	08/07/07	200DB	5.00		HY17	13,632.				13,632.	13,632.		0.	13,632.
34	TIGER PRESSURE SYSTEM	10/15/07	200DB	5.00		HY17	1,432.				1,432.	1,432.		0.	1,432.
35	PANASONIC COMPUTER	10/18/07	200DB	5.00		HY17	3,329.				3,329.	3,329.		0.	3,329.
36	DARTFISH VIDEO ANALYSIS SOFTWARE	11/07/07	SL	3.00		HY16	1,990.				1,990.	1,990.		0.	1,990.
37	ON/OFF SVERIGE	12/29/07	200DB	5.00		HY17	505.				505.	505.		0.	505.
38	TIGER PRESSURE SYSTEM	12/16/08	200DB	5.00		HY17	1,560.				1,560.	1,560.		0.	1,560.
39	LASER	06/23/09	200DB	5.00		HY17	217.				217.	217.		0.	217.
40	RIFLE AND TARGET	07/09/08	200DB	7.00		HY17	702.				702.	702.		0.	702.
41	RIFLE AND TARGET	12/16/08	200DB	7.00		HY17	1,923.				1,923.	1,923.		0.	1,923.
43	RIFLE AND TARGET	08/24/09	200DB	5.00		MC17	11,876.				11,876.	11,876.		0.	11,876.

228111 04-01-22

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2022 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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Asset No.	Description	Date Acquired	Method	Life	Conv 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
44	HORA RIFLE AND TARGET	05/17/10	200DB	5.00	MC17	8,652.				8,652.	8,652.		0.	8,652.
47	ALTIUS BIATHLON RIFLE	07/30/10	200DB	5.00	MC17	2,782.				2,782.	2,782.		0.	2,782.
48	RIFLE TESTING	08/30/10	200DB	5.00	MC17	2,016.				2,016.	2,016.		0.	2,016.
49	RIFLE STOCK	08/31/11	200DB	5.00	MC17	2,191.				2,191.	2,191.		0.	2,191.
50	TWO WAY RADIOS	11/26/10	200DB	5.00	MC17	1,092.				1,092.	1,092.		0.	1,092.
54	ROLLER SKIS AND WHEELS	08/17/12	200DB	5.00	HY17	1,228.				1,228.	1,228.		0.	1,228.
55	2 WALKIE TALKIE RADIOS	11/29/12	200DB	5.00	HY17	760.				760.	760.		0.	760.
56	CATAPULT GPS SYSTEM	02/26/13	200DB	5.00	HY17	8,000.				8,000.	8,000.		0.	8,000.
60	APPLE COMPUTER	09/12/13	200DB	5.00	HY17	1,259.				1,259.	1,259.		0.	1,259.
61	WINTERSTEIGER TOOLS FOR US GRINDING MACHINE	10/02/13	200DB	5.00	HY17	1,995.				1,995.	1,995.		0.	1,995.
62	DESSCO GENERATOR FOR SKI GRINDING IN SOCHI	10/15/13	200DB	5.00	HY17	5,088.				5,088.	5,088.		0.	5,088.
63	6 TARGETS FOR LAKE PLACID	11/19/13	200DB	5.00	HY17	40,257.				40,257.	40,257.		0.	40,257.
64	LASER SHOOTING SYSTEM	08/12/15	200DB	5.00	HY17	1,618.				1,618.	1,618.		0.	1,618.
67	2 WALNUT SPRINT .22LR RIFLES	07/01/17	200DB	5.00	HY17	5,700.				5,700.	5,372.		328.	5,700.
68	AUSZAHLUNG GRINDING MACHINE	07/24/17	200DB	5.00	HY17	17,288.				17,288.	16,292.		996.	17,288.
69	WINTERSTEIGER GRINDING MACHINE	01/23/18	200DB	5.00	HY17	22,344.				22,344.	21,057.		1,287.	22,344.
70	2 ANSCHUTZ NS BIATHLON RIFLES	06/30/19	200DB	5.00	MC17	8,085.				8,085.	6,426.		885.	7,311.
71	4 ANSCHUTZ RIFLES AND ACCESSORIES	09/20/19	200DB	5.00	MC17	15,453.				15,453.	11,837.		1,702.	13,539.

