Virtual USAT Board Meeting Minutes

Location	Date	Time	Format
Slack Channel	September 28 , 2023	N/A	Virtual

In Attendance

Board Members Present		
Joel Rosinbum	Chair	Present
Henry Brandon	Vice Chair	Present
Chuck Graziano	Secretary	Present
William Huffman	Treasurer	Present
Gabriela Gallegos	Director	Present
Erin Storie	Director	Present
Keri Serota	Director	Present
Colonel Yvonne Spencer	Director	Present
Felix Stellmaszek	Director	Present
Scott Sternberg	Director	Present
Alyssa Seely	Ex-Officio	Present
Katie Zaferes	Director	Present

To approve the USAT Foundation 990:

MOTION									
Can the USAT Foundation 990 (attached below) be taken to a vote for approval without									
discussion?									
CARRIED									

To approve the USAT 990:

MOTION							
Can the USAT 990 (attached below) be taken to a vote for approval without discussion?							
CARRIED							



September 14, 2023

USA Triathlon Foundation 5825 Delmonico Drive Colorado Springs, CO 80919

Dear Stephen:

Enclosed are the following income tax returns prepared on behalf of USA Triathlon Foundation for the year ended December 31, 2022.

2022 990 - Return of Organization Exempt from Income Tax
2022 8879-TE - IRS E-file Signature Authorization Form
2022 Schedule A - Public Charity Status and Public Support
2022 Schedule B - Schedule of Contributors
2022 Schedule D - Supplemental Financial Statements
2022 Schedule I - Grants & Other Assist. to Org/Gov/Ind. in the U.S.
2022 Schedule J - Compensation Information
2022 Schedule M - Noncash Contributions
2022 Schedule O - Supplemental Information to Form 990 or 990EZ
2022 Schedule R - Related Organizations and Unrelated Partnerships

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

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

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

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



Enclosures

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

USA Triathlon Foundation Instructions for Filing Form 8879-TE IRS e-file Signature Authorization for Form 990 For the year ended December 31, 2022

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

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

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

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

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

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

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

Form 8879-TE

IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2022, or fiscal year beginning 01/01/2022 and ending 12/31/2022

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

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

Department of the Treasury Internal Revenue Service Name of filer

TRIATHLON FOUNDATION USA Name and title of officer or person subject to tax

46-5062719

EIN or SSN

VICTORIA BRUMFIELD, CEO

Type of Return and Return Information Part I

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

1a	Form 990 check here	Χ	b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b 2, 185, 24	<u>42.</u>
2a	Form 990-EZ check here		b Total revenue, if any (Form 990-EZ, line 9)	
3a	Form 1120-POL check here		b Total tax (Form 1120-POL, line 22)	
4a	Form 990-PF check here		b Tax based on investment income (Form 990-PF, Part V, line 5) 4b	
5a	Form 8868 check here		b Balance due (Form 8868, line 3c)	
6a	Form 990-T check here		b Total tax (Form 990-T, Part III, line 4) 6b	
7a	Form 4720 check here		b Total tax (Form 4720, Part III, line 1)	
8a	Form 5227 check here		b FMV of assets at end of tax year (Form 5227, Item D) 8b	
9a	Form 5330 check here		b Tax due (Form 5330, Part II, line 19)	
10a	Form 8038-CP check here		b Amount of credit payment requested (Form 8038CP, Part III, line 22) .10b	
Part	I Declaration and Signa	ture	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 enti	ty)		, (EIN) and that I have examined a copy of the	

, (EIN) 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

X I authorize	STOCKMAN KAST RYAN & CO,	to enter my PIN 8 3 1 2 3 as	my signature
	ERO firm name	Enter five numbers, but	
		do not enter all zeros	

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

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.

8	4	3	5	5	6	8	4	1	5	0
			Doi	not e	nter	all z	eros			

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

ERO's signature	Date	09/14/2023	5
	Dee Instructions		
ERO Must Retain This Form - S Do Not Submit This Form to the IRS Un			
For Privacy Act and Paperwork Reduction Act Notice, see back of form.			Form 8879-TE (2022)

For Privacy Act and Paperwork Reduction Act Notice, see back of form. JSA 2X3008 2 000

8182RM P091 09/14/2023 15:03:54 V22-6.7F ORIGINAL

Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information. 2022 Open to Public

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

A	For th	ne 2022 cal	endar year, or tax year beginning and ending				
_			C Name of organization		D Emp	oloyer identification	ation number
в	Check if a	applicable:	USA TRIATHLON FOUNDATION				
	Addre	ess change	Doing business as		46-	5062719	
	Name	change	Number and street (or P.O. box if mail is not delivered to street address)	oom/suite		phone number	
	1	return	5825 DELMONICO DRIVE	(71	9)884-5	604	
	-	return/terminated		ss receipts \$	001		
	Amen	ded return	City or town, state or province, country, and ZIP or foreign postal code COLORADO SPRINGS, CO 80919			•	12,108.
	Applic	cation pending	F Name and address of principal officer: VICTORIA BRUMFIELD	H(a)	s this a group i		Yes X No
			5825 DELMONICO DRIVE#200, COLORADO SPGS, CO 80919		ubordinates? Are all subordii	natos included?	Yes No
1	Tay-e	xempt status:				ach a list. See inst	
<u>-</u>	Webs		W.USATRIATHLONFOUNDATION.ORG		roup exemp		
ĸ		of organization		f formation: 2			
_	Part I	-			J14 W3	state of legal ut	omicile: CO
Г							
	1	-	scribe the organization's mission or most significant activities: THE MISSION			ATHLON	
Activities & Governance			TION IS TO SUPPORT AND PROMOTE TRIATHLON, AND OPEN	PATHWAY	5		
rna			IUED IN SCHEDULE O				
ove	2	Check this				1	
ڻ م	3		f voting members of the governing body (Part VI, line 1a)			3	13
es	4		f independent voting members of the governing body (Part VI, line 1b)			4	13
viti	5		ber of individuals employed in calendar year 2022 (Part V, line 2a)			5	NONE
cti	6		ber of volunteers (estimate if necessary)			6	10
٩	10		elated business revenue from Part VIII, column (C), line 12			7a	
	b	Net unrela	ated business taxable income from Form 990-T, Part I, line 11			7b	
					r Year		rent Year
ē	8		ons and grants (Part VIII, line 1h)	1,!	586,24	8. 2	<u>,181,855.</u>
Revenue	9		service revenue (Part VIII, line 2g)			NE	NONE
Rev	10		nt income (Part VIII, column (A), lines 3, 4, and 7d)		3,94		-2,198.
_	11		enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		20,83	0.	5,585.
	12	Total reve	nue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,0	511,02	6. 2	<u>,185,242.</u>
	13		d similar amounts paid (Part IX, column (A), lines 1-3)		553,24	3.	783,848.
	14	Benefits p	aid to or for members (Part IX, column (A), line 4)		NC	NE	NONE
Se	15	Salaries, o	other compensation, employee benefits (Part IX, column (A), lines 5-10)	482,81	8.	NONE	
Expenses	16 a	Profession	nal fundraising fees (Part IX, column (A), line 11e)		NC	NE	NONE
ăX	- b	Total fund	Iraising expenses (Part IX, column (D), line 25) NONE				
ш	17	Other exp	enses (Part IX, column (A), lines 11a-11d, 11f-24e)		188,86	2.	489,777.
	18	Total expe	enses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,3	324,92	3. 1	,273,625.
	19	Revenue I	less expenses. Subtract line 18 from line 12		286,10	3.	911,617.
Net Assets or Fund Balances	8			Beginning of	Current Y	ear End	d of Year
sets	20	Total asse	ets (Part X, line 16)		597,33	5. 1	,611,693.
As	21	Total liabi	lities (Part X, line 26)		311,49	2.	314,233.
Puer Find	22	Net assets	s or fund balances. Subtract line 21 from line 20		385,84	3. 1	,297,460.
Pa	art II	Signat	ture Block				
			rjury, I declare that I have examined this return, including accompanying schedules and stater			my knowledge	e and belief, it is
	le, con		plete. Declaration of preparer (other than officer) is based on all information of which preparer ha	is any knowledg	je.		
<u>.</u>							
Sig	-	Signature of	of officer		Date		
He	ere						
		Type or prin	nt name and title				
<u> </u>		Print/Type	preparer's name Preparer's signature Date		heck	if PTIN	
Pai		DOREEN	IB MERZ NORMO 1100/9/14	/2023 s	elf-employe	d P00841	1439
	eparer e Only	Firm's non		Firm's	EIN	84-1509	9584
056	e Only	Firm's add	ress 102 N. CASCADE AVENUE, SUITE 400 COLORADO SPRINGS, CO 80903	Phone	no.	719-630)-1186
Ма	y the	IRS discu	iss this return with the preparer shown above? See instructions			X Y	'es No
For	Pape	erwork Red	uction Act Notice, see the separate instructions.			For	m 990 (2022)
	-						

	USA TRIATHLON FOUNDATION 46-50	62719	
Foi	rm 990 (2022)		Page 2
Ρ	art III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		
	THE MISSION OF THE USA TRIATHLON FOUNDATION IS TO SUPPORT AND PROMOTE		
	TRIATHLON, AND OPEN PATHWAYS TO TRIATHLON TO THOSE WHOM IT MIGHT NOT		
	OTHERWISE BE POSSIBLE. (CONTINUED ON SCH O)		
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [If "Yes," describe these new services on Schedule O.	Yes	X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
	Describe the organization's program service accomplishments for each of its three largest program services expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allo the total expenses, and revenue, if any, for each program service reported.		
4a	a (Code:) (Expenses \$ 683,963. including grants of \$ 683,963.) (Revenue \$	NONE)
	DURING 2022, THE FOUNDATION SUPPORTED AND ENABLED NUMEROUS		
	ATHLETES, OF ALL SKILL SETS AND AGE DIVISIONS, THROUGH THE		
	FOLLOWING GRANT OPPORTUNITIES: YOUTH PILLAR GRANTS (PROGRAMS AND		
	INDIVIDUALS ENCOURAGING YOUTH PARTICIPATION), DEIA PILLAR GRANTS		
	(PROGRAMS AND INDIVIDUALS INSPIRING PATHWAYS TO ACCESS AND		
	INCLUSION), BRIDGET INSPIRES GRANTS (SUPPORTING YOUNG FEMALE		
	TRIATHLETES), AND THE NCAA WOMEN'S EMERGING SPORTS GRANT (SUPPORT		
	FOR THE JOURNEY TO BECOME A FULL-FLEDGED NCAA CHAMPIONSHIP SPORT,		
	ALLOWING FEMALE TRIATHLETES THE OPPORTUNITY TO BE OFFICIAL NCAA		
	STUDENT-ATHLETES AND PARTICIPATE IN COMPETITIVE DRAFT-LEGAL		
	RACING).		

4b	(Code:) (Expens	es \$	10	00,000. inclu	Iding	grant	s of \$		100	,000.) (Revenue \$)	
	PROJECT	PODI	UM GRAN	T P	ROGRAM	i – GRANT	FU	NDINC	G TO	SUP	PORT	OLYI	MPIC			
	DEVELOPN	1ENT	PROGRAM	то	HELP	IDENTIFY	UP	AND	COMI	NG	OLYMP	IC				
	HOPEFULS	5.														

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

4d Other program services (Describe on Schedule O.)										
	(Expenses \$	including grants of \$) (Revenue \$							
4e	Total program service expen	ses 783,963.								
ISA				-	000 /000					

)

USA TRIATHLON FOUNDATION

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Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
с	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			
-	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		x
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12 2	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
120	Schedule D. Parts XI and XII.	12a		x
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If	12a		
D	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	120	A	v
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	14a		
U				
	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>	14b		v
45	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	140		X
15		45		37
16	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	40		37
47	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
_	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

JSA 2E1021 1.000

Form 990 (2022)

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Form 990 (2022)

Page 4	

Part	V Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
20	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J.	23	Х	
24-		23		
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
_	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
-	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key	<u> </u>		
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		х
20		21		
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		<u>X</u>
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1.	34	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI.	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and	<u> </u>		
	19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Part		00	17	
T art	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1 -	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	4 -		
JSA	reportable gaming (gambling) winnings to prize winners?	1c	000	(0000)
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USA TRIATHLON FOUNDATION

Form 990 (2022)

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Par	V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax									
	Statements, filed for the calendar year ending with or within the year covered by this return. 2a NONE									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b								
	a Did the organization have unrelated business gross income of \$1,000 or more during the year?									
	b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O									
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,									
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?									
b	If "Yes," enter the name of the foreign country									
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).									
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х						
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х						
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c								
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the									
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х						
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or									
	gifts were not tax deductible?	6b								
7	Organizations that may receive deductible contributions under section 170(c).									
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods									
	and services provided to the payor?	7a	Х							
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was									
	required to file Form 8282?	7c		X						
d	If "Yes," indicate the number of Forms 8282 filed during the year									
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X						
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X						
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g								
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h								
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the									
	sponsoring organization have excess business holdings at any time during the year?	8								
	Sponsoring organizations maintaining donor advised funds.									
	Did the sponsoring organization make any taxable distributions under section 4966?	9a								
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b								
10	Section 501(c)(7) organizations. Enter:									
	Initiation fees and capital contributions included on Part VIII, line 12									
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b									
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders									
	Gross income from other sources. (Do not net amounts due or paid to other sources									
b	against amounts due or received from them.)									
122	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a								
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year									
13	Section 501(c)(29) qualified nonprofit health insurance issuers.									
	Is the organization licensed to issue qualified health plans in more than one state?	13a								
	Note: See the instructions for additional information the organization must report on Schedule O.									
b	Enter the amount of reserves the organization is required to maintain by the states in which									
	the organization is licensed to issue qualified health plans									
с	Enter the amount of reserves on hand									
14 a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х						
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b								
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or									
	excess parachute payment(s) during the year?	15		X						
	If "Yes," see the instructions and file Form 4720, Schedule N.									
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X						
	If "Yes," complete Form 4720, Schedule O.									
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities									
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17								

Form 9	90 (2022) USA TRIATHLON FOUNDATION 46-5062	2719	F	Page 6
Part	VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below	, and	for a	"No"
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.	See in	struc	tions.
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sect	ion A. Governing Body and Management			
			Yes	No
15	Enter the number of voting members of the governing body at the end of the tax year 1a 13			
Id	If there are material differences in voting rights among members of the governing body, or	1		
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent 1b 13			
b		-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	2		37
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3	Х	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	Х	
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?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
•	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.	9		х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	.)	
			Yes	No
102	Did the organization have local chapters, branches, or affiliates?	10a		x
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
b		10b		
44.4	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	11a	Х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	114	21	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	12a	Х	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	120	Λ	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	126	v	
	rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	40.	37	
	describe on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filedCO,			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-	Г (sect	tion 5	601(c)
-	(3)s only) available for <u>public</u> inspection. Indicate <u>how</u> you made these av <u>ailable</u> . Check all that apply.	(. (-)
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of	of intor	est r	olicy
	and financial statements available to the public during the tax year.		501 4	, oney,
20	State the name, address, and telephone number of the person who possesses the organization's books and record	le		
20	THE ORGANIZATION 5825 DELMONICO DRIVE, #200 COS, CO 80919	10		
	(719)884-5604	Form	990	(2022)
JSA				(/
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11000				
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Part VII	Compensation of	Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	and
	Independent Contra	actors								

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	box,	unles	Pos heck ss pe	erson	e than o is both or/trust Highest compensated	an	(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NIEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
	dotted line)	stee	ustee			ensated				
(1) GABE CAGWIN	5.00									
PRESIDENT	55.00			х				NONE	262,948.	5,597.
(2) ALEX EGAN	5.00									
CHAIR	NONE	X		х				NONE	NONE	NONE
(3) STEPHEN BAN	5.00									
PAST CHAIR	NONE	Х		Х				NONE	NONE	NONE
(4) BRENDA SMITH	5.00									
SECRETARY	NONE	Х		Х				NONE	NONE	NONE
(5) JACQUELINE MCCOOK	5.00									
TRUSTEE	NONE	Х						NONE	NONE	NONE
(6) MELISSA STOCKWELL	5.00									
TRUSTEE	NONE	Х						NONE	NONE	NONE
(7) PAUL GOMPERS	5.00									
TRUSTEE	NONE	Х						NONE	NONE	NONE
(8) JOHN CASSIMATIS	5.00									
TRUSTEE	NONE	Х						NONE	NONE	NONE
(9) WILLIAM (BILL) SHENKIN	5.00									
TRUSTEE (FROM 10/2022)	NONE	Х						NONE	NONE	NONE
(10) FRANTZ ALPHANSO	5.00									
TRUSTEE (FROM 10/2022)	NONE	Х						NONE	NONE	NONE
(11) REGGIE WALLER	5.00									
TRUSTEE (FROM 10/2022)	NONE	Х						NONE	NONE	NONE
(12) AUDRA MALLOW	5.00									
TRUSTEE (FROM 3/2022)	NONE	Х						NONE	NONE	NONE
(13) GREG GOOLSBY	5.00									
TRUSTEE	NONE	Х						NONE	NONE	NONE
(14)										

Form 990 (2022)

USA TRIATHLON FOUNDATION

	n 990 (2022)												-age 8
Pa	rt VII Section A. Officers, Directors, Tru	ustees, Ke	y Em	plo	yee	es, a	and H	ligl	hest Compensat	ed Employees (continu	ed)	
	(A) Name and title	(B) Average hours per week (list any hours for	box,	unles	Pos neck ss pe d a d	erson	e than c is both or/trust	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	ar	(F) stimated nount o other npensati	f
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	org an	from the organization and related organizations	
		+											
	Sub-total Total from continuation sheets to Part VII, S	ection A		•••	••	•••		•	NONE NONE	-			597. NONE
	Total (add lines 1b and 1c)							► o re	NONE ceived more than	,		5,	597.
	reportable compensation from the organization	n 🕨				NO	NE						
3	Did the organization list any former offic employee on line 1a? If "Yes," complete Sched										3	Yes	No X
4	For any individual listed on line 1a, is the sorganization and related organizations graindividual	eater than	\$15	0,0	00?	lf	"Yes	s," (nd other compens complete Schedu	sation from the le J for such	4	x	
5	Did any person listed on line 1a receive or for services rendered to the organization? If "Y	accrue co	mpen	sati	on f	from	n any	un			5		X
Se	ction B. Independent Contractors										•		
1	Complete this table for your five highest com compensation from the organization. Report of year.												
	(A) SEE SCHEDULE O Name and business add	lress							(B) Description of se	rvices	(C) Compen		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 1
JSA
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Form 990 (20	22)
Part VIII	

USA TRIATHLON FOUNDATION Statement of Revenue

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		Check if Schedule O co	ontains a respo	nse or note to ar	,			<u> </u>
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
î, ŝ	1a	Federated campaigns	1a					
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues						
ΰĔ	c	Fundraising events						
fts,	d	Related organizations		175,000.				
Gif	e	Government grants (contribu		,				
Sin's		All other contributions, gifts,						
r S	f	and similar amounts not include	°	2,006,855.				
the				2,000,055.				
ēĒ	g	Noncash contributions includ		• • • • • • • • •				
Son		lines 1a-1f			0 101 055			
0	h	Total. Add lines 1a-1f	<u></u>		2,181,855.			
d)				Business Code				
<u>Ş</u>	2a							
Program Service Revenue	b							
γen S	c							
Sev	d							
<u> </u>	е							
ā	f	All other program service rev	enue					
	g	Total. Add lines 2a-2f			NONE			
	3	Investment income (inclue	ding dividends,	interest, and				
		other similar amounts).			21.			21.
	4	Income from investment of			NONE			
	5	Royalties			5,585.			5,585.
			(i) Real	(ii) Personal				
	6a	Gross rents 6a						
	b	Less: rental expenses 6b						
	c	Rental income or (loss) 6c	NON	e none				
	d	Net rental income or (loss) .			NONE			
	7a	Gross amount from	(i) Securities	(ii) Other				
		sales of assets						
		other than inventory 7a	124,647					
ð	b	Less: cost or other basis						
nu	~	and sales expenses 7b	126,866					
Revenue	c	Gain or (loss) 7c	-2,219					
Å		Net gain or (loss)	_,		-2,219.			-2,219.
Other					_/			
ō	ва	Gross income from f	ũ					
		events (not including \$						
		of contributions reported		NONE				
		1c). See Part IV, line 18		NONE				
	b	Less: direct expenses			NONE			
	c	Net income or (loss) from fu	-		NONE			
	9a	Gross income from	gaming					
		activities. See Part IV, line 19		NONE				
	b	Less: direct expenses		NONE				
	c	Net income or (loss) from g	aming activities		NONE			
	10a	Gross sales of invento						
		returns and allowances		NONE				
	b	Less: cost of goods sold	<u>10b</u>	NONE				
	C	Net income or (loss) from sal	les of inventory.		NONE			
ns				Business Code				
eol Ne	11a							
lan ent	b							
e cel	c							
Miscellaneous Revenue	d	All other revenue						<u> </u>
2	е	Total. Add lines 11a-11d			NONE			
	12	Total revenue. See instruction	ons		2,185,242.			3,387.
JSA								Form 990 (2022)

USA TRIATHLON FOUNDATION

Form 990 (2022) USA TRIATH Part IX Statement of Functional Expenses	LON FOUNDATION		10 50)62719 Page 1
Section 501(c)(3) and 501(c)(4) organizations mus		All other organization	ns must complete colu	mn (A).
Check if Schedule O contains a respo				· · ·
Do not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B)	(C)	(D)
3b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1 Grants and other assistance to domestic organizations		·		
and domestic governments. See Part IV, line 21	275,000.	275,000.		
2 Grants and other assistance to domestic				
individuals. See Part IV, line 22	508,848.	508,848.		
3 Grants and other assistance to foreign				
organizations, foreign governments, and				
foreign individuals. See Part IV, lines 15 and 16	NONE			
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors,				
trustees, and key employees	NONE			
6 Compensation not included above to disqualified				
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)	NONE			
7 Other salaries and wages	NONE			
8 Pension plan accruals and contributions (include	NONE			
section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	NONE			
IO Payroll taxes	NONE			
11 Fees for services (nonemployees):				
a Management	180,257.		180,257.	
b Legal	NONE			
c Accounting	NONE			
d Lobbying	NONE			
e Professional fundraising services. See Part IV, line 17.	NONE			
f Investment management fees	NONE			
g Other. (If line 11g amount exceeds 10% of line 25, column				
(A), amount, list line 11g expenses on Schedule O.)	31,168.	115.	31,053.	
12 Advertising and promotion	12,648.		12,648.	
13 Office expenses	30,276.		30,276.	
14 Information technology	10,590.		10,590.	
15 Royalties	NONE			
16 Occupancy	230.		230.	
17 Travel	192,743.		192,743.	
8 Payments of travel or entertainment expenses				
for any federal, state, or local public officials	NONE			
9 Conferences, conventions, and meetings	NONE			
20 Interest	NONE			
21 Payments to affiliates	NONE		0.000	
22 Depreciation, depletion, and amortization	2,262.		2,262.	
23 Insurance	3,683.		3,683.	
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.)	22.000		22.020	
a RENTAL EQUIPMENT	22,820.		22,820.	
b STATE REGISTRATION FILING FE	3,100.		3,100.	
c				
d				
e All other expenses	1 000 000	702.062	400.550	
25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the	1,273,625.	783,963.	489,662.	NOI
organization reported in column (B) joint costs				
from a combined educational campaign and				
fundraising solicitation. Check here if if following SOP 98-2 (ASC 958-720)				

Form 990 (2022)

following SOP 98-2 (ASC 958-720)

USA TRIATHLON FOUNDATION

	(2022)			5062719 Page 11
Part X	Balance Sheet Check if Schedule O contains a response or note to any line in this Pa	art V		
		(A)		(B)
		Beginning of year		End of year
1	Cash - non-interest-bearing	467,534.	1	705,196
2	Savings and temporary cash investments.	NONE	2	NON
3	Pledges and grants receivable, net	186,389.	3	704,426
4	Accounts receivable, net	28,897.	4	69,203
5	Loans and other receivables from any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons	NONE	5	NON
6	Loans and other receivables from other disqualified persons (as defined			
	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	NONE	6	NON
2 7	Notes and loans receivable, net	NONE	7	NON
2 7 8 8	Inventories for sale or use	NONE	8	NON
² 9	Prepaid expenses and deferred charges	9,916.	9	6,162
10 a	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a 11,297.			
k	Less: accumulated depreciation	4,598.	10c	2,337
11	Investments - publicly traded securities	1.	11	124,369
12	Investments - other securities. See Part IV, line 11	NONE	12	NON
13	Investments - program-related. See Part IV, line 11	NONE	13	NON
14	Intangible assets	NONE	14	NON
15	Other assets. See Part IV, line 11	NONE	15	NON
16	Total assets. Add lines 1 through 15 (must equal line 33)	697,335.	16	1,611,693
17	Accounts payable and accrued expenses	71,865.	17	40,450
18	Grants payable	NONE	18	NON
19	Deferred revenue	6,000.	19	53,775
20	Tax-exempt bond liabilities	NONE	20	NON
21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NON
3 22	Loans and other payables to any current or former officer, director,			
22	trustee, key employee, creator or founder, substantial contributor, or 35%			
2	controlled entity or family member of any of these persons	NONE	22	NON
23	Secured mortgages and notes payable to unrelated third parties	NONE	23	NON
24	Unsecured notes and loans payable to unrelated third parties	156,668.	24	159,500
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	76,959.	25	60,508
26	Total liabilities. Add lines 17 through 25	311,492.	26	314,233
200	Organizations that follow FASB ASC 958, check here X and complete lines 27, 28, 32, and 33.			
27	Net assets without donor restrictions	-101,820.	27	-100,703
28	Net assets with donor restrictions.	487,663.	28	1,398,163
27 28 29 30 31 32 32	Organizations that do not follow FASB ASC 958, check here 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	385,843.	32	1,297,460
33	Total liabilities and net assets/fund balances	697,335.	33	1,611,693

Form 990 (2022)

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Form 99	0 (2022)				Pa	ge 12
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				242.
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,2	73,	625.
3	Revenue less expenses. Subtract line 2 from line 1	3		9	11,	617.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		3	85,	843.
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O).	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10		1,2	97,	460.
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain	on			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were com	piled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted or	na			
	separate basis, consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	rsight	tof			
	the audit, review, or compilation of its financial statements and selection of an independent accounta	nt?	• •	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, ex	plain	on			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	th in	the			
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	ergo	the			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au	udits .		3b		

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(Form	990)	

Public Charity Status and Public Support

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

OMB No. 1545-0047 2022

Depa	rtme	nt of the Treasury		A	Attach to Form 990 or F	orm 990-	EZ.		Open to Public	
		venue Service		Go to www.irs.go	//Form990 for instruction	ons and t	he latest i	nformation.	Inspection	
Nam	e of t	ne organization						Employer ide	entification number	
USZ	4 TI	RIATHLON F	OUNDATION					46	-5062719	
Ра	rt I	Reason fo	or Public Ch	arity Status. (All	organizations must	comple	ete this p	oart.) See instruc	tions.	
The	orga	anization is not	a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	neck only	one box.)		
1		A church, con	vention of chu	urches, or associa	tion of churches desc	ribed in s	ection 1	70(b)(1)(A)(i).		
2		A school desc	ribed in secti	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90).)			
3		A hospital or a	a cooperative	hospital service o	rganization described	in sectio	n 170(b)	(1)(A)(iii).		
4		A medical res	earch organiz	ation operated in	conjunction with a hos	spital de	scribed ir	n section 170(b)(1))(A)(iii). Enter the	
		hospital's nam	ne, city, and st	tate:						
5		An organizati	on operated f	for the benefit of	a college or universit	ty owned	d or ope	rated by a govern	nmental unit described	in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, sta	te, or local go	overnment or gover	rnmental unit describe	d in sect	tion 170(b)(1)(A)(v).		
7	Х	An organizati	on that norma	ally receives a sub	stantial part of its su	pport fr	om a go	vernmental unit o	r from the general pub	olic
		described in s	ection 170(b)	(1)(A)(vi). (Compl	ete Part II.)					
8		A community	trust describe	ed in section 170(b	o)(1)(A)(vi). (Complete	e Part II.)				
9		An agricultura	I research or	ganization describe	ed in section 170(b)(1)(A)(ix)	operated	in conjunction wit	h a land-grant college	
		or university of	or a non-land-	grant college of ag	riculture (see instruct	tions). E	nter the i	name, city, and stat	te of the college or	
		university:								
10		receipts from support from	activities rela gross investm	ted to its exempt f nent income and u	ore than 331/3 % of its unctions, subject to c nrelated business tax	ertain ex able inco	ceptions	s; and (2) no more t s section 511 tax) fi	than 331/3 % of its	
11					975. See section 509 usively to test for publi					
12		0	0	•	, ,				carry out the purposes	of
12		-	-		-	-			section 509(a)(3). Che	
				-	es the type of suppor		-			OIL
а	Г		-					-	(s), typically by giving	
a				•	regularly appoint or e	•		•		
			-	., .	e Part IV, Sections A		ajonty of			
b					ed or controlled in co		n with its	supported organiz	zation(s) by having	
									manage the supported	
					, Sections A and C.					
с			. ,	•		ated in c	onnectio	n with. and functio	onally integrated with,	
	_	•••	•		s). You must comple				<i>y</i> 0 <i>i</i>	
d			-						ported organization(s)	
		that is not fu	unctionally inte	egrated. The organ	nization generally mus	st satisfy	a distrib	ution requirement	and an attentiveness	
		_ requirement	(see instruct	ions). You must co	omplete Part IV, Sect	ions A a	nd D, an	d Part V.		
е		Check this t	oox if the orga	nization received	a written determinatio	on from t	he IRS th	nat it is a Type I, Ty	pe II, Type III	
		functionally	integrated, or	Type III non-funct	ionally integrated sup	porting o	organizat	ion.		
f	En	ter the number	of supported	l organizations						
g	Pro	ovide the follow	ing information	on about the suppo	orted organization(s).					
	(i) N	ame of supported of	organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	listed in yo	organization ur governing ment?	(v) Amount of moneta support (see instructions)	ary (vi) Amount of other support (see instructions)	
						Yes	No			
(A)										
(B)										
(C)										
(D)										
(E)										
										—

Total

Schedule A (Form 990) 2022

Page 2

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

<u>Sec</u>	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	245,415.	481,596.	628,988.	1,294,001.	2,181,855.	4,831,855.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE
3	The value of services or facilities furnished by a governmental unit to the organization without charge						NONE
4	Total. Add lines 1 through 3	245,415.	481,596.	628,988.	1,294,001.	2,181,855.	4,831,855.
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).						308,273.
6	Public support. Subtract line 5 from line 4						
	tion B. Total Support						4,523,582.
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	245,415.	481,596.	628,988.	1,294,001.	2,181,855.	4,831,855.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	10.	412.	5.	7.	5,606.	6,040.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						NONE
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						NONE
11	Total support. Add lines 7 through 10						4,837,895.
12	Gross receipts from related activities, etc. (se	ee instructions) .				12	63,974.
13	First 5 years. If the Form 990 is for organization, check this box and stop here.	the organizatio	on's first, second	, third, fourth,	or fifth tax year	ar as a section	501(c)(3)
Sec	tion C. Computation of Public Supp	oort Percenta	ge				
14	Public support percentage for 2022 (lin	ne 6, column (f)	, divided by line	11, column (f))		14	93.50 %
15	Public support percentage from 2021 S	Schedule A, Pa	rt II, line 14			15	91.94 %
16a	33 1/3% support test - 2022. If the org	anization did n	ot check the bo	x on line 13, ar	nd line 14 is 33	1/3 % or more, cl	neck this
	box and stop here. The organization qu	alifies as a pub	licly supported	organization.			Х
b	331/3% support test - 2021. If the org	anization did no	ot check a box o	on line 13 or 16	a, and line 15 is	s 331/3 % or mor	e, check
	this box and stop here. The organization	on qualifies as a	publicly suppor	ted organizatio	n		📖
17a	10%-facts-and-circumstances test - 2	022. If the org	anization did no	ot check a box	on line 13, 16a	a, or 16b, and li	ne 14 is
	10% or more, and if the organization					-	
	Part VI how the organization meets t	he facts-and-c	ircumstances te	st. The organiz	ation qualifies	as a publicly su	upported
	organization						
b	10%-facts-and-circumstances test - 2	-					
	15 is 10% or more, and if the organiz						
	in Part VI how the organization meets	the facts-and-	circumstances t	est. The organi	ization qualifies	as a publicly su	upported
	organization						
18	Private foundation. If the organization						
_	instructions						<u></u>

Schedule A (Form 990) 2022

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che	USA TR: dule A (Form 990) 2022	IATHLON FO	DUNDATION			46-50627	719 Pag
	t III Support Schedule for Organ					-l (
	(Complete only if you checke If the organization fails to qua	ed the box or lify under the	tests listed be	rt I or if the org elow, please co	anization faile omplete Part I	d to qualify und I.)	ier Part II.
ec	tion A. Public Support						
ale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
ŀ	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c from						
	line 6.)						
_	tion B. Total Support ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
3	Amounts from line 6.						()
-	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on.						
2	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
}	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
•	First 5 years. If the Form 990 is for	-			•		
	organization, check this box and stop here .						
	tion C. Computation of Public Supp			(())			
	Public support percentage for 2022 (line 8, or 2021) School		•			15	
	Public support percentage from 2021 Sched					16	
	tion D. Computation of Investment			40 1 (1)		4-	
	Investment income percentage for 2022 (line					17	
3	Investment income percentage from 2021 S					18	
1 2	331/3% support tests - 2022. If the org	anization did r	not check the bo	ox on line 14, a	nd line 15 is m	ore than 331/3%	, and line

line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization . . 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

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

Page 4

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Schedule A (Form 990) 2022

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Schedule A (Form 990) 2022

Part	V Supporting Organizations (continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		100	
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in Part VI.	11c		
Secti	provide detail in Part VI. on B. Type I Supporting Organizations	11c		
			Yes	Ν

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? <i>If "No," describe in Part VI how the supported organization(s)</i> effectively operated, supervised, or controlled the organization's activities. <i>If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>
---	---

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
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? <i>If "Yes," describe in Part VI the role the organization's</i>			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).					
а	The organization satisfied the Activities Test. Complete line 2 below.					
b	b The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>					
С	c The organization supported a governmental entity. <i>Describe in Part VI how you supported a governmental entity (see instructions).</i>					
		١	Yes	N		
2	Activities Test. Answer lines 2a and 2b below.					
-	Did substantially all of the experimentianly activities during the terror and in other the experimentary measure of					

- а Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- **b** Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- Parent of Supported Organizations. Answer lines 3a and 3b below. 3
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b Schedule A (Form 990) 2022

2a

2b

3a

1

2

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Schedule A (Form 990) 2022 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Part V Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See 1 instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain 1 2 Recoveries of prior-year distributions 2 3 3 Other gross income (see instructions) 4 Add lines 1 through 3. 4 5 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of 6 property held for production of income (see instructions) 7 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 2 Acquisition indebtedness applicable to non-exempt-use assets 3 Subtract line 2 from line 1d. 3 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 4 see instructions). 5 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by 0.035. 6 7 7 Recoveries of prior-year distributions 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 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6

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

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

Part	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)					
Sect	on D - Distributions				Current Year	
1	Amounts paid to supported organizations to accomplish ex		1			
2	Amounts paid to perform activity that directly furthers exer	ed				
	organizations, in excess of income from activity		2			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organi	zations	3		
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - p	rovide 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 resp	onsive			
	(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	1		10		
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	s	(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 - <i>explain in Part VI)</i> . See					
	instructions.					
3	Excess distributions carryover, if any, to 2022					
a	From 2017					
b	From 2018					
<u> </u>	From 2019					
d	From 2020					
<u>e</u>	From 2021					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
<u>h</u>	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: \$					
а	Applied to underdistributions of prior years					
b	Applied to 2022 distributable amount					
	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, <i>explain in Part VI</i> . 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:					
	Excess from 2018					
	Excess from 2019					
	Excess from 2020					
d	Excess from 2021					
e	Excess from 2022					

Schedule A (Form 990) 2022

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

USA TRIATHLON FOUNDATI	USA TRIATHLON FOUNDATION				
Organization type (check one):					
Filers of:	Section:				
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as a private four	ndation			
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundat	ion			
	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).