228111 04-01-22

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2022 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Conv	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		MC17	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						298,155.			1,500.	296,655.	286,936.		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.			

Form **4562**

Depreciation and Amortization
(Including Information on Listed Property)

990

OMB No. 1545-0172

2022

Attachment
Sequence No. **179**

Department of the Treasury
Internal Revenue Service

Go to www.irs.gov/Form4562 for instructions and the latest information.

Attach to your tax return.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

UNITED STATES BIATHLON ASSOCIATION

FORM 990 PAGE 10

03-0279959

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,080,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	2,700,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2021 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2023. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	1,500.
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2022	17	5,931.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B - Assets Placed in Service During 2022 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see 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	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System

20a	Class life				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	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	7,431.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use 25

26 Property used more than 50% in a qualified business use: Table with 9 columns for property details and percentages.

27 Property used 50% or less in a qualified business use: Table with 9 columns for property details and percentages.

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table for Section B with 6 main columns: (a) Vehicle, (b) Vehicle, (c) Vehicle, (d) Vehicle, (e) Vehicle, (f) Vehicle. Includes rows 30-36 for mileage and availability questions.

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.

Table for Section C with 2 columns: Yes, No. Includes rows 37-41 for policy and use questions.

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

Table with 6 columns: (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year

42 Amortization of costs that begins during your 2022 tax year:

43 Amortization of costs that began before your 2022 tax year 43

44 Total. Add amounts in column (f). See the instructions for where to report 44

Statement of Specified Foreign Financial Assets

▶ Go to www.irs.gov/Form8938 for instructions and the latest information.

▶ Attach to your tax return.

OMB No. 1545-2195

Attachment
 Sequence No. **938**

For calendar year _____ or tax year beginning **07/01/22** and ending **06/30/23**.

If you have attached additional statements, check here Number of additional statements _____

1 Name(s) shown on return
UNITED STATES BIATHLON ASSOCIATION

2 Taxpayer identification number (TIN)
03-0279959

3 Type of filer
a Specified individual **b** Partnership **c** Corporation **d** Trust

4 If you checked box 3a, skip this line 4. If you checked box 3b or 3c, enter the name and TIN of the specified individual who closely holds the partnership or corporation. If you checked box 3d, enter the name and TIN of the specified person who is a current beneficiary of the trust. (See instructions for definitions and what to do if you have more than one specified individual or specified person to list.)

a Name _____ **b** TIN _____

Part I Foreign Deposit and Custodial Accounts Summary

5 Number of deposit accounts (reported in Part V) **1**

6 Maximum value of all deposit accounts \$ **114,970.**

7 Number of custodial accounts (reported in Part V) **1**

8 Maximum value of all custodial accounts \$

9 Were any foreign deposit or custodial accounts closed during the tax year? Yes No

Part II Other Foreign Assets Summary

10 Number of foreign assets (reported in Part VI) **1**

11 Maximum value of all assets (reported in Part VI) \$

12 Were any foreign assets acquired or sold during the tax year? Yes No

Part III Summary of Tax Items Attributable to Specified Foreign Financial Assets (see instructions)

(a) Asset category	(b) Tax item	(c) Amount reported on form or schedule	Where reported	
			(d) Form and line	(e) Schedule and line
13 Foreign deposit and custodial accounts	a Interest	\$		
	b Dividends	\$		
	c Royalties	\$		
	d Other income	\$		
	e Gains (losses)	\$		
	f Deductions	\$		
	g Credits	\$		
14 Other foreign assets	a Interest	\$		
	b Dividends	\$		
	c Royalties	\$		
	d Other income	\$		
	e Gains (losses)	\$		
	f Deductions	\$		
	g Credits	\$		

Part IV Excepted Specified Foreign Financial Assets (see instructions)

If you reported specified foreign financial assets on one or more of the following forms, enter the number of such forms filed. You do not need to include these assets on Form 8938 for the tax year.

15 Number of Forms 3520 _____ **16** Number of Forms 3520-A _____ **17** Number of Forms 5471 _____

18 Number of Forms 8621 _____ **19** Number of Forms 8865 _____

Part V Detailed Information for Each Foreign Deposit and Custodial Account Included in the Part I Summary

(see instructions)

If you have more than one account to report in Part V, attach a separate statement for each additional account. See instructions.

20 Type of account a [X] Deposit b [] Custodial 21 Account number or other designation 0040707770
22 Check all that apply a [] Account opened during tax year b [] Account closed during tax year
c [] Account jointly owned with spouse d [] No tax item reported in Part III with respect to this asset
23 Maximum value of account during tax year \$ 114,970.
24 Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars? [X] Yes [] No
25 If you answered "Yes" to line 24, complete all that apply.
(a) Foreign currency in which account is maintained EUROPEAN UNION, EURO
(b) Foreign currency exchange rate used to convert to U.S. dollars
(c) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service
26a Name of financial institution in which account is maintained KREISSPARKASSE TRAUNSTEIN-TROS
b Global Intermediary Identification Number (GIIN) (Optional)
27 Mailing address of financial institution in which account is maintained. Number, street, and room or suite no. LUDWIG-THOMA-STR. 4
28 City or town, state or province, country, and ZIP or foreign postal code TRAUNSTEIN GERMANY 83278

Part VI Detailed Information for Each "Other Foreign Asset" Included in the Part II Summary (see instructions)

If you have more than one asset to report in Part VI, attach a separate statement for each additional asset. See instructions.

29 Description of asset 30 Identifying number or other designation
31 Complete all that apply. See instructions for reporting of multiple acquisition or disposition dates.
a Date asset acquired during tax year, if applicable
b Date asset disposed of during tax year, if applicable
c [] Check if asset jointly owned with spouse d [] Check if no tax item reported in Part III with respect to this asset
32 Maximum value of asset during tax year (check box that applies)
a [] \$0 - \$50,000 b [] \$50,001 - \$100,000 c [] \$100,001 - \$150,000 d [] \$150,001 - \$200,000
e If more than \$200,000, list value \$
33 Did you use a foreign currency exchange rate to convert the value of the asset into U.S. dollars? [] Yes [] No
34 If you answered "Yes" to line 33, complete all that apply.
(a) Foreign currency in which asset is denominated
(b) Foreign currency exchange rate used to convert to U.S. dollars
(c) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service
35 If asset reported on line 29 is stock of a foreign entity or an interest in a foreign entity, enter the following information for the asset.
a Name of foreign entity b GIIN (Optional)
c Type of foreign entity (1) [] Partnership (2) [] Corporation (3) [] Trust (4) [] Estate
d Mailing address of foreign entity. Number, street, and room or suite no.
e City or town, state or province, country, and ZIP or foreign postal code
36 If asset reported on line 29 is not stock of a foreign entity or an interest in a foreign entity, enter the following information for the asset.
Note: If this asset has more than one issuer or counterparty, attach a separate statement with the same information for each additional issuer or counterparty. See instructions.
a Name of issuer or counterparty
Check if information is for [] Issuer [] Counterparty
b Type of issuer or counterparty
(1) [] Individual (2) [] Partnership (3) [] Corporation (4) [] Trust (5) [] Estate
c Check if issuer or counterparty is a [] U.S. person [] Foreign person
d Mailing address of issuer or counterparty. Number, street, and room or suite no.
e City or town, state or province, country, and ZIP or foreign postal code

2022 DEPRECIATION AND AMORTIZATION REPORT

- 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											
13	OFFICE FURNISHINGS	082406	200DB	7.00	17	3,900.			3,900.	3,900.		0.
14	PHONE LINES IN OFFICE	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.
28	OFFICE FURNISHINGS	111507	200DB	7.00	17	750.			750.	750.		0.
33	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.
57	ALGIS COMPUTER	021313	200DB	5.00	17	1,220.			1,220.	1,220.		0.
58	NEW COMPUTER FOR TEAM	022413	200DB	5.00	17	1,006.			1,006.	1,006.		0.
65	APPLE COMPUTER - MAX	120216	200DB	5.00	17	2,076.			2,076.	2,076.		0.
72	MACBOOK AIR - 13 INCH SILVER	032420	200DB	5.00	17	1,808.			1,808.	1,255.		221.