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	s (Form 990) (2022) organization		Part Part Part Part Part Part Part Part
	USA TRIATHLON FOUNDATION		46-5062719
Part I	Contributors (see instructions). Use duplicate cop	bies of Part I if additional space	is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	WILLIAM WARREN		Person X
	5455 POWERS OVERLOOK CT	\$102,22	Payroll 2. Noncash
	ATLANTA, GA 30327		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	AUDRA & MICHAEL MALLOW		Person X
	AUDIA & MICHAEL MALLOW		Person X Payroll
	870 FISKE ST	\$ 107,90	0. Noncash X

	PACIFIC PALISADES, CA 90272		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	ANTHONY GALLOWAY 242 w 53rd st apt 20e NEW YORK, NY 10019	\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	KEVIN HAAS 1544 CYPRESS AVE BURLINGAME, CA 94010	\$87,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	PAUL GOMPERS 71 PROSPECT PARK NEWTONVILLE, MA 02460	\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	JUSTIN KAPLAN 550 VANDERBILT AVE, PHW BROOKLYN, NY 11238	\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Schedule B (Form 990) (2022)

-	8 (Form 990) (2022)		Page 2 Employer identification number
	organization USA TRIATHLON FOUNDATION		46-5062719
Part I	Contributors (see instructions). Use duplicate cop	ies of Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	THE LEFF FAMILY FOUNDATION		Person X Payroll
	278 W ASHLAND ST	\$\$	Noncash (Complete Part II for
	DOYLESTOWN, PA 18901		noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	USA TRIATHLON OF COLORADO		Person X
	5825 DELMONICO DR.,STE.200	\$ 175,000.	Payroll Noncash
	COLORADO SPRINGS, CO 80919		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

JSA 2E1253 1.000

Name of o	-		Employer identification number 46-5062719		
Dort	USA TRIATHLON FOUNDATION	of Dort II if a dalition - I -			
Part II	Noncash Property (see instructions). Use duplicate copies	of Part II if additional s	space is ne		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or est (See instruct		(d) Date received	
	STOCK				
1					
		\$10	7,900.	12/31/2022	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or est (See instruct		(d) Date received	
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or est (See instruct		(d) Date received	
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or est (See instruct		(d) Date received	
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or est (See instruct		(d) Date received	
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or est (See instruct	imate) tions.)	(d) Date received	
		_			
		\$			
				1	

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Schedule B (Form 990) (2022)

	(Form 990) (2022)			Page 4
Name of or				Employer identification number
	USA TRIATHLON FOUNDAT			46-5062719
Part III	Exclusively religious, charitable, etc. (10) that total more than \$1,000 for the following line entry. For organizati contributions of \$1,000 or less for the Use duplicate copies of Part III if additi	the year from any ons completing Par e year. (Enter this in	one contributor. (t III, enter the total formation once. S	Complete columns (a) through (e) and of exclusively religious, charitable, etc.,
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transf and ZIP + 4	-	ship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transf and ZIP + 4	-	ship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transf	-	ship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transf and ZIP + 4	-	ship of transferor to transferee
JSA				Schedule B (Form 990) (2022)

SCHEE	DULE D
(Form	990)

Department of the Treasury

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

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

Attach to Form 990.

20 22 **Open to Public**

OMB No. 1545-0047

	nal Revenue Service	Go to www.irs.gov/	Form990 for instructions and the latest info	ormation.	Inspection
Name	e of the organization			Employ	ver identification number
USA	A TRIATHLON FO				6-5062719
Pa			ised Funds or Other Similar Funds	or Accou	nts.
	Complete	e if the organization answered	"Yes" on Form 990, Part IV, line 6.		
			(a) Donor advised funds	()	b) Funds and other accounts
1	Total number at e	nd of year			
2	Aggregate value o	of contributions to (during year) .			
3	Aggregate value o	of grants from (during year)			
4	Aggregate value a	at end of year			
5	Did the organizati	ion inform all donors and donor	advisors in writing that the assets he	eld in dono	r advised
	-		e organization's exclusive legal control?		
6	-	-	and donor advisors in writing that gran		
			fit of the donor or donor advisor, or fo		
			<u> </u>		Yes 🔄 No
Pa		ition Easements.			
-			"Yes" on Form 990, Part IV, line 7.		
1			organization (check all that apply).		
		n of land for public use (for example of natural habitat			orically important land area ified historic structure
				on or a cen	lined historic structure
2		n of open space	eld a qualified conservation contributior	in the form	a of a conconvotion
2	•	last day of the tax year.	eid a quaimed conservation contribution		Held at the End of the Tax Year
а					
b			· · · · · · · · · · · · · · · · · · ·		
c	-	-	historic structure included in (a)		
d			acquired after July 25, 2006, and not o		
u					
3		-	nsferred, released, extinguished, or te	· · · · · ·	v the organization during the
-	tax year				,
4			rvation easement is located		
5			garding the periodic monitoring, inspe		ndling of
			sements it holds?		
6			ecting, handling of violations, and enforci		
7	Amount of expens	ses incurred in monitoring, inspec	ting, handling of violations, and enforcing	g conservat	ion easements during the year
8			2(d) above satisfy the requirements of se		
	and section 170(h)(4)(B)(ii)?			Yes 📖 No
9	•	8	ports conservation easements in its		•
		• •	t of the footnote to the organization's	financial s	tatements that describes the
De		ounting for conservation easeme		har Cimila	
Pa			of Art, Historical Treasures, or Ot "Yes" on Form 990, Part IV, line 8.	ner Simila	ir Assets.
	· · · ·				
1a	of art, historical t service, provide in	n elected, as permitted under FA treasures, or other similar asse Part XIII the text of the footnote	ASB ASC 958, not to report in its reve ts held for public exhibition, education to its financial statements that describe	nue staten on, or rese s these iter	nent and balance sheet work arch in furtherance of publi ns.
b	art, historical treas		ASB ASC 958, to report in its revenue ld for public exhibition, education, or r ms:		
					\$
	(ii) Assets include	ed in Form 990, Part X			\$
2			rt, historical treasures, or other simila		
	•		ASB ASC 958 relating to these items:		
а			~ · · · · · · · · · · · · · · · · · · ·		\$
b					

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

Schee	lule D (Form 990) 2022 USA TRI.	ATHLON FO	UNDATION	ſ				46-5	062719	Page 2
Ра	rt III Organizations Maintaining Co	ollections of	Art, Histo	rical Tre	asures,	or Othe	r Similar A	Assets (c	continued	1)
3	Using the organization's acquisition, acc	ession, and	other recor	ds, check	c any of	the follo	wing that n	nake sigr	nificant us	e of its
	collection items (check all that apply):			_						
а	Public exhibition		d	Loan c	or exchar	nge progra	am			
b	Scholarly research		e	Other						
С	Preservation for future generations									
4	Provide a description of the organizatio	n's collections	s and expla	ain how t	hey furth	ner the o	rganization'	s exempt	t 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 that		ained as pa	rt of the c	organizat	ion's colle	ection?	[Yes	No
Ра	rt IV Escrow and Custodial Arrang					_				
	Complete if the organization a	nswered "Ye	es" on For	n 990, F	Part IV, li	ne 9, or	reported a	n amour	nt on Fori	n
	990, Part X, line 21.									
1a	Is the organization an agent, trustee, co			-				ets not		
	included on Form 990, Part X?							L	Yes	No
b	If "Yes," explain the arrangement in Part	XIII and com	plete the fo	lowing tab	ole:					
								Amount		
C.	Beginning balance					1c				
d	Additions during the year					1d				
e	Distributions during the year					1e				
t	Ending balance					1f	1		Nee	
	Did the organization include an amount of								Yes	No
	If "Yes," explain the arrangement in Part	XIII. Check h	ere if the e	planation	nas beer	n provideo	I ON Part XII			
Pa	t V Endowment Funds. Complete if the organization a	newarad "V	e" on For	m 000 E	Part IV/ li	ino 10				
		Current year	(b) Prio			years back	(d) Three y	ears back	(e) Four ye	are back
		Current year		i yeai	(0) 1 110	youro buok		ears back		
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains,									
	and losses									
	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
t	Administrative expenses									
g	End of year balance	ourrent voor	and holono	o (lino 1a	oolumn (
2 a	Provide the estimated percentage of the Board designated or quasi-endowment		%	e (inte Tg,	column (a)) neiu a	15.			
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 po	-		tion that	are held	and adm	inistered for	the		
	organization by:		0						Y	es No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related orga	anizations liste	ed as require	ed on Sch	edule R?				3b	
4	Describe in Part XIII the intended uses o	f the organiza	ition's endo	wment fur	nds.					·
Ра	rt VI Land, Buildings, and Equipme	nt.					0	000 D-	nt V. En a	10
	Complete if the organization a Description of property		es" on Fol		or other basi	1	See Form		Book value	
			tment)		ther)		preciation	(a		,
1a	Land									
b	Buildings									
С	Leasehold improvements									
d	Equipment		NONE		11,297	7.	8,960.		2	,337.
e	Other									
Tota	I. Add lines 1a through 1e. (Column (d) m	ust equal Fori	n 990, Part	X, columi	n (B), line	10c.)			2	,337.

Schedule D (Form 990) 2022

Part VII		- Other Securities.		Dart IV line 11h Cas Farm 000	Dont V. line 40
	•), Part IV, line 11b. See Form 990	
	(including na	security or category me of security)	(b) Book value	(c) Method of valuat Cost or end-of-year mark	
• •					
		ests			
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G) (H)					
		000 Devi V (D) (*** - 40)			
		990, Part X, col. (B) line 12.)			
Part VIII		• Program Related.	"Ves" on Form 990	, Part IV, line 11c. See Form 990,	Part X line 13
	•	•			
	(a) Description	n of investment	(b) Book value	(c) Method of valuat Cost or end-of-year mark	
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
<u>(9)</u>		000 Devi V (D) (m 40)			
		990, Part X, col. (B) line 13.)			
Part IX	Other Assets		"Yes" on Form 990), Part IV, line 11d. See Form 990	Part X line 15
		-	scription		(b) Book value
(1)		(4) 20			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	umn (b) must equ	al Form 990, Part X, col. (B) I	ine 15.)		
Part X	Other Liabiliti	es.			
		he organization answered	l "Yes" on Form 990), Part IV, line 11e or 11f. See For	m 990, Part X,
	line 25.				
1.		(a) Descrip	tion of liability		(b) Book value
(1) Feder	al income taxes				
(2)DUE TO	O USA TRIATH	ILON OF COLORA			60,508.
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
					60,508.
				the organization's financial statements the	
organization'	s nability for uncer	nam tax positions under FASB /	AOU 740. Check here if	the text of the footnote has been provid	led in Part XIII . X

Schedu	le D (Form 990) 2022 USA TRIATHLON FOUNDATION	46-	5062719 Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Retur Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	2,816,682.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities 2b		
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	631,440.
3	Subtract line 2e from line 1	3	2,185,242.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.) 4b		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,185,242.
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ırn.	
1	Total expenses and losses per audited financial statements	1	1,905,065.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b			
	Prior year adjustments		
С		-	
c d	Other losses	-	
	Other losses 2c Other (Describe in Part XIII.) 2d	2e	631,440.
d	Other losses 2c Other (Describe in Part XIII.) 2d Add lines 2a through 2d 2d	2e 3	631,440. 1,273,625.
d e	Other losses 2c Other (Describe in Part XIII.) 2d Add lines 2a through 2d 2d		
d e 3	Other losses. 2c Other (Describe in Part XIII.) 2d Add lines 2a through 2d 2d Subtract line 2e from line 1 4mounts included on Form 990, Part IX, line 25, but not on line 1:		
d e 3 4	Other losses. 2c Other (Describe in Part XIII.) 2d Add lines 2a through 2d 2d Subtract line 2e from line 1 4mounts included on Form 990, Part IX, line 25, but not on line 1:		
d e 3 4 a	Other losses. 2c Other (Describe in Part XIII.) 2d Add lines 2a through 2d 2d Subtract line 2e from line 1 4a Amounts included on Form 990, Part IX, line 25, but not on line 1: 4a		
d e 3 4 a b	Other losses 2c Other (Describe in Part XIII.) 2d Add lines 2a through 2d 2d Subtract line 2e from line 1 4a Investment expenses not included on Form 990, Part IX, line 25, but not on line 1: 4a Other (Describe in Part XIII.) 4b	3 4c	
d 9 4 2 5	Other losses 2c Other (Describe in Part XIII.) 2d Add lines 2a through 2d 2d Subtract line 2e from line 1 4a Investment expenses not included on Form 990, Part IX, line 25, but not on line 1: 4a Other (Describe in Part XIII.) 4b	3 4c 5	1,273,625.

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

SEE SUPPLEMENTAL PAGE

PART X, LINE 2

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

JSA 2E1226 1.000 8182RM P091 09/14/2023 15:03:54 V22-6.7F ORIGINAL

SCHEDULE IGrants and Other Assistance to Organizations,(Form 990)Governments, and Individuals in the United States							OMB No. 1545-0047			
									Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.	
Department of the Treasury		At	tach to Form 990.				Open to Public			
Internal Revenue Service Go to www.irs.gov/Form990 for the latest information.										
Name of the organization	Name of the organization Employer identification number									
USA TRIATHLON FOUNDATION	USA TRIATHLON FOUNDATION 46-5062719									
Part I General Information on Grants a	and Assistanc	е								
1 Does the organization maintain records to	substantiate th	ne amount of the	e grants or assista	nce, the grantees	' eligibility for the grant	s or assistance, a	nd			
the selection criteria used to award the gra			-	-			X Yes No			
2 Describe in Part IV the organization's proc	edures for mor	nitoring the use	of grant funds in the	e United States.						
Part II Grants and Other Assistance to	Domestic Or	ganizations ar	d Domestic Gov	ernments Com	plete if the organiz	ation answered	"Yes" on Form 990			
Part IV, line 21, for any recipient		-								
				•	•					
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistanc				
(1) WINGATE UNIVERSITY										
220 N CAMDEN ROAD WINGATE, NC 28174	56-6049935	501(C)(3)	10,000.				SEE PART IV			
(2) HAMPTON UNIVERSITY										
121 HOLLAND HALL HAMPTON, VA 23668	54-0505990	501(C)(3)	15,000.				SEE PART IV			
(3) ALVERNIA UNIVERSITY										
400 ST. BERNARDINE STREET READING, PA 19607	23-1522643	501(C)(3)	10,000.				SEE PART IV			
(4) NEWBERRY COLLEGE										
2100 COLLEGE STREET NEWBERRY, SC 29108	57-0314404	501(C)(3)	25,000.				SEE PART IV			
(5) BELMONT ABBEY COLLEGE										
100 BELMONT MOUNT HOLLY ROAD	56-0547498	501(C)(3)	10,000.				SEE PART IV			
(6) HUMBOLDT STATE UNIVERSITY										
1 HARPST ST ARCATA, CA 95521	68-0282413	501(C)(3)	65,000.				SEE PART IV			
(7) THE UNIVERSITY OF ARIZONA										
888 N EUCLID AVE TUCSON, AZ 85721	74-2652689	GOVERNMENT	40,000.				SEE PART IV			
(8) USA TRIATHLON OF COLORADO										
5825 DELMONICO DR.,STE.200	46-1178146	501(C)(3)	100,000.				SEE PART IV			
_(9)										
(10)										
(11)										
(12)										
2 Enter total number of section 501(c)(3) an	d government (I organizations lis	ted in the line 1 tak				. 8			
3 Enter total number of other organizations	0	0					NONE			
					<u> </u>					

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

Schedule I (Form 990) 2022

USA TRIATHLON FOUNDATION

46-5062719

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance			
		405 442	100 405					
1 ATHLETE TUITION/UNIFORMS/SUPPLIES/STIPEND	66	406,443.	102,405.	FMV	ATHLETIC SUPPLIES			
2								
3								
4								
5								
6								
7								
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information								

SCH I PART 1 LINE 2

PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS: USATF TRANSFERS

RESTRICTED GRANTS UPON CASH RECEIPT OF A RESTRICTED GIFT. THE USATF

RELEASES FUNDS WHEN IT HAS SUBSTANTIATED IT HAS SATISFIED ANY DONOR

IMPOSED RESTRICTIONS ON THE CONTRIBUTIONS.

USA TRIATHLON FOUNDATION

46-5062719

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					
Part IV Supplemental Information. Provide the information.	information re	equired in Part I,	line 2, Part III, d	column (b); and any c	other additional

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

PURPOSE: TO PROVIDE OPERATIONAL SUPPORT FOR TRIATHLON CLUBS AND ATHLETIC

PROGRAMS.

Page 2

	EDULE J	Comper	sation Information	С	MB No.	1545-0	047
(Forn	n 990)		ectors, Trustees, Key Employees, and Highest mpensated Employees		20	22)
		Complete if the organizatio	n answered "Yes" on Form 990, Part IV, line 2	3.			
	nent of the Treasury Revenue Service		Attach to Form 990. 90 for instructions and the latest information.		Open to Inspo		
	of the organization			Employer identificatio			
USA	TRIATHLON	FOUNDATION		46-506271	9		
Part	Questio	ns Regarding Compensation					
_						Yes	No
1a			ovided any of the following to or for a pers				
			provide any relevant information regarding				
		ss or charter travel	Housing allowance or residence for				
		or companions emnification and gross-up payments	Payments for business use of perso Health or social club dues or initiation				
		onary spending account	Personal services (such as maid, ch				
b	If any of the	boxes on line 1a are checked, did th	ne organization follow a written policy re openses described above? If "No," com	egarding payment			
			penses described above? If No, con		1b		
2	Did the orga	anization require substantiation prior	to reimbursing or allowing expenses	incurred by all			
	•		D/Executive Director, regarding the items	-			
	1a?				2		
3	Indicate which	n, if any, of the following the organization	on used to establish the compensation of	the			
	organization's	CEO/Executive Director. Check all the	at apply. Do not check any boxes for metho	ds used by a			
			e CEO/Executive Director, but explain in P	art III.			
	· ·	nsation committee	Written employment contract				
		dent compensation consultant	Compensation survey or study				
	Form 99	00 of other organizations	X Approval by the board or compensation	ation committee			
4		ar, did any person listed on Form 990, or a related organization:	Part VII, Section A, line 1a, with respect to	o the filing			
а			ayment?		4a		Х
b	Participate in	or receive payment from a supplement	tal nonqualified retirement plan?		4b		Х
С	Participate in	or receive payment from an equity-bas	sed compensation arrangement?		4c		X
	If "Yes" to an	y of lines 4a-c, list the persons and p	rovide the applicable amounts for each it	em in Part III.			
_	-		rganizations must complete lines 5-9.				
5	-	isted on Form 990, Part VII, Section contingent on the revenues of:	ion A, line 1a, did the organization pa	ly or accrue any			
а					5a		x
					5b		X
-	If "Yes" on lin	e 5a or 5b, describe in Part III.					
6			ion A, line 1a, did the organization pa	y or accrue any			
		n contingent on the net earnings of:					
а					6a		X
b					6b		Х
		e 6a or 6b, describe in Part III.					
7			on A, line 1a, did the organization prov				
8			escribe in Part III paid or accrued pursuant to a contract tha		7		X
0			Regulations section 53.4958-4(a)(3)?				
		•			8		x
9			low the rebuttable presumption proced				
-		.			9		
	<u> </u>	\ / · · · · · · · · · · · · · · · · · ·					<u> </u>

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

JSA

Schedule J (Form 990) 2022

Dout II		True to a March Frankland and High and One and the frankland		
Schedule J (F	Form 990) 2022	USA TRIATHLON FOUNDATION	46-5062719	Page 2

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

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

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

		(B) Breakdown of W-2 a	nd/or 1099-MISC and/or 1	099-NEC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in column (B) reported
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
GABE CAGWIN	(i)							
1 PRESIDENT	(ii)	262,948.			3,567.	2,030.	268,545.	
	(i)							
2	(ii)							
	(i)							
3	(ii)							
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2022

Part III Supplemental Information

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

SCHEDULE J, PART I, LINE 3

THE FILING ORGANIZATION, USA TRIATHLON FOUNDATION (FDN), DID NOT EMPLOY ANY INDIVIDUALS DURING THE 2022 CALENDAR YEAR. A RELATED ORGANIZATION, USA TRIATHLON OF COLORADO (USAT), PROVIDED CONTRACTED SERVICES TO THE FDN FOR THE 2022 YEAR, WHICH INCLUDED CONTRACTED MANAGEMENT SERVICES. THE CONTRACTED MANAGEMENT SERVICES WERE PERFORMED PRIMARILY BY MR. GABE CAGWIN. SINCE MR. CAGWIN IS AN EMPLOYEE OF A RELATED ORGANIZATION, AND SERVED AS THE ACTING TOP MANAGEMENT / TOP FINANCIAL OFFICER OF THE FDN, THROUGH HIS CONTRACTED ROLE OF PRESIDENT OF THE FDN, HIS COMPENSATION FROM USAT HAVE BEEN REPORTED ON FORM 990 PART VII, AND SCHEDULE J, PART II.

RELATED ORGANIZATION, USAT, HAS A COMPENSATION COMMITTEE AND A COMPENSATION POLICY IN PLACE FOR OFFICERS AND KEY EMPLOYEES. FOR KEY EMPLOYEES, THE CFO USES SURVEYS AND INDUSTRY KNOWLEDGE TO DEVELOP A RANGE FOR EACH SALARY POSITION AT USAT. THE CFO/CEO PROPOSES OVERALL PAY SCALES DURING EACH BUDGET REVIEW AND IN NOVEMBER, THE USAT BOARD APPROVES, OR

Schedule J	(Form	990)	2022
Schedule 3		330)	2022

USA TRIATHLON FOUNDATION

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.

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

COMPENSATION PACKAGES.

Schedule J (Form 990) 2022

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

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

Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information. 2022 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

USA TRIATHLON FOUNDATION

Employer identification number 46-5062719

Par	Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of noncash contr			,
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household							
-	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded		2	117,072.	AVG TRADII	NG V.	ALUE	2
10	Securities - Closely held stock							
11	Securities - Partnership, LLC,							
	or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation							
	contribution - Historic							
	structures							
14	Qualified conservation							
	contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ►(<u>SEE SUPP PAGE</u>)		8.	83,600.				
26	Other ►()							
27	Other ►()							
	Other ►()							
29	Number of Forms 8283 received		•					
	which the organization completed I	Form 8283,	Part V, Donee Acknowledge	ement	29			ONE
~ ~							Yes	No
30a	During the year, did the organizat				- 1			
	28, that it must hold for at least the	-				20-		37
	to be used for exempt purposes for		olding period?		•••••	30a		X
	If "Yes," describe the arrangement							
31	Does the organization have a					24		v
20-	contributions?					31		X
з∠а	Does the organization hire or use	-				222		v
Ŀ-	contributions?				•••••	32a		X
	If "Yes," describe in Part II.	omount in -	olumn (a) for a time of the	north for which column (-)	in abacked			
33	If the organization didn't report an describe in Part II.	amount in C	column (c) for a type of pro	perty for which column (a)	is checked,			
For Pa	aperwork Reduction Act Notice, see the Inst	ructions for Fo	rm 990		Schedule	M (Equ	rm 000) 2022

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

SCHEDULE M, PART I, COLUMN B

COLUMN (B) FOR LINE 9 AND LINE 25 REPORT THE NUMBER OF CONTRIBUTIONS

RECEIVED.

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

SCHEDULE M, PART I	- OTHER NON	NCASH CONTRIBUTION	S	
DESCRIPTION	(A) CHECK	(B) NUMBER OF CONTRIBUTIONS	= (C) REVENUES REPORTED	(D) METHOD OF DETERMINING
ATHLETIC CLOTHI	X	8	83,600.	FMV
TOTALS		8.	83,600.	

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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



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

 Name of the organization
 Employer ide

USA TRIATHLON FOUNDATION

FORM 990, PART I, LINE 1

USA TRIATHLON MISSION (CONTINUED):

TO TRIATHLON TO THOSE WHOM IT MIGHT NOT OTHERWISE BE POSSIBLE. THE FOUNDATION FOCUSES ON THREE KEY AREAS (YOUTH, PARATRIATHLON, AND EVERY

ATHLETE CHASING HIS OR HER OLYMPIC DREAMS).

FORM 990, PART III, LINE 1

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

FORM 990, PART VI, SECTION A, LINE 3

BEGINNING IN THE CALENDAR YEAR 2022, USA TRIATHLON FOUNDATION (FDN), CONTRACTED WITH THE RELATED ORGANIZATION USA TRIATHLON (USAT), FOR THE USE OF FACILITIES, PROGRAMMATIC SERVICES, AND MANAGEMENT/ ADMINISTRATIVE SERVICES INCLUDING IT SUPPORT SERVICES. SINCE USAT AND FDN ARE RELATED ORGANIZATIONS, ALL THE COMPENSATION PAID DURING THE 2022 CALENDAR YEAR TO INDIVIDUALS SERVING AS OFFICERS OF THE FDN, WHO WERE EMPLOYED BY USAT, HAVE BEEN DETAILED OUT ON FORM 990, PART VII, SECTION A. THE FOLLOWING INDIVIDUALS SERVED THE FDN DURING THE 2022 CALENDAR YEAR AS OFFICERS, WITHIN A CONTRACTED SERVICE ARRANGEMENT: GABE CAGWIN, PRESIDENT.

FORM 990, PART VI, SECTION A, LINE 6

THE ORGANIZATION HAS ONE VOTING MEMBER, USA TRIATHLON.

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

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

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

ALL AMENDMENTS TO GOVERNING DOCUMENTS, INCLUDING THE ARTICLES OF

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. OMB No. 1545-0047

Internal Revenue Service	Information about Schedule O (Form 990 or 990-E2) and its instructions is at www.ir	s.gov/formage.
Name of the organization		Employer identification number
USA TRIATHLON FOUN	IDATION	46-5062719

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

USA TRIATHLON.

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

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

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

THE ORGANIZATION DID NOT HAVE ANY EMPLOYEES OR PAID OFFICERS DURING THE 2022 CALENDAR YEAR. HOWEVER, A COMPENSATION POLICY IS IN PLACE THAT WOULD REQUIRE THE BOARD AS A WHOLE, AS THE EXECUTIVE COMMITTEE, TO REVIEW THE COMPENSATION OF ALL OFFICERS BY COMPARING THEIR COMPENSATION TO COMPENSATION OF INDIVIDUALS IN LIKE POSITIONS, IN LIKE ORGANIZATIONS USING FORM 990, COMPENSATION STUDIES, AND OTHER AVAILABLE DATA. THE BOARD OR COMMITTEE WOULD THEN APPROVE ANY CHANGES IN COMPENSATION BASED ON THIS INFORMATION.

FORM 990, PART VI, SECTION C, LINE 19

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

FORM 990 PART VIII, LINE 1G

FORM 990, PART IX, LINES 11 G

USA TRIATHLON (USAT) PROVIDED CONTRACTED SERVICES TO USA TRIATHLON FOUNDATION (FDN) DURING THE 2022 YEAR IN THE AMOUNT OF \$821,345. THE FDN

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

USA TRIATHLON FOUNDATION

PAID USAT \$194,255 FOR THESE CONTRACTED SERVICES. THE REMAINING BALANCE OF \$627,090, DUE TO USAT, WAS FORGIVEN/ CONTRIBUTED BACK TO THE FDN BY USAT. FOLLOWING IRS REPORTING REQUIREMENT, THE INKIND SERVICE CONTRIBUTION OF \$627,090 HAS BEEN EXCLUDED FROM THE FDN'S FORM 990 PART VIII STATEMENT OF REVENUE, AND FORM 990 PART IX FUNCTIONAL EXPENSE. THE CONTRIBUTED SERVICES ARE ALSO NOT INCLUDED ON SCHEDULE B, SCHEDULE OF CONTRIBUTORS.

Name of the organization	Employer iden	ntification number
USA TRIATHLON FOUNDATION	46-506	2719
ORM 990, PART VII-COMPENSATION OF THE 5		
AME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
USA TRIATHLON OF COLORADO		
5825 DELMONICO DR.,STE.200		
COLORADO SPRINGS, CO 80919	CONTRACTED SERVICES	194,255

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SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

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

Department of the Treasury Internal Revenue Service Name of the organization

USA TRIATHLON FOUNDATION

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

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

Part II

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

(a) Name, address, and EIN of related organization	(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 5 contr ent	rolled
						Yes	No
(1) USA TRIATHLON 46-1178146							
5825 DELMONICO SR., STE 200 COLORADO SPRINGS, CO 80919	NGB OF TRIATH	CO	501(C)(3)	LINE 10	N/A		х
(2)							
(3)							
(4)							
(5)							
(6)							
	1						
(7)							
<u>.</u>	1						

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

JSA 2E1307 1.000 OMB No. 1545-0047

2

Employer identification number

46-5062719

Open to Public

Inspection

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Schedule R (Form 990) 2022

USA TRIATHLON FOUNDATION

46-5062719

Page 2

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

(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) ortionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man	j) eral or aging mer?	(k) Percentage ownership
		country)					Yes	No		Yes	No	
(1)												
(3)												
(4)												
(5)												
												L
(6)												
(7)												

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

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

Schedule R (Form 990) 2022

Schedule R	(Form	990)	2022
ouncuire r		550)	2022

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

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х
b	Gift, grant, or capital contribution to related organization(s)	1b	Х	
С	Gift, grant, or capital contribution from related organization(s).	1c	Х	
d	Loans or loan guarantees to or for related organization(s)	1d	Х	
	Loans or loan guarantees by related organization(s)	1e	Х	
f	Dividends from related organization(s)	1f		
g	Sale of assets to related organization(s)	1g		Х
h	Purchase of assets from related organization(s)	1h		Х
i	Exchange of assets with related organization(s).	<u>1i</u>		Х
j	Lease of facilities, equipment, or other assets to related organization(s).	1j		Х
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	Х	
I	Performance of services or membership or fundraising solicitations for related organization(s)	11		X
	Performance of services or membership or fundraising solicitations by related organization(s).	<u>1m</u>		
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	<u>1n</u>	Х	
0	Sharing of paid employees with related organization(s)	10		X
р	Reimbursement paid to related organization(s) for expenses.	1p		
q	Reimbursement paid by related organization(s) for expenses	1q	Х	
	Other transfer of cash or property to related organization(s)	1r		
S	Other transfer of cash or property from related organization(s). If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction three	1s		
2			s.	
	(a)(b)(c)Name of related organizationTransactionAmount involvedMethod of			ıg
	type (a - s) amou	int inv	olved	
(1)				
(.)				
(2)				
(3)				
(4)				
(5)				
(6)				
JSA	Schedule R (F	Form	990)	2022

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46-5062719

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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	(sta		(state or foreign country) income (related, unrelated, excluded from tax under				(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	managing partner?		(k) Percentage ownership
			sections 512 - 514)	Yes	No			Yes	No	(1 0111 1 0 0 0)	Yes	No	
(1)													
(2)													
(3)													
(4)	_												
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													<u> </u>

Schedule R (Form 990) 2022

Schedule R (Form 990) 2022 USA TRIATHLON FOUNDATION

 Part VII
 Supplemental Information

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



September 5, 2023

USA Triathlon of Colorado 5825 Delmonico Dr. Colorado Springs, CO 80919

Dear Sheri:

Enclosed are the following income tax returns prepared on behalf of USA Triathlon of Colorado for the year ended December 31, 2022.