2022 DEPRECIATION AND AMORTIZATION REPORT

- 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	102220	200DB	5.00	17	2,844.			2,844.	1,564.		512.
74	MACBOOK PRO 16" LAPTOP	113022	200DB	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	091102	200DB	3.00	17	1,062.			1,062.	1,062.		0.
4	SPOTTING SCOPE	010104	200DB	5.00	17	2,098.			2,098.	2,098.		0.
5	SHOOTING SIMULATOR	050499	200DB	5.00	17	3,405.			3,405.	3,405.		0.
6	SPOTTING SCOPE, TRIPOD	113004	200DB	5.00	17	2,098.			2,098.	2,098.		0.
7	LACTATE ANALYZER	041305	200DB	5.00	17	1,097.			1,097.	1,097.		0.
8	5 RADIOS W/ MICROPHONES	010303	200DB	5.00	17	2,245.			2,245.	2,245.		0.
9	2 IZHMASH BIATHLON	070100	200DB	5.00	17	2,228.			2,228.	2,228.		0.
10	HAND HELD TERMINALS	082600	200DB	3.00	17	1,055.			1,055.	1,055.		0.
11	SKI TESTING	011001	200DB	5.00	17	2,000.			2,000.	2,000.		0.
12	TRIGGER SYSTEMS	082600	200DB	5.00	17	1,600.			1,600.	1,600.		0.
18	SCAT SHOOTING SYSTEM - 5	072006	200DB	5.00	17	5,920.			5,920.	5,920.		0.
19	VIDEO CAMERA	091506	200DB	5.00	17	392.			392.	392.		0.
20	SHOOTING TRAINING SYSTEM	111706	200DB	5.00	17	3,480.			3,480.	3,480.		0.
21	TWO SCATT SYSTEMS	013007	200DB	5.00	17	3,028.			3,028.	3,028.		0.

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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.
30	LARSEN RIFLE	070707	200DB	5.00	17	2,079.			2,079.	2,079.		0.
31	STRENGTH TRAINING MACHINE	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.
34	TIGER PRESSURE SYSTEM	101507	200DB	5.00	17	1,432.			1,432.	1,432.		0.
35	PANASONIC COMPUTER DARTFISH VIDEO	101807	200DB	5.00	17	3,329.			3,329.	3,329.		0.
36	ANALYSIS SOFTWARE	110707	SL	3.00	16	1,990.			1,990.	1,990.		0.
37	ON/OFF SVERIGE	122907	200DB	5.00	17	505.			505.	505.		0.
38	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.

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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
44	HORA RIFLE AND TARGET	051710	200DB	5.00	17	8,652.			8,652.	8,652.		0.
47	ALTIUS BIATHLON RIFLE	073010	200DB	5.00	17	2,782.			2,782.	2,782.		0.
48	RIFLE TESTING	083010	200DB	5.00	17	2,016.			2,016.	2,016.		0.
49	RIFLE STOCK	083111	200DB	5.00	17	2,191.			2,191.	2,191.		0.
50	TWO WAY RADIOS	112610	200DB	5.00	17	1,092.			1,092.	1,092.		0.
54	ROLLER SKIS AND WHEELS	081712	200DB	5.00	17	1,228.			1,228.	1,228.		0.
55	2 WALKIE TALKIE RADIOS	112912	200DB	5.00	17	760.			760.	760.		0.
56	CATAPULT GPS SYSTEM	022613	200DB	5.00	17	8,000.			8,000.	8,000.		0.
60	APPLE COMPUTER	091213	200DB	5.00	17	1,259.			1,259.	1,259.		0.
61	WINTERSTEIGER TOOLS FOR US GRINDING MACHINE	100213	200DB	5.00	17	1,995.			1,995.	1,995.		0.
62	DESSCO GENERATOR FOR SKI GRINDING IN	101513	200DB	5.00	17	5,088.			5,088.	5,088.		0.
63	6 TARGETS FOR LAKE PLACID	111913	200DB	5.00	17	40,257.			40,257.	40,257.		0.
64	LASER SHOOTING SYSTEM	081215	200DB	5.00	17	1,618.			1,618.	1,618.		0.
67	2 WALNUT SPRINT .22LR RIFLES	070117	200DB	5.00	17	5,700.			5,700.	5,372.		328.
68	AUSZAHLUNG GRINDING MACHINE	072417	200DB	5.00	17	17,288.			17,288.	16,292.		996.
69	WINTERSTEIGER GRINDING MACHINE	012318	200DB	5.00	17	22,344.			22,344.	21,057.		1,287.
70	2 ANSCHUTZ NS BIATHLON RIFLES	063019	200DB	5.00	17	8,085.			8,085.	6,426.		885.
71	4 ANSCHUTZ RIFLES AND ACCESSORIES	092019	200DB	5.00	17	15,453.			15,453.	11,837.		1,702.