2022 990 - Return of Organization Exempt from Income Tax
2022 990-T - Exempt Organization Business Income Tax Return
2022 8879-TE - IRS E-file Signature Authorization Form
2022 8868 Application for Extension of Time to File
2022 8868 Application for Extension of Time to File for Form 990-T
2022 Schedule A - Public Charity Status and Public Support
2022 Schedule B - Schedule of Contributors
2022 Schedule F - Statement of Activities Outside the United States
2022 Schedule I - Grants & Other Assist. to Org/Gov/Ind. in the U.S.
2022 Schedule M - Noncash Contributions
2022 Schedule R - Related Organizations and Unrelated Partnerships

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

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

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

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



Enclosures

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

USA Triathlon of Colorado Instructions for Filing Form 8879-TE IRS e-file Signature Authorization for Form 990-T For the year ended December 31, 2022

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

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

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

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

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

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

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

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

USA Triathlon of Colorado Instructions for Filing Form 8879-TE IRS e-file Signature Authorization for Form 990 For the year ended December 31, 2022

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

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

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

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

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

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

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

Form 8879)-TE
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IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2022, or fiscal year beginning 01/01/2022 and ending 12/31/2022

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

Department of the Treasury Internal Revenue Service Name of file

TRIATHLON OF COLORADO USA Name and title of officer or person subject to tax

46-1178146

EIN or SSN

VICTORIA BRUMFIELD, CEO

Type of Return and Return Information Part I

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

1a	Form 990 check here	Χ	b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b 18304940
2a	Form 990-EZ check here		b Total revenue, if any (Form 990-EZ, line 9)
3a	Form 1120-POL check here		b Total tax (Form 1120-POL, line 22)
4a	Form 990-PF check here		b Tax based on investment income (Form 990-PF, Part V, line 5) 4b
5a	Form 8868 check here		b Balance due (Form 8868, line 3c)
6a	Form 990-T check here		b Total tax (Form 990-T, Part III, line 4) 6b
7a	Form 4720 check here		b Total tax (Form 4720, Part III, line 1)
8a	Form 5227 check here		b FMV of assets at end of tax year (Form 5227, Item D) 8b
9a	Form 5330 check here		b Tax due (Form 5330, Part II, line 19) 9b
10a	Form 8038-CP check here		b Amount of credit payment requested (Form 8038CP, Part III, line 22) .10b
Part	I Declaration and Signa	ture	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	i my knowledge and belief, they are true, correct, and
complete. I further declare that the amount in Part I above is the amo	unt shown on the o	copy of the electronic return. I consent to allow my
intermediate service provider, transmitter, or electronic return originat	or (ERO) to send the	e 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

X I authorize	STOCKMAN KAST RYAN	& CO,	to enter my PIN	83	2	2	5	as my signature
	ERO firm name			Enter fiv				

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

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.

8	4	3	5	5	6	8	4	1	5	0
			Do r	not e	nter	all ze	eros			

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

	ERO Must Retain This Form Do Not Submit This Form to the IRS I			
	0			
ERO's signature	Siness Renter Menz	Date	9-5-2023	
Providers for Bus	siness Returns.			

For Privacy Act and Paperwork Reduction Act Notice, see back of form. JSA 2X3008 2.000

Form 8879-TE (2022)

2840RM P091 09/05/2023 12:13:22 V22-6.6F 006914000 ORIGINAL

Form 8	87	79	-Т	Ε

IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2022, or fiscal year beginning 01/01/2022 and ending 12/31/2022

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

Department of the Treasury Internal Revenue Service Name of filer

TRIATHLON OF COLORADO USA Name and title of officer or person subject to tax

46-1178146

EIN or SSN

VICTORIA BRUMFIELD, CEO

Type of Return and Return Information Part I

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

1a	Form 990 check here		b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b	
2a	Form 990-EZ check here		b Total revenue, if any (Form 990-EZ, line 9)	
3a	Form 1120-POL check here		b Total tax (Form 1120-POL, line 22)	
4a	Form 990-PF check here		b Tax based on investment income (Form 990-PF, Part V, line 5) 4b	
5a	Form 8868 check here		b Balance due (Form 8868, line 3c)	
6a	Form 990-T check here	Х	b Total tax (Form 990-T, Part III, line 4) 6b	NONE
7a	Form 4720 check here		b Total tax (Form 4720, Part III, line 1)	
8a	Form 5227 check here		b FMV of assets at end of tax year (Form 5227, Item D) 8b	
9a	Form 5330 check here		b Tax due (Form 5330, Part II, line 19) 9b	
10a	Form 8038-CP check here		b Amount of credit payment requested (Form 8038CP, Part III, line 22) .10b	
Part	Declaration and Signat	ure A	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 enti	ty)		, (EIN) and that I have examined a copy of the	
			dules and statements, and, to the best of my knowledge and belief, they are true, correct, and art I above is the amount shown on the copy of the electronic return. I consent to allow my	
	• • •		ectronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an	
	o		on of the transmission, (b) the reason for any delay in processing the return or refund, and (c)	
			the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal	
(direct	debit) entry to the financial instituti	on aco	count indicated in the tax preparation software for payment of the federal taxes owed on this	
return	, and the financial institution to debi	t the e	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

X I authorize	STOCKMAN KAST RYAN	& CO,	to enter my PIN	8 3	2	2	5	as my signature
	ERO firm name			Enter five				

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

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.

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

I certify that the above numeric entry is my PIN, which is my signature on the 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

ERO's signature	Date	9-5-2023	
\bigcirc			
ERO Must Retain This Form - See In Do Not Submit This Form to the IRS Unless F			
For Driver of Act and Domestical Deduction Act Nation and holds and head of form			- 0070 TE (0000)

For Privacy Act and Paperwork Reduction Act Notice, see back of form. JSA 2X3008 2.000

Form 8879-TE (2022)

Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information. 2022 Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

A F	or th	ne 2022 cale	endar year, or tax year beginning and ending						
_			C Name of organization		D Er	nploye	r identifica	tion nu	mber
Bc	heck if a	applicable:	USA TRIATHLON OF COLORADO						
	Addre	ss change	Doing business as		46	-11'	78146		
	Name	change	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Te	lephor	ne number		
	Initial	return	5825 DELMONICO DR.	200	(7	19)	597-90	90	
	Final r	return/terminated	City or town, state or province, country, and ZIP or foreign postal code		G G1	oss ree	ceipts \$		
	Ameno	ded return	COLORADO SPRINGS, CO 80919				30,77	4,29	€1.
	Applic	ation pending	F Name and address of principal officer: VICTORIA BRUMFIELD	H((a) Is this a grou		or	Yes	X No
			5825 DELMONICO DR.200, COLORADO SPRINGS, CO 80919	H((b) Are all subor		ncluded?	Yes	No No
I	Tax-ex	xempt status:	X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 52	27	lf "No," a	ittach a	list. See instr	uctions.	
J	Webs	site: WW	W.USATRIATHLON.ORG	H(c) Group exer	nption n	umber		
к	Form	of organizatio	on: X Corporation Trust Association Other L Year	of formation	:2012 M	State	of legal do	micile:	CO
Pa	art I	Summ	ary		I				
	1	Briefly des	scribe the organization's mission or most significant activities: THE MISSION	OF USA	TRIATH	LON	OF CO	LORA	DO
e			IS TO GROW, INSPIRE, AND SUPPORT THE TRIATHLON CO						
ano									
Governance	2	Check this	box if the organization discontinued its operations or disposed of	more than	n 25% of	its n	net assets	S.	
ģ	3	Number of	f voting members of the governing body (Part VI, line 1a)			3			14
<u>م</u>	4		f independent voting members of the governing body (Part VI, line 1b)			4			14
ties	5		ber of individuals employed in calendar year 2022 (Part V, line 2a)			5			85
Activities &	6		ber of volunteers (estimate if necessary)			6			429
Act	-		lated business revenue from Part VIII, column (C), line 12			7a		436	,136.
			ated business taxable income from Form 990-T, Part I, line 11			7b		150	NONE
	2				Prior Year	1.0	Curr	ent Ye	
	8	Contributi	ons and grants (Part VIII, line 1h)		4,446,9	37			,101.
Revenue	9		service revenue (Part VIII, line 2g)		2,574,1				,306.
svel	10		It income (Part VIII, column (A), lines 3, 4, and 7d)		506,8		,		,194.
Å	11		enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		156,2				, <u>194.</u> ,339.
	12						1.0		
	12		nue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		7,684,1 855,1		10,		<u>,940.</u> ,911.
	13 14		d similar amounts paid (Part IX, column (A), lines 1-3)					090	-
			aid to or for members (Part IX, column (A), line 4)			ONE	E	002	NONE
ses	15		other compensation, employee benefits (Part IX, column (A), lines 5-10)		<u>5,098,5</u>		5,803,444		
Expenses			nal fundraising fees (Part IX, column (A), line 11e)		N	ONE			NONE
Ĕ			raising expenses (Part IX, column (D), line 25) NONE			F 2	10	250	662
	17		enses (Part IX, column (A), lines 11a-11d, 11f-24e)		9,626,5		13,352,663.		
	18		nses. Add lines 13-17 (must equal Part IX, column (A), line 25)		<u>5,580,2</u>		20,047,018.		
- s	19	Revenue I	ess expenses. Subtract line 18 from line 12		2,103,9				,078.
Net Assets or Fund Balances					g of Current			of Yea	
sse 3ala	20		ts (Part X, line 16)		9,250,7				<u>,875.</u>
nd E	21		ities (Part X, line 26)		7,136,6				<u>,750.</u>
			s or fund balances. Subtract line 21 from line 20.	1:	2,114,1	11.	. 8	239	,125.
	rt II		ure Block						
			rjury, I declare that I have examined this return, including accompanying schedules and state plete. Declaration of preparer (other than officer) is based on all information of which preparer h			of my k	knowledge	and be	lief, it is
Sig	n	Signatura	f officer		Dete				
He		Signature o	n Olicei		Date				
	Ŭ	- ·							
			nt name and title						
Paic		Print/Type	preparer's name Rreparer's signature Date		Check	_ "	PTIN		
	barer	DOREEN		5/2023	self-emplo		P00841		
	Only	Firm's nam	ne STOCKMAN KAST RYAN & CO, LLP 🛛 🕗	Fi	rm's EIN		4-1509		
		Firm's add		Ph	none no.	7	19-630	-11,8	36
			iss this return with the preparer shown above? See instructions				. X Y		No
For	Pape	erwork Red	uction Act Notice, see the separate instructions.				Form	n 990	(2022)
JSA									

	USA	TRIATHLON	OF	COLORADC
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Foi	rm 990 (2022) Page
Ρ	art III Statement of Program Service Accomplishments
1	Check if Schedule O contains a response or note to any line in this Part III x Briefly describe the organization's mission:
•	THE MISSION OF USA TRIATHLON OF COLORADO (USAT) IS TO GROW, INSPIRE,
	AND SUPPORT THE TRIATHLON COMMUNITY.
_	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured

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 (Cod	le:) (Expe	enses \$	3,366,999.	including	grants of \$	581,259.) (Revenue \$	NONE)
HIC	GH PERI	FORMANCE:	SUPPOR	TED OLYME	IC AND	PARALYMP	IC ATHLETES	AND	
SUI	PPORT S	STAFF THAT	T LED AI	LL COUNTR	IES IN	COMBINED	TRIATHLON N	MEDALS,	
AS	WELL A	AS APPROX	IMATELY	470 ELIT	E ATHLE	ETES ACRO	SS THE COUNT	FRY,	
FRO	OM YOU	TH AND JU	NIOR TO	OLYMPIC	AND PAR	RALYMPIC	HOPEFULS, TO	C	
COL	NTINUE	TO PURSU	E THEIR	ATHLETIC	GOALS				

4b	Code:) (Expenses \$ 3,746,726. including grants of \$ 21,494.) (Revenue \$ 3,488,081.)
	EVENTS: LAUNCHED AND EXECUTED THREE DISTINCT EVENTS ACROSS THREE
	STATES, INCLUDING MULTISPORT NATIONAL CHAMPIONSHIP FESTIVAL, AGE
	GROUP NATIONAL CHAMPIONSHIPS, YOUTH AND JUNIOR NATIONALS, AND
	LEGACY TRIATHLON, AS WELL AS A VIRTUAL INDUSTRY CONFERENCE TITLED
	ENDURANCE EXCHANGE. THOUSANDS OF SANCTIONED EVENTS AND RACE SERIES
	EVENTS WERE SUPPORTED THROUGH A VARIETY OF WAYS INCLUDING CUSTOMER
	SERVICE, MARKETING AND PROMOTION, COLLATERAL AND SIGNAGE, AND
	MORE. ALSO SUPPORTED WERE INTERNATIONAL EVENTS HELD IN THE U.S.
	AND ADDITIONAL NATIONAL CHAMPIONSHIP EVENTS.

4c	(Code:) (Expenses \$	1,207,542. including grants of \$	288,158.) (Revenue \$	8,590,622.)
	SPORT DE	VELOPMENT: USAT	CONTINUED TO PROVIDE SUPPOR	RT, EDUCATION,	
	AND RESO	URCES TO THE END	TIRE 400K MEMBERSHIP, 850 EV	JENT DIRECTORS,	
	2400 COA	CHES, 800 CLUBS	AND 300 OFFICIALS. USAT ALS	SO ENGAGED IN	
	THE CREA	TION OF A NEW HS	PROGRAM STRUCTURE, AN EXPA	ANDED REACH TO	
	NEW COLL	EGIATE CLUB LOCA	TIONS AND BUILT OUT ADDITIC	ONAL NCAA	
	INSTITUT	IONS WHO HAD DEC	LIDED TRIATHLON WAS THEIR NE	EW SPORT	
	ADDITION	CHOICE. EACH OF	THE AFOREMENTIONED SEGMENT	IS - ATHLETES,	
	COACHES,	CLUBS, OFFICIAI	S AND EVENT DIRECTORS - WEF	RE EACH	
	SUPPORTE	D BY DIVERSITY H	FFORTS TO GROW ACCESS AND F	RECEIVE GREATER	
	LEVELS O	F SUPPORT WHILE	ENGAGING IN THE SPORT. CONT	FINUED ON	
	SCHEDULE	0.			
4d	Other progra	m services (Describe or	Schedule O.) SEE SCHEDULE O		

(Expenses \$ 3,412,602. including grants of \$ NONE) (Revenue \$ 2,247,806.

USA TRIATHLON OF COLORADO

Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
_	complete Schedule A	1	Х	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues,			
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I.	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	<u> </u>
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	<u> </u>
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	<u> </u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	<u> </u>
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	<u> </u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			ĺ
	If "Yes," complete Schedule G, Part III	19		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
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Part	V Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
22	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the		21	<u> </u>
23				
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J.	23	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
L				
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		
26				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
20				
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
50		20		37
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
-	or IV, and Part V, line 1	34	Х	
25 2	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
		JJA	Λ	
a	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Part		00		L
- ar l				v
	Check if Schedule O contains a response or note to any line in this Part V	•••		
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 444			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b NONE			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		
JSA 2E1030			990	(2022)

USA TRIATHLON OF COLORADO

	USA TRIATHLON OF COLORADO 46-1178	146		
Form	990 (2022)		F	Page 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return. 2a 85			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	Х	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
Ψu	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
h	If "Yes," enter the name of the foreign country			
D D	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5 2	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
0a	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		х
h		- Vu		
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6b		
7	gifts were not tax deductible?			
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7a		х
h	and services provided to the payor?	7b		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7c		Х
h	required to file Form 8282?	10		
		7e		х
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
0	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	-		
-	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10				
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1		
11		1		
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
_	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities	17		
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		

Form 9	00 (2022) USA TRIATHLON OF COLORADO 46-11	78146		Page 6
Part	VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b be	ow, and	for a	"No"
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule	0. See ir	nstruc	tions.
	Check if Schedule O contains a response or note to any line in this Part VI			Х
Sect	on 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	.4		
Ia	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. Enter the number of voting members included on line 1a, above, who are independent 1b	.4		
D				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			v
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the dire			
	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?	6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoi	nt		
	one or more members of the governing body?	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) member	3,		
	stockholders, or persons other than the governing body?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken durir			
	the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
•	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.	ົ່ 9		х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven		.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapter			
b				
44-	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? .		x	<u> </u>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	114		
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	12a	X	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could giv		37	
	rise to conflicts?	12b	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	
13	Did the organization have a written whistleblower policy?		X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval b	у		
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decisior	?		
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangeme	nt		
	with a taxable entity during the year?			Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate i			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard th			
	organization's exempt status with respect to such arrangements?			
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filedCO ,			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 99	0-T (ser	tion 5	01(c)
10	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	5 1 (380		
	X Own website Another's website X Upon request Other (explain on Schedule O)			
40		1 of 1-1-	****	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflic	of inte	rest p	oolicy,
	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 rec	ords		
	THE ORGANIZATION 5825 DELMONICO DR., SUITE 200 COLORADO SPRINGS, CO 80919	-		(0000)
JSA	719-597-9090	Form	1 990	(2022)
2E1042	1.000			

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

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

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

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

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

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

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) (B) Position Position (B) <			(C) Position			Ē					
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(4) TIM YOUNT60.00 CHIEF OF SPORT DEVELOPMENTX211,646.NONE35,765.(5) KATIE WILLEMARCK60.00 CHIEF FINANCIAL OFFICERNONEX174,189.NONE15,269.(6) NELLIE VINER60.00 SENIOR COUNSELNONEX109,696.NONE13,155.(7) YVONNE SPENCER5.00 SECRETARY/GENERAL DIRECTOR (FROM 08/2022)NONEX250.NONENONE(8) KERI SEROTA5.00 SECRETARY/GENERAL DIRECTORXX250.NONENONE(9) JOEL ROSINBUM5.00 TREASURER/INDEPENDENT DIRECTORNONEXXNONENONE(10) HENRY BRANDON5.00 EX-OFFICIOXXNONENONENONE(11) JACQUELINE MCCOOK5.00 EX-OFFICIOXNONENONENONENONE(12) CHUCK GRAZIANO5.00 S.00 ATHLETE DIRECTORNONEXNONENONENONE(13) BEN COLLINS5.00 S.00 GENERAL DIRECTOR5.00 NONENONENONENONENONE(14) GABRIELA GALLEGOS5.00 S.00 GENERAL DIRECTORNONEXNONENONENONE(14) GABRIELA GALLEGOS5.00 S.00 GENERAL DIRECTORNONEXNONENONENONE(14) GABRIELA GALLEGOS5.00 S.00NONENONENONENONENONENONE(14) GABRIELA DIRECTORNONEXNONENONENONENONENONE	(3) VICTORIA BRUMFIELD	60.00									<u> </u>
(4) TIM YOUNT60.00 CHIEF OF SPORT DEVELOPMENTX211,646.NONE35,765.(5) KATIE WILLEMARCK60.00 CHIEF FINANCIAL OFFICERNONEX174,189.NONE15,269.(6) NELLIE VINER60.00 SENIOR COUNSELNONEX109,696.NONE13,155.(7) YVONNE SPENCER5.00 SECRETARY/GENERAL DIRECTOR (FROM 08/2022)NONEX250.NONENONE(8) KERI SEROTA5.00 SECRETARY/GENERAL DIRECTORXX250.NONENONE(9) JOEL ROSINBUM5.00 TREASURER/INDEPENDENT DIRECTORNONEXXNONENONE(10) HENRY BRANDON5.00 EX-OFFICIOXXNONENONENONE(11) JACQUELINE MCCOOK5.00 EX-OFFICIOXNONENONENONENONE(12) CHUCK GRAZIANO5.00 S.00 ATHLETE DIRECTORNONEXNONENONENONE(13) BEN COLLINS5.00 S.00 GENERAL DIRECTOR5.00 NONENONENONENONENONE(14) GABRIELA GALLEGOS5.00 S.00 GENERAL DIRECTORNONEXNONENONENONE(14) GABRIELA GALLEGOS5.00 S.00 GENERAL DIRECTORNONEXNONENONENONE(14) GABRIELA GALLEGOS5.00 S.00NONENONENONENONENONENONE(14) GABRIELA DIRECTORNONEXNONENONENONENONENONE	CEO(FROM 11/22) BUS.DEV(11/22)	NONE			Х				247,621.	NONE	8,608.
(5) KATIE WILLEMARCK60.00 CHIEF FINANCIAL OFFICERNONEX174,189.NONE15,269.(6) NELLIE VINER60.00 SENIOR COUNSELNONEX109,696.NONE13,155.(7) YVONNE SPENCER5.00 GENERAL DIRECTOR (FROM 08/2022)NONEX109,696.NONENONE(8) KERI SEROTA5.00 SECRETARY/GENERAL DIRECTORNONEX250.NONENONE(9) JOEL ROSINBUM5.00 CHAIR5.00 NONEXNONENONENONENONE(10) HENRY BRANDON5.00 TREASURER/INDEPENDENT DIRECTORNONEXNONENONENONE(11) JACQUELINE MCCOOK5.00 GENERAL DIRECTORNONEXNONENONENONE(12) CHUCK GRAZIANO5.00 GENERAL DIRECTOR5.00 S.00 ATHLETE DIRECTORNONEXNONENONENONE(13) BEN COLLINS5.00 GENERAL DIRECTOR5.00 S.00 ATHLETE DIRECTORNONEXNONENONENONE(14) GABRIELA GALLEGOS5.00 GENERAL DIRECTOR5.00 NONENONENONENONENONENONE(14) GABRIELA GALLEGOS5.00 GENERAL DIRECTOR5.00 NONENONENONENONENONENONE	(4) TIM YOUNT	60.00									
CHIEF FINANCIAL OFFICERNONEX174,189.NONE15,269.(6) NELLIE VINER60.00X109,696.NONE13,155.(7) YVONNE SPENCER5.00X109,696.NONE13,155.(7) YVONNE SPENCER5.00600.NONENONENONE(8) KERI SEROTA5.005.005.00100,696.NONENONESECRETARY/GENERAL DIRECTORNONEX250.NONENONE(9) JOEL ROSINBUM5.007.007.00100,000NONENONE(10) HENRY BRANDON5.007.007.007.00100,000NONE(11) JACQUELINE MCCOOK5.007.007.007.00100,000NONE(12) CHUCK GRAZIANO5.007.007.007.007.007.00GENERAL DIRECTORNONEXNONENONENONENONE(13) BEN COLLINS5.007.007.007.007.007.00GENERAL DIRECTORNONEXNONENONENONE7.00(13) BEN COLLINS5.007.007.007.007.007.00(14) GABRIELA GALLEGOS5.007.007.007.007.007.00GENERAL DIRECTORNONEXNONENONE7.007.00(14) GABRIELA GALLEGOS5.007.007.007.007.007.00GENERAL DIRECTORNONEXNONENONENONE7.00(14) GABRIELA GALLEGOS </td <td>CHIEF OF SPORT DEVELOPMENT</td> <td>NONE</td> <td></td> <td></td> <td></td> <td>X</td> <td></td> <td></td> <td>211,646.</td> <td>NONE</td> <td>35,765.</td>	CHIEF OF SPORT DEVELOPMENT	NONE				X			211,646.	NONE	35,765.
(6) NELLIE VINER60.00 NONEX109,696.NONE13,155.(7) YVONNE SPENCER5.00 GENERAL DIRECTOR(FROM 08/2022)NONEX109,696.NONE13,155.(8) KERI SEROTA5.00 SECRETARY/GENERAL DIRECTORX600.NONENONENONE(9) JOEL ROSINBUM5.00 CHAIRXNONEX250.NONENONE(10) HENRY BRANDON5.00 TREASURER/INDEPENDENT DIRECTORNONEXXNONENONE(11) JACQUELINE MCCOOK5.00 GENERAL DIRECTORNONEXXNONENONE(12) CHUCK GRAZIANO5.00 GENERAL DIRECTORNONEXNONENONENONE(13) BEN COLLINS5.00 GENERAL DIRECTORNONEXNONENONENONE(14) GABRIELA GALLEGOS5.00 GENERAL DIRECTORNONEXNONENONENONE(14) GABRIELA GALLEGOS5.00 GENERAL DIRECTORNONEXNONENONENONE	(5) KATIE WILLEMARCK	60.00									
SENIOR COUNSELNONEX109,696.NONE13,155.(7) YVONNE SPENCER5.00X600.NONENONEGENERAL DIRECTOR (FROM 08/2022)NONEX600.NONENONE(8) KERI SEROTA5.00X250.NONENONESECRETARY/GENERAL DIRECTORNONEXX250.NONE(9) JOEL ROSINBUM5.00XXNONENONE(10) HENRY BRANDON5.00XXNONENONETREASURER/INDEPENDENT DIRECTORNONEXXNONENONE(11) JACQUELINE MCCOOK5.00XNONENONENONE(12) CHUCK GRAZIANO5.00XNONENONENONE(13) BEN COLLINS5.00XNONENONENONEATHLETE DIRECTORNONEXNONENONENONE(14) GABRIELA GALLEGOS5.00XNONENONENONEGENERAL DIRECTORNONEXNONENONENONE(14) GABRIELA GALLEGOS5.00XNONENONENONEGENERAL DIRECTORNONEXNONENONENONE	CHIEF FINANCIAL OFFICER	NONE			Х				174,189.	NONE	15,269.
(7) YVONNE SPENCER5.00 GENERAL DIRECTOR (FROM 08/2022)NONEX600.NONE(8) KERI SEROTA5.00 SECRETARY/GENERAL DIRECTOR5.00 NONEX250.NONENONE(9) JOEL ROSINBUM5.00 CHAIR5.00 NONEXX250.NONENONE(10) HENRY BRANDON5.00 TREASURER/INDEPENDENT DIRECTORNONEXXNONENONE(11) JACQUELINE MCCOOK5.00 EX-OFFICIONONEXXNONENONE(12) CHUCK GRAZIANO5.00 S.00 GENERAL DIRECTORNONEXNONENONE(13) BEN COLLINS5.00 S.00 ATHLETE DIRECTORNONEXNONENONENONE(14) GABRIELA GALLEGOS5.00 S.00 GENERAL DIRECTORNONEXNONENONENONE(14) GABRIELA GALLEGOS5.00 GENERAL DIRECTORNONEXNONENONENONE	(6) NELLIE VINER	60.00									
GENERAL DIRECTOR (FROM 08/2022)NONEX600.NONENONE(8) KERI SEROTA5.00	SENIOR COUNSEL	NONE					X		109,696.	NONE	13,155.
(8) KERI SEROTA5.00XX250.NONESECRETARY/GENERAL DIRECTORNONEXX250.NONENONE(9) JOEL ROSINBUM5.00KXNONENONENONECHAIRNONEXXNONENONENONE(10) HENRY BRANDON5.00KXNONENONETREASURER/INDEPENDENT DIRECTORNONEXXNONENONE(11) JACQUELINE MCCOOK5.00KNONENONENONE(12) CHUCK GRAZIANO5.00KNONENONENONE(13) BEN COLLINS5.00KNONENONENONEATHLETE DIRECTORNONEXNONENONENONE(14) GABRIELA GALLEGOS5.00KNONENONENONEGENERAL DIRECTORNONEXNONENONENONENONEXKNONENONENONENONE(14) GABRIELA GALLEGOS5.00KNONENONENONE(14) GABRIELA DIRECTORNONEXKNONENONE	(7) YVONNE SPENCER	5.00	-								
SECRETARY/GENERAL DIRECTORNONEXX250.NONENONE(9) JOEL ROSINBUM5.00		NONE	Х						600.	NONE	NONE
(9) JOEL ROSINBUM5.00 NONEXXNONENONECHAIRNONEXXNONENONENONE(10) HENRY BRANDON5.00	(8) KERI SEROTA	5.00	-								
CHAIRNONEXXNONENONENONE(10) HENRY BRANDON5.005.00 </td <td>SECRETARY/GENERAL DIRECTOR</td> <td>NONE</td> <td>Х</td> <td></td> <td>Х</td> <td></td> <td></td> <td></td> <td>250.</td> <td>NONE</td> <td>NONE</td>	SECRETARY/GENERAL DIRECTOR	NONE	Х		Х				250.	NONE	NONE
(10) HENRY BRANDON5.00XXNONENONETREASURER/INDEPENDENT DIRECTORNONEXXNONENONENONE(11) JACQUELINE MCCOOK5.00 </td <td>(9) JOEL ROSINBUM</td> <td>5.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	(9) JOEL ROSINBUM	5.00									
TREASURER/INDEPENDENT DIRECTORNONEXXNONENONENONE(11) JACQUELINE MCCOOK5.005.006666EX-OFFICIONONEX0NONENONENONE(12) CHUCK GRAZIANO5.005.006666GENERAL DIRECTORNONEX0NONENONENONE(13) BEN COLLINS5.005.006666ATHLETE DIRECTORNONEX0NONENONENONE(14) GABRIELA GALLEGOS5.0000666GENERAL DIRECTORNONEX0000OBRIELA GALLEGOS5.0000000GENERAL DIRECTORNONEX0000OBRIELA GALLEGOS5.0000000GENERAL DIRECTORNONEX0000	CHAIR	NONE	Х		Х				NONE	NONE	NONE
(11) JACQUELINE MCCOOK5.00NONENONENONEEX-OFFICIONONEXNONENONENONE(12) CHUCK GRAZIANO5.00GENERAL DIRECTORNONEXNONENONENONE(13) BEN COLLINS5.00ATHLETE DIRECTORNONEXNONENONENONE(14) GABRIELA GALLEGOS5.00GENERAL DIRECTORNONEXNONENONENONEXNONENONE	(10) HENRY BRANDON	5.00									
EX-OFFICIONONEXNONENONENONENONE(12) CHUCK GRAZIANO5.005.00 </td <td>TREASURER/INDEPENDENT DIRECTOR</td> <td>NONE</td> <td>Х</td> <td></td> <td>Х</td> <td></td> <td></td> <td></td> <td>NONE</td> <td>NONE</td> <td>NONE</td>	TREASURER/INDEPENDENT DIRECTOR	NONE	Х		Х				NONE	NONE	NONE
(12) CHUCK GRAZIANO5.00NONENONENONEGENERAL DIRECTORNONEXNONENONENONE(13) BEN COLLINS5.005.00Image: Constraint of the second secon	(11) JACQUELINE MCCOOK	5.00	-								
GENERAL DIRECTORNONEXNONENONENONENONE(13) BEN COLLINS5.005.00 </td <td>EX-OFFICIO</td> <td>NONE</td> <td>Х</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>NONE</td> <td>NONE</td> <td>NONE</td>	EX-OFFICIO	NONE	Х						NONE	NONE	NONE
(13) BEN COLLINS5.00ATHLETE DIRECTORNONE(14) GABRIELA GALLEGOS5.00GENERAL DIRECTORNONEXNONEXNONEXNONE	(12) CHUCK GRAZIANO	5.00									
ATHLETE DIRECTORNONEXNONENONENONENONE(14) GABRIELA GALLEGOS5.00 </td <td>GENERAL DIRECTOR</td> <td>NONE</td> <td>Х</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>NONE</td> <td>NONE</td> <td>NONE</td>	GENERAL DIRECTOR	NONE	Х						NONE	NONE	NONE
(14) GABRIELA GALLEGOS5.00XNONENONEGENERAL DIRECTORNONEXNONENONENONE	(13) BEN COLLINS	5.00									
GENERAL DIRECTOR NONE X NONE NONE NONE	ATHLETE DIRECTOR	NONE	Х						NONE	NONE	NONE
	(14) GABRIELA GALLEGOS	5.00									
	GENERAL DIRECTOR	NONE	Х						NONE	NONE	

JSA 2E1041 2.000

USA TRIATHLON OF COLORADO

Form 990 (2022)						<u> </u>							age 8
Part VII Section A. Officers, Directors, T		∋y En	nplo			and H	lig	_		/ees (co	ontinue		
(A) Name and title	(B) Average hours per week (list any	box,	unle	Pos heck ss pe	erson	e than o is both	an	(D) Reportable compensation from	(E) Reporta compensatio related	on from	am	(F) timated tount of other	
	hours for related organizations below dotted line)	offi Individual trustee or director	a Institutional trustee	1	Key employee	tr Highest compensated employee	ee) Former	the organization (W-2/1099-MISC)		ganizations 2/1099-MISC)		pensatic om the anizatior d related anization	n I
15) DR. TEKEMIA DORSEY	5.00	-											
GENERAL DIRECTOR(TO 07/2022)	NONE	X						NONE		NONE		1	NONE
16) ALLYSA SEELY	5.00												
EX-OFFICIO	NONE	X						NONE		NONE		1	NONI
17) MONICA PAUL	5.00									NONT			
INDEPENDENT DIRECTOR	NONE	X						NONE		NONE			NONI
18) SCOTT STERNBERG	5.00	- v						NONE		NONT		1	
INDEPENDENT DIRECTOR	<u>NONE</u> 5.00	X						NONE		NONE		1	NONI
19) FELIX STELLMASZEK INDEPENDENT DIRECTOR	NONE	x						NONE		NONE		т	NONI
20) WILLIAM HUFFMAN	5.00							INCINE		NONE		1	NOINI
ATHLETE DIRECTOR	NONE	x						NONE		NONE		r	NONI
21) ERIN STORIE	5.00									none			
ATHLETE DIRECTOR	NONE	x						NONE		NONE		1	NONI
		_											
		-											
		-											
								1 246 200		NONT			010
1b Sub-total c Total from continuation sheets to Part VII,						• • •		1,346,290. NONE		NONE NONE		90,9	NONI
d Total (add lines 1b and 1c)	-		-				5	1,346,290.		NONE		90,9	
2 Total number of individuals (including but no	ot limited to t	hose	liste	ed a	bov	e) who	o re		\$100,000 c			90,2	, , , ,
reportable compensation from the organizat	ion 🕨					6						Yes	No
3 Did the organization list any former of employee on line 1a? If "Yes," complete Sche											3		Х
4 For any individual listed on line 1a, is the organization and related organizations of individual	greater than	n \$15	50,0	00?	p If	"Yes	s,"	complete Schedu	le J for s	such	4	x	
 <i>individual</i> 5 Did any person listed on line 1a receive of for services rendered to the organization? If ¹ 	or accrue co	mper	nsati	ion	fron	n any	un	related organization	on or indivi	dual	4 5		X
Section B. Independent Contractors			iiGul		, 101	50011	per		<u></u>				
 Complete this table for your five highest co compensation from the organization. Report year. 													
(A) SEE SCHEDULE O Name and business a	ddress							(B) Description of se	rvices	Co	(C) ompens	ation	
							+						