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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
	* 990 PAGE 10 TOTAL - PROGRAM EQUIPMENT					233,269.		0.	233,269.	225,383.		5,198.
	VEHICLES											
66	2017 VW GOLF	051617	200DB	5.00	17	25,963.			25,963.	25,963.		0.
	* 990 PAGE 10 TOTAL - 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.		

2023 DEPRECIATION AND AMORTIZATION REPORT

- 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								
13	OFFICE FURNISHINGS	082406	200DB	7.00	3,900.		3,900.	3,900.	0.
14	PHONE LINES IN OFFICE	091506	200DB	5.00	597.		597.	597.	0.
15	CUSHION	092806	200DB	7.00	168.		168.	168.	0.
16	OFFICE FURNITURE	092806	200DB	7.00	12,776.		12,776.	12,776.	0.
17	FILEMAKER DATABASE	112006	200DB	5.00	719.		719.	719.	0.
26	FAX MACHINE	071206	200DB	5.00	600.		600.	600.	0.
28	OFFICE FURNISHINGS	111507	200DB	7.00	750.		750.	750.	0.
33	WIRELESS ROUTER AND HARDWARE	111207	200DB	5.00	537.		537.	537.	0.
45	DULEY MACBOOK	031010	200DB	5.00	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.	2,098.	0.
5	SHOOTING SIMULATOR	050499	200DB	5.00	3,405.		3,405.	3,405.	0.
6	SPOTTING SCOPE, TRIPOD	113004	200DB	5.00	2,098.		2,098.	2,098.	0.
7	LACTATE ANALYZER	041305	200DB	5.00	1,097.		1,097.	1,097.	0.
8	5 RADIOS W/ MICROPHONES	010303	200DB	5.00	2,245.		2,245.	2,245.	0.
9	2 IZHMAH BIATHLON	070100	200DB	5.00	2,228.		2,228.	2,228.	0.
10	HAND HELD TERMINALS	082600	200DB	3.00	1,055.		1,055.	1,055.	0.
11	SKI TESTING	011001	200DB	5.00	2,000.		2,000.	2,000.	0.
12	TRIGGER SYSTEMS	082600	200DB	5.00	1,600.		1,600.	1,600.	0.