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 16

15

Form 990 (2022)

USA TRIATHLON OF COLORADO Part VIII Statement of Revenue

г _

		Check if Schedule	e O co	ontains a r	espor	ise or note to an	y line in this Part V			
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ís,	1a	Federated campaigns			1a					
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues			1b					
ษียี	c	Fundraising events			1c					
fts, r A	d	Related organizations			1d	100,000.				
nila	e	Government grants (c			1e					
Sin's	f	All other contributions,								
er (and similar amounts not included above 1 f			3,088,101.					
ţp	g	Noncash contributions								
	9	lines 1a-1f			1g S	1 ,306,672.				
aSo	h	Total. Add lines 1a-1f				·	3,188,101.			
						Business Code	.,,			
e	2.	MEMBERSHIP				900099	7,478,693.	7,478,693.		
ž	2a	SPONSORSHIP				900099	2,492,231.	2,153,680.	338,551.	
Program Service Revenue	b	EVENTS				711219	3,488,081.	3,488,081.		
am Ve	c	CAMPS AND CLINICS				711219	245,297.	245,297.		
2 B B B B B B B B B B B B B B B B B B B	d	SANCTIONING				711219	213,171.	213,171.		
5 2	e					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	632,833.	632,833.		
-	f	All other program serv Total. Add lines 2a-2f					14,550,306.	052,055.		
	g						11,550,500.			
	3	Investment income		Ũ	-		137,782.			137,782.
		other similar amounts)					NONE			137,702.
	4 5	Royalties			· [94,126.	94,126.			
		Royanies		(i) Re		(ii) Personal	54,120.	54,120.		
	6.0	Cross ronto	6.0							
	6a	Gross rents	6a							
	b	Less: rental expenses			NONE	NONE				
	C L	Rental income or (loss)					NONE			
	d	Net rental income or (le		(i) Secu		(ii) Other	INOINE			
	7a	Gross amount from			1105					
		sales of assets		10.00	4 550	NONT				
		other than inventory		12,68	4,559.	NONE				
evenue	b	Less: cost or other basis		12.46	1,525.	6 6 2 2				
vei		and sales expenses	7b		3,034.	6,622.				
Re	C L	Gain or (loss)	7c	22	3,034.	-0,022.	016 410			216 412
Jer	a	Net gain or (loss)	• • •				216,412.			216,412.
Other	8a	Gross income fro		-						
-		events (not including \$								
		of contributions rep				NOVE				
		1c). See Part IV, line 1				NONE				
	b	Less: direct expenses				NONE				
	c	Net income or (loss) fi	rom fu	indraising e	events		NONE			
	9a		from	gaming						
		activities. See Part IV, I				NONE				
	b	Less: direct expenses				NONE				
	с	Net income or (loss) f	rom g	aming act	ivities.		NONE			
	10a		invent			07.005				
		returns and allowances				21,832.				
	b	Less: cost of goods sol				1,204.				
	C	Net income or (loss) fr	orn sa	ies of inven	lory.		20,628.	20,628.		
sno						Business Code			00.555	
Miscellaneous Revenue	11a	ADVERTISING				513120	97,585.		97,585.	
ven	b									
Rey	С									
Mi	d	All other revenue				L				
	e	Total. Add lines 11a-1					97,585.	14 200 505	106.165	
JSA	12	Total revenue. See ins	structio				18,304,940.	14,326,509.	436,136.	354,194.
05405	4 4 000									Form 990 (2022)

USA TRIATHLON OF COLORADO

Section 501(c)(3) and 501(c)(4) organizations mu		in other organization		
Check if Schedule O contains a resp	onse or note to any line	in this Part IX		
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations				·
and domestic governments. See Part IV, line 21	207,600.	207,600.		
2 Grants and other assistance to domestic				
individuals. See Part IV, line 22	683,311.	683,311.		
3 Grants and other assistance to foreign				
organizations, foreign governments, and				
foreign individuals. See Part IV, lines 15 and 16	NONE			
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors,				
trustees, and key employees	1,045,813.	420,876.	624,937.	
6 Compensation not included above to disqualified				
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)	NONE			
7 Other salaries and wages	3,754,801.	1,511,078.	2,243,723.	
8 Pension plan accruals and contributions (include	162,493.	65,393.	97,100.	
section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	475,562.	225,511.	250,051.	
10 Payroll taxes	364,775.	186,039.	178,736.	
11 Fees for services (nonemployees):			· · · · · · · · · · · · · · · · · · ·	
a Management	NONE			
b Legal	67,152.	880.	66,272.	
c Accounting	NONE			
d Lobbying	NONE			
e Professional fundraising services. See Part IV, line 17	NONE			
f Investment management fees	NONE			
g Other. (If line 11g amount exceeds 10% of line 25, column	SEE SCHE O			
(A), amount, list line 11g expenses on Schedule O.)	2,579,281.	1,585,914.	993,367.	
Advertising and promotion	17,271.	5,750.	11,521.	
13 Office expenses	1,371,322.	672,112.	699,210.	
14 Information technology	359,143.	44,969.	314,174.	
15 Royalties	NONE	11/2021	011/1/11	
16 Occupancy	531,019.	134,933.	396,086.	
	2,253,545.	2,068,165.	185,380.	
 Travel Payments of travel or entertainment expenses 	2,233,313.	2,000,105.	105,500.	
for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	NONE			
	NONE			
20 Interest	NONE			
21 Payments to affiliates	373,598.		373,598.	
22 Depreciation, depletion, and amortization		2 /07 8/0	372.	
23 Insurance	2,498,212.	2,497,840.	572.	
4 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.)				
	1 0 6 7 4 0 1		1 0 6 7 4 0 1	
a INKIND ATHLETIC SUPPLIES	1,267,421.		1,267,421.	
b ATHLETE EXP/MEDICAL/UNIFORM	738,637.	724,275.	14,362.	
c EQUIPMENT RENTAL/SM WARES	774,481.	699,223.	75,258.	
d BAD DEBT PROGRAM	521,581.		521,581.	
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	20,047,018.	11,733,869.	8,313,149.	NOI
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				

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following SOP 98-2 (ASC 958-720)

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USA TRIATHLON OF COLORADO

Page	1	1	

Par	t X				
		Check if Schedule O contains a response or note to any line in this P	art X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	4,788,238.	1	1,643,136
	2	Savings and temporary cash investments.	NONE	2	NON
	3	Pledges and grants receivable, net	NONE	3	NON
	4	Accounts receivable, net	906,795.	4	1,010,677
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	NONE	5	NON
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	NONE	6	NOI
2	7	Notes and loans receivable, net	NONE	7	NOI
733613	8	Inventories for sale or use	NONE	8	NON
Ć	9	Prepaid expenses and deferred charges	504,213.	9	394,582
1	0 a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 2,337,259.			
	b	Less: accumulated depreciation	1,375,251.	10c	1,216,840
1	1	Investments - publicly traded securities	11,676,231.	11	10,898,297
1	2	Investments - other securities. See Part IV, line 11	NONE	12	NON
1	3	Investments - program-related. See Part IV, line 11	NONE	13	NOI
1	4	Intangible assets	NONE	14	NOI
1	5	Other assets. See Part IV, line 11	NONE	15	1,964,343
1	6	Total assets. Add lines 1 through 15 (must equal line 33)	19,250,728.	16	17,127,875
1	7	Accounts payable and accrued expenses	931,098.	17	517,805
1	8	Grants payable	NONE	18	NON
1	9	Deferred revenue	6,178,310.	19	6,350,618
	20	Tax-exempt bond liabilities	NONE	20	NON
2	21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NON
g 2	2	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	NONE		NON
2	23	Secured mortgages and notes payable to unrelated third parties	NONE		1,992,819
2		Unsecured notes and loans payable to unrelated third parties	NONE	24	NON
2	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	27,209.		27,508
2	26	Total liabilities. Add lines 17 through 25	7,136,617.	26	8,888,750
		Organizations that follow FASB ASC 958, check here X and complete lines 27, 28, 32, and 33.			
2	27	Net assets without donor restrictions	12,114,111.	27	8,239,125
<u>1</u> 2	28	Net assets with donor restrictions.	NONE	28	NON
		Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.			
2 2	29	Capital stock or trust principal, or current funds		29	
3	80	Paid-in or capital surplus, or land, building, or equipment fund		30	
23	81	Retained earnings, endowment, accumulated income, or other funds		31	
3	32	Total net assets or fund balances	12,114,111.	32	8,239,125
	3	Total liabilities and net assets/fund balances	19,250,728.	33	17,127,875

	USA TRIATHLON OF COLORADO	46-117	7814	6			
Form 99	00 (2022)					Pa	ge 12
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	18	3,3	04,	940.
2	Total expenses (must equal Part IX, column (A), line 25)		2	20),0	47,	018.
3	Revenue less expenses. Subtract line 2 from line 1		3	-1	1,7	42,	078.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))		4	12	2,1	14,	111.
5	Net unrealized gains (losses) on investments		5	-2	2,1	32,	908.
6	Donated services and use of facilities		6				
7	Investment expenses		7				
8	Prior period adjustments		8				
9	Other changes in net assets or fund balances (explain on Schedule O).		9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part 2						
	32, column (B))		10	8	3,2	39,	125.
Part	XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII.						
						Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			ſ			
	If the organization changed its method of accounting from a prior year or checked "C	other," exp	plain d	on			
	Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accord	untant?			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year v						
	reviewed on a separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate b	asis					
b	Were the organization's financial statements audited by an independent accountant?				2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year w						
	separate basis, consolidated basis, or both:						
	Separate basis X Consolidated basis Both consolidated and separate b	asis					
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibili	tv for ove	rsiaht	of			
	the audit, review, or compilation of its financial statements and selection of an independent	-	-		2c	Х	
	If the organization changed either its oversight process or selection process during the ta						
	Schedule O.						
3a	As a result of a federal award, was the organization required to undergo an audit or audits	as set for	th in th	ne			
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?				3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did						
	required audit or audits, explain why on Schedule O and describe any steps taken to underg		•		3b		

Form **990** (2022)

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1

SCHEDULE	A
(Form 990)	

1

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11

12

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.

Department of the Treasury Internal Revenue Service

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

Inspection Employer identification number Name of the organization USA TRIATHLON OF COLORADO 46-1178146 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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: Х An organization that normally receives (1) more than 331/3% 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 331/3 % 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving а 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. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having b 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. С **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. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III е functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations f Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (v) Amount of monetary (iv) Is the organization (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see instructions) above (see instructions)) document? instructions) Yes No (A) (B) (C) (D) (E) Total

Schedule A (Form 990) 2022

OMB No. 1545-0047

Open to Public

Schedule A (Form 990) 2022

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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	
13	First 5 years. If the Form 990 is for organization, check this box and stop here	<u></u>					
Sec	tion C. Computation of Public Sup	•	-				
14	Public support percentage for 2022 (li		•			14	%
15	Public support percentage from 2021						%
16a	331/3% support test - 2022. If the org						
_	box and stop here. The organization qu						
b	331/3% support test - 2021. If the org						
	this box and stop here. The organization			-			
17a	10%-facts-and-circumstances test - 2	-	-				
	10% or more, and if the organization					-	-
	Part VI how the organization meets			-	-		
	organization						
a	10%-facts-and-circumstances test - 2		-				
	15 is 10% or more, and if the organization					-	
	in Part VI how the organization meets			•			
10	organization. Private foundation. If the organization						
18							
	instructions						<u> </u>

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

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.)

	tion A. Public Support endar 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.")	2,395,166.	2,482,135.	2,877,157.	4,446,937.	3,188,101.	15,389,496
2	Gross receipts from admissions, merchandise	,,	, , , ,		, ,,,,,,		
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose	12,337,951.	13,009,480.	8,933,654.	12,310,853.	14,233,587.	60,825,525.
3	Gross receipts from activities that are not an	12,337,931.	15,005,400.	0,0004.	12,510,055.	14,255,507.	00,025,525
3							NONI
	unrelated trade or business under section 513 . Tax revenues levied for the						NONE
4							
	organization's benefit and either paid to						
_	or expended on its behalf						NONE
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						NONI
6	Total. Add lines 1 through 5	14,733,117.	15,491,615.	11,810,811.	16,757,790.	17,421,688.	76,215,021.
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons	600.	600.	600.	600.	68,500.	70,900.
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year	185,716.	345,899.	1,053,934.	930,283.	17,257.	2,533,089.
с	Add lines 7a and 7b	186,316.	346,499.	1,054,534.	930,883.	85,757.	2,603,989.
8	Public support. (Subtract line 7c from						
	line 6.)						73,611,032.
Sec	tion B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6	14,733,117.	15,491,615.	11,810,811.	16,757,790.	17,421,688.	76,215,021.
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar						
	sources	743,711.	430,286.	332,695.	418,207.	231,908.	2,156,807.
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						NONE
с	Add lines 10a and 10b	743,711.	430,286.	332,695.	418,207.	231,908.	2,156,807.
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on	NONE	NONE	NONE	NONE	46,215.	46,215.
12	Other income. Do not include gain or						
12	loss from the sale of capital assets						
	(Explain in Part VI.)						NONE
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	15,476,828.	15,921,901.	12,143,506.	17,175,997.	17,699,811.	78,418,043.
14	First 5 years. If the Form 990 is for	0	,		,		
14	First 5 years. If the Form 990 is for organization, check this box and stop here.	<u> </u>	<u></u>		<u></u>		
14 Sec	First 5 years. If the Form 990 is for organization, check this box and stop here. tion C. Computation of Public Supp	oort Percentaç	je	<u></u>			
14 Sec	First 5 years. If the Form 990 is for organization, check this box and stop here. tion C. Computation of Public Supp Public support percentage for 2022 (line 8,	column (f), divide	je d by line 13, colur	nn (f))		15	93.87%
14 Sec 15 16	First 5 years. If the Form 990 is for organization, check this box and stop here. tion C. Computation of Public Supp Public support percentage for 2022 (line 8, Public support percentage from 2021 Sche	column (f), divide dule A, Part III, line	je d by line 13, colun e 15	nn (f))			
14 Sec 15 16 Sec	First 5 years. If the Form 990 is for organization, check this box and stop here. tion C. Computation of Public Supp Public support percentage for 2022 (line 8, Public support percentage from 2021 Sche tion D. Computation of Investment	column (f), divide dule A, Part III, line income Perc	je Id by line 13, colun 9 15 entage	nn (f))		15 16	93.87% 93.37%
14 Sec 15 16 Sec	First 5 years. If the Form 990 is for organization, check this box and stop here. tion C. Computation of Public Supp Public support percentage for 2022 (line 8, Public support percentage from 2021 Sche tion D. Computation of Investment Investment income percentage for 2022 (line	column (f), divide dule A, Part III, line Income Perc ne 10c, column (f	ge d by line 13, colun e 15 entage), divided by line 1	nn (f))		15 16 17	93.87% 93.37% 2.75%
14 15 16 Sec 17	First 5 years. If the Form 990 is for organization, check this box and stop here. tion C. Computation of Public Supp Public support percentage for 2022 (line 8, Public support percentage from 2021 Sche tion D. Computation of Investment Investment income percentage for 2022 (lin Investment income percentage from 2021 Sche	column (f), divide dule A, Part III, lind in Income Perc ie 10c, column (f Schedule A, Part I	ge d by line 13, colun e 15 entage), divided by line 1 II, line 17	3, column (f))		15 16 17 18	93.87% 93.37% 2.75% 3.16%
14 15 16 Sec 17 18	First 5 years. If the Form 990 is for organization, check this box and stop here. tion C. Computation of Public Supp Public support percentage for 2022 (line 8, Public support percentage from 2021 Sche tion D. Computation of Investment Investment income percentage for 2022 (line 1nvestment income percentage from 2021 S 331/3% support tests - 2022. If the org	column (f), divide dule A, Part III, lind income Perc ie 10c, column (f Schedule A, Part I ganization did no	ge d by line 13, colur ∋ 15 entage), divided by line 1 II, line 17 ot check the box	an (f)) 3, column (f))	d line 15 is ma	15 16 17 18 re than 331/3%,	93.87% 93.37% 2.75% 3.16% and line
14 15 16 Sec 17 18 19 a	First 5 years. If the Form 990 is for organization, check this box and stop here. tion C. Computation of Public Supp Public support percentage for 2022 (line 8, Public support percentage from 2021 Sche tion D. Computation of Investment Investment income percentage for 2022 (lin Investment income percentage from 2021 S 331/3% support tests - 2022. If the org 17 is not more than 331/3%, check this	column (f), divide dule A, Part III, lind income Perce ine 10c, column (f Schedule A, Part I ganization did no is box and stop	ge d by line 13, colum e 15 entage), divided by line 1 II, line 17 ot check the box here. The organi	an (f)) 3, column (f)) 3 on line 14, and zation qualifies a	d line 15 is mo as a publicly su	15 16 17 18 re than 331/3 %, pported organizati	93.87% 93.37% 2.75% 3.16% and line on X
14 15 16 Sec 17 18 19 a	First 5 years. If the Form 990 is for organization, check this box and stop here. tion C. Computation of Public Supp Public support percentage for 2022 (line 8, Public support percentage from 2021 Sche tion D. Computation of Investment Investment income percentage for 2022 (lin Investment income percentage from 2021 S 331/3% support tests - 2022. If the organization of the support tests - 2021. If the organization of the support 331/3% support tests - 2021. If the organization of the support tests - 2021. If the organization of the support tests - 2021. If the organization of the support tests - 2021. If the organization of the support tests - 2021. If the organization of the support tests - 2021. If the organization of the support tests - 2021. If the organization of the support tests - 2021. If the organization of the support tests - 2021.	column (f), divide dule A, Part III, lind income Perce ine 10c, column (f Schedule A, Part I ganization did not is box and stop anization did not	ge d by line 13, colum e 15 entage), divided by line 1 II, line 17 bt check the box here. The organi check a box on	an (f)) 3, column (f)) 3 on line 14, and zation qualifies a ine 14 or line 15	d line 15 is mo as a publicly su 9a, and line 16	15 16 17 18 re than 331/3 %, pported organizati is more than 331/	93.87% 93.37% 2.75% 3.16% and line on X 3%, and
14 15 16 Sec 17 18 19 a	First 5 years. If the Form 990 is for organization, check this box and stop here. tion C. Computation of Public Supp Public support percentage for 2022 (line 8, Public support percentage from 2021 Sche tion D. Computation of Investment Investment income percentage for 2022 (lin Investment income percentage from 2021 S 331/3% support tests - 2022. If the org 17 is not more than 331/3%, check this	column (f), divide dule A, Part III, lind income Perce ine 10c, column (f Schedule A, Part I ganization did not is box and stop anization did not	ge d by line 13, colum e 15 entage), divided by line 1 II, line 17 bt check the box here. The organi check a box on	an (f)) 3, column (f)) 3 on line 14, and zation qualifies a ine 14 or line 15	d line 15 is mo as a publicly su 9a, and line 16	15 16 17 18 re than 331/3 %, pported organizati is more than 331/	93.87% 93.37% 2.75% 3.16% and line on X 3%, and
14 15 16 Sec 17 18 19 a	First 5 years. If the Form 990 is for organization, check this box and stop here. tion C. Computation of Public Supp Public support percentage for 2022 (line 8, Public support percentage from 2021 Sche tion D. Computation of Investment Investment income percentage for 2022 (lin Investment income percentage from 2021 S 331/3% support tests - 2022. If the organization of the support tests - 2021. If the organization of the support 331/3% support tests - 2021. If the organization of the support tests - 2021. If the organization of the support tests - 2021. If the organization of the support tests - 2021. If the organization of the support tests - 2021. If the organization of the support tests - 2021. If the organization of the support tests - 2021. If the organization of the support tests - 2021. If the organization of the support tests - 2021.	column (f), divide dule A, Part III, lind in 10c, column (f Schedule A, Part I ganization did not box and stop anization did not this box and stop	ge d by line 13, colum e 15 entage), divided by line 1 II, line 17 ot check the box here. The organi check a box on op here. The org	an (f)) 3, column (f)) 3, col line 14, and zation qualifies a line 14 or line 15 anization qualifies	d line 15 is mo as a publicly su Da, and line 16 s as a publicly	15 16 17 18 re than 331/3 %, pported organizati is more than 331/ supported organizati supported organizati and see instruct	93.87% 93.37% 2.75% 3.16% and line on X 3%, and ation