(D) - Asset disposed

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

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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
18	SCAT SHOOTING SYSTEM - 5	072006	200DB	5.00	5,920.		5,920.	5,920.	0.
19	VIDEO CAMERA	091506	200DB	5.00	392.		392.	392.	0.
20	SHOOTING TRAINING SYSTEM	111706	200DB	5.00	3,480.		3,480.	3,480.	0.
21	TWO SCATT SYSTEMS	013007	200DB	5.00	3,028.		3,028.	3,028.	0.
22	RADIO	022807	200DB	5.00	798.		798.	798.	0.
23	CAMERA	050507	200DB	5.00	545.		545.	545.	0.
24	RIFLE STOCK	062807	200DB	5.00	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	200DB	5.00	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	200DB	5.00	1,768.		1,768.	1,768.	0.
32	4 ANSCHUTZ RIFLES AND ACCESSORIES	080707	200DB	5.00	13,632.		13,632.	13,632.	0.
34	TIGER PRESSURE SYSTEM	101507	200DB	5.00	1,432.		1,432.	1,432.	0.
35	PANASONIC COMPUTER	101807	200DB	5.00	3,329.		3,329.	3,329.	0.
36	DARTFISH VIDEO ANALYSIS SOFTWARE	110707	SL	3.00	1,990.		1,990.	1,990.	0.
37	ON/OFF SVERIGE	122907	200DB	5.00	505.		505.	505.	0.
38	TIGER PRESSURE SYSTEM	121608	200DB	5.00	1,560.		1,560.	1,560.	0.
39	LASER	062309	200DB	5.00	217.		217.	217.	0.
40	RIFLE AND TARGET	070908	200DB	7.00	702.		702.	702.	0.
41	RIFLE AND TARGET	121608	200DB	7.00	1,923.		1,923.	1,923.	0.
43	RIFLE AND TARGET	082409	200DB	5.00	11,876.		11,876.	11,876.	0.
44	HORA RIFLE AND TARGET	051710	200DB	5.00	8,652.		8,652.	8,652.	0.
47	ALTIUS BIATHLON RIFLE	073010	200DB	5.00	2,782.		2,782.	2,782.	0.
48	RIFLE TESTING	083010	200DB	5.00	2,016.		2,016.	2,016.	0.
49	RIFLE STOCK	083111	200DB	5.00	2,191.		2,191.	2,191.	0.
50	TWO WAY RADIOS	112610	200DB	5.00	1,092.		1,092.	1,092.	0.
54	ROLLER SKIS AND WHEELS	081712	200DB	5.00	1,228.		1,228.	1,228.	0.
55	2 WALKIE TALKIE RADIOS	112912	200DB	5.00	760.		760.	760.	0.
56	CATAPULT GPS SYSTEM	022613	200DB	5.00	8,000.		8,000.	8,000.	0.
60	APPLE COMPUTER	091213	200DB	5.00	1,259.		1,259.	1,259.	0.
61	WINTERSTEIGER TOOLS FOR US GRINDING 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

2023 DEPRECIATION AND AMORTIZATION REPORT

- 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
62	DESSCO GENERATOR FOR SKI GRINDING IN SOCHI	101513	200DB	5.00	5,088.		5,088.	5,088.	0.
63	6 TARGETS FOR LAKE PLACID	111913	200DB	5.00	40,257.		40,257.	40,257.	0.
64	LASER SHOOTING SYSTEM	081215	200DB	5.00	1,618.		1,618.	1,618.	0.
67	2 WALNUT SPRINT .22LR RIFLES	070117	200DB	5.00	5,700.		5,700.	5,700.	0.
68	AUSZAHLUNG GRINDING MACHINE	072417	200DB	5.00	17,288.		17,288.	17,288.	0.
69	WINTERSTEIGER GRINDING MACHINE	012318	200DB	5.00	22,344.		22,344.	22,344.	0.
70	2 ANSCHUTZ NS BIATHLON RIFLES	063019	200DB	5.00	8,085.		8,085.	7,311.	774.
71	4 ANSCHUTZ RIFLES AND ACCESSORIES	092019	200DB	5.00	15,453.		15,453.	13,539.	1,701.
	* 990 PAGE 10 TOTAL - PROGRAM EQUIPMENT				233,269.		233,269.	230,581.	2,475.
	VEHICLES								
66	2017 VW GOLF	051617	200DB	5.00	25,963.		25,963.	25,963.	0.
	* 990 PAGE 10 TOTAL - VEHICLES				25,963.		25,963.	25,963.	0.
	PARALYMPIC PROGRAM EQUIPMENT								
	* GRAND TOTAL 990 PAGE 10 DEPR				298,155.	1,500.	296,655.	292,867.	3,002.

(D) - Asset disposed

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