(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

JSA

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

Schedule A (Form 990) 2022

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

46-1178146

Schedule A (Form 990) 2022

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1

2

Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in Part VI.	11c		
Sect	on B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			

- more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Section C. Type II Supporting Organizations

 Yes
 No

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).					
а	a The organization satisfied the Activities Test. Complete line 2 below.					
b	b The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>					
С	c The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).					
	Ye				No	
2 Activities Test. Answer lines 2a and 2b below.						

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify** those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. *Answer lines 3a and 3b below.*
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No," provide details in Part VI.*
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

3b Schedule A (Form 990) 2022

2a

2b

3a

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Schedule A (Form 990) 2022 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Part V Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See 1 instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain 1 2 Recoveries of prior-year distributions 2 3 3 Other gross income (see instructions) 4 Add lines 1 through 3. 4 5 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of 6 property held for production of income (see instructions) 7 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 2 Acquisition indebtedness applicable to non-exempt-use assets 3 Subtract line 2 from line 1d. 3 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 4 see instructions). 5 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by 0.035. 6 7 7 Recoveries of prior-year distributions 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 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6

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

Schedule A (Form 990) 2022

Schedu	le A (Form 990) 2022				Page 7
Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)		
Sect	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish ex	xempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	zations	3		
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - p	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 resp	onsive		
	(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	1		10	
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	s	(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 - <i>explain in Part VI).</i> 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				
	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, <i>explain in Part VI.</i> See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, <i>explain in</i> Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
í	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

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

USA TRIATHLON OF COLOF	46-1178146					
Organization type (check one):	Drganization type (check one):					
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private four	ndation				
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation	ion				
	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).

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USA TRIATHLON OF COLORADO

Page **2** Employer identification number 46-1178146

Dort I	Osa TRIATHLON OF COLORADO		46-11/8146
Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	ADDADAY 2500 BROADWAY, BUILDING F, 125 SANTA MONICA, CA 90404	\$69,854.	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	ASHWORTH AWARDS <u>41 RICHARDS AVE, P.O. BOX 831</u> NORTH ATTLEBORO, MA 02761	\$20,000.	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
	BLERTER 12 CANTERBURY PARK LANE ELLERSLIE AUCKLAND NEW ZEALAND 1051	\$21,000.	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	BODY GLIDE 7315 AUGUSTA DRIVE BOULDER, CO 80301	\$	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5_	DESCENTE 1-11-3, DOGASHIBA TENNOJI KU OSAKA JAPAN 543-8921	\$332,500.	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	GATORADE ENDURANCE 555 W. MONROE, 10-02	\$50,000.	Person X Payroll X Noncash X (Complete Part II for
	CHICAGO, IL 60661		noncash contributions.)

Schedule B (Form 990) (2022)

JSA 2E1253 1.000

Schedule B (Form 990) (2022)				
Name of organization				
	USA	TRIATHLON	OF	COLORADO

Page 2 Employer identification number 46-1178146

Part I	Contributors (see instructions). Use duplicate copies of P	art I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	HYDROW 10 SUMMER ST 5TH FLOOR	\$10,000.	Person X Payroll X Noncash X (Complete Part II for
(a) No.	BOSTON, MA 02110 (b) Name, address, and ZIP + 4	(c) Total contributions	noncash contributions.) (d) Type of contribution
8	NEWTON RUNNING 3655 FRONTIER AVE BOULDER, CA 80301	\$8,750	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	NIX BIONSENSORS 55 MARKET STREET UNIT 3 PORTSMOUTH, NH 03801	\$10,000.	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	PERSPECTIVE FITWEAR 5648 LA JOLLA BLVD LA JOLLA, CA 92037	\$62,190.	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	RUDY PROJECT 1015 CALLE AMANECER SAN CLEMENTE, CA 92673	\$72,498	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	SCIENCE IN SPORTS 1160 BATTERY ST EAST, SUITE 100 SAN FRANCISCO, CA 94111	\$5,000.	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

JSA 2E1253 1.000

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

Name of C	USA TRIATHLON OF COLORADO		Employer identification number 46–1178146
Part I	Contributors (see instructions). Use duplicate copies of F	Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	TRAININGPEAKS I PEAKSWARE		Person X Payroll
	10 DENLAR DR	\$35,945.	Noncash X
	CHESTER, CT 06412		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14	WAHOO FITNESS		Person X Payroll
	90 WEST WIEUCA RD NE, SUITE 110	\$82,764.	Noncash X
	ATLANTA, GA 30342		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15	ZONE 3		Person X
	BRIDGE PARK, UNIT 1	\$251,050.	Payroll X
	GUILDFORD GU4 7BF		(Complete Part II for noncash contributions.)
	UNITED KINGDOM GU4 7BF		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16	USA TRIATHLON FOUNDATION		Person X
	5825 DELMONICO DR, SUITE 200	\$100,000.	Payroll Noncash
	COLORADO SPRINGS, CO 80919		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17	US OLYMPIC COMMITTEE		Person X
	ONE OLYMPIC PLAZA	\$1,515,416.	Payroll X
	COLORADO SPRINGS, CO 80901		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18	RACE IMPRESSIONS		Person X
	575 OLYMPIC DR PO BOX 81767	\$39,800.	Payroll X
	ATHENS, GA 30608		(Complete Part II for noncash contributions.)

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Part I	Contributors (see instructions). Use duplicate cop	vies of Part I if additional space is no	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	SPRINGS SPORTS NUTRITION		Person X Payroll
	1314 FITZGERALD AVE UNIT 4	\$25,000.	Noncash X
	SAN FRANCISCO, CA 94901		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20	VITRUVIAN		Person X
	15 GORDON ST	\$ 14,970.	Payroll X
	WEST PERTH WA		(Complete Part II for noncash contributions.)
(a)	AUSTRALIA 6005 (b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
	ZOOT SPORTS	A	Person X Payroll
	2719 LOKER AVENUE WEST SUITE B	\$ 45,000.	Noncash X (Complete Part II for
	CARLSBAD, CA 92010		noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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Schedule B (Form 990) (2022)

USA TRIATHLON OF COLORADO

Name of organization

Employer identification number

46-1178146

Name of or	ganization USA TRIATHLON OF COLORADO	Emp	loyer identification number 46-1178146
Part II	Noncash Property (see instructions). Use duplicate copies	of Part II if additional space	e is needed.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)	
1	ATHLETIC SUPPLIES		
		\$69,85	<u> </u>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)	
2	ATHLETIC APPAREL		
		\$20,00	. 12/31/2022
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)	
3	ATHLETIC SUPPLIES		
		\$21,00	00. 12/31/2022
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)	
4	ATHLETIC SUPPLIES		
		\$30,00	00. 12/31/2022
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)	
5	ATHLETIC SUPPLIES		
		\$332,50	00. 12/31/2022
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)	
6	HYDRATION PRODUCTIONS		
		\$50,00	00. 12/31/2022

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Schedule B (Form 990) (2022)

rganization USA TRIATHLON OF COLORADO			ntification number
Noncash Property (see instructions). Use duplicate copies	of Part II if additional s	pace is nee	ded.
(b) Description of noncash property given			(d) Date received
HYDRATION TECHNOLOGY			
	\$1	0,000.	12/31/2022
(b) Description of noncash property given			(d) Date received
ATHLETIC SUPPLIES			
	\$	8,750.	12/31/2022
(b) Description of noncash property given			(d) Date received
ATHLETIC SUPPLIES			
	\$1	0,000.	12/31/2022
(b) Description of noncash property given			(d) Date received
ATHLETIC SUPPLIES			
	\$6:	2,190.	12/31/2022
(b) Description of noncash property given			(d) Date received
ATHLETIC SUPPLIES			
	\$7.	2,498	12/31/2022
(b) Description of noncash property given			(d) Date received
ATHLETIC SUPPLIES	_		
	\$	5,000.	12/31/2022
	USA TRIATHLON OF COLORADO Noncash Property (see instructions). Use duplicate copies (b) Description of noncash property given HYDRATION TECHNOLOGY (b) Description of noncash property given ATHLETIC SUPPLIES (b) Description of noncash property given ATHLETIC SUPPLIES (b) Description of noncash property given ATHLETIC SUPPLIES (b) Description of noncash property given ATHLETIC SUPPLIES (b) Description of noncash property given ATHLETIC SUPPLIES (b) Description of noncash property given ATHLETIC SUPPLIES (b) Description of noncash property given ATHLETIC SUPPLIES (b) Description of noncash property given	USA TRIATHLON OF COLORADO Noncash Property (see instructions). Use duplicate copies of Part II if additional s (b) Description of noncash property given (c) HYDRATION TECHNOLOGY \$	USA TRIATHLON OF COLORADO 46-1 Noncash Property (see instructions). Use duplicate copies of Part II if additional space is nee (b) Description of noncash property given (C) Description of noncash property given (C)

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Schedule B (Form 990) (2022)

Name of or	ganization USA TRIATHLON OF COLORADO		er identification number 46-1178146
Part II	Noncash Property (see instructions). Use duplicate copies	of Part II if additional space is	s needed.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
13	ATHLETIC SUPPLIES		
		\$25,000	. 12/31/2022
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
14	ATHLETIC SUPPLIES		
		\$82,764	. 12/31/2022
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
15	ATHLETIC SUPPLIES		
		\$251,050	12/31/2022
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
17	ATHLETIC SUPPLIES VARIOUS DATES		
/		\$1,551,848	. 12/31/2022
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
18	ATHLETIC SUPPLIES		
		\$39,800	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
19	ATHLETIC SUPPLIES		
		(¢	10/01/0000
		\$25,000	. 12/31/2022

JSA 2E1254 1.000

Schedule B (Form 990) (2022)

Name of or	-			entification number
Part II	USA TRIATHLON OF COLORADO Noncash Property (see instructions). Use duplicate copies	of Part II if additional s		1178146
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or esti	imate)	(d) Date received
	ATHLETIC SUPPLIES			
20		\$1	4,970.	12/31/2022
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or esti (See instruct		(d) Date received
21	ATHLETIC SUPPLIES			
		\$4	5,000.	12/31/2022
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or esti (See instruct	imate) iions.)	(d) Date received
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or esti (See instruct		(d) Date received
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or esti (See instruct		(d) Date received
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or esti (See instruct		(d) Date received
		\$		

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Page 3

JSA 2E1254 1.000

Schedule B (Form 990) (2022)

USA TRIATHLON OF COLORADO 46-1178146 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 the following line entry. For organizations completing Part III, enter the total of <i>exclusively</i> religious, charitable contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is he Part I (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is he gift (a) No. (e) Transfer of gift (d) Description of how gift is he gift (e) Transfer of gift (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is he gift (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is he gift (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is he gift (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is he gift (c) Transfer of gift (e) Transfer of gift (d) Description of how gift is he gift	Schedule B (Form 990	0) (2022)			Page
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 the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) \$	Name of organization	on			Employer identification number
(10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e the following line entry. For organizations completing Part III, enter the total of <i>exclusively</i> religious, charitable contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) \$					
Part I Image: Construction of the second	(10) tl the fo contri	hat total more than \$1,000 for ollowing line entry. For organizati ibutions of \$1,000 or less for the	the year from any ions completing Par e year. (Enter this in	one contributor. (t III, enter the total formation once. S	Complete columns (a) through (e) an of <i>exclusively</i> religious, charitable, etc
Part I	(a) No. from	(b) Purpose of gift	(c) Use	of gift	(d) Description of how aift is held
Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee	Part I	() ·			
Part I		Transferee's name, address, a		-	ship of transferor to transferee
Part I	(a) No				
	Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee		Transferee's name, address, a		-	ship of transferor to transferee
(a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is he	(a) No.	(b) Burnoso of gift	(0) 50		(d) Description of how gift is held
Part I (c) Use of git (d) Description of now git is it					
(e) Transfer of gift				-	
Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee		Transferee's name, address, a	and ZIP + 4	Relations	<pre>ship of transferor to transferee</pre>
(a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is here Part I	from	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee		Transferee's name, address, a		-	ship of transferor to transferee
JSA Schedule B (Form 990					Schedule B (Form 990) (20)

2840RM P091 09/05/2023 12:13:22 V22-6.6F 006914000 ORIGINAL

SCHEE	DULE D
(Form	990)

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

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

Attach to Form 990.

Open to Public Inspection

2

OMB No. 1545-0047

Depa	rtment of the Treasury		Attach to Form 990				Open to	
	al Revenue Service	Go to www.irs.gov/l	Form990 for instructions	and the latest info			Inspection	on
	of the organization				Em	ployer identificat		
	TRIATHLON OF			<u></u>		46-11781	.46	
Pa		tions Maintaining Donor Adv			or Acc	ounts.		
	Complete	e if the organization answered				<u> </u>		
			(a) Donor advis	ed funds		(b) Funds and	other accounts	
1		nd of year						
2		of contributions to (during year)						
3		of grants from (during year)						
4		at end of year						
5	•	ion inform all donors and donor	•					
_	-	nization's property, subject to the	-	-			Yes	No
6	-	on inform all grantees, donors, a						
		e purposes and not for the bene						
D		hissible private benefit?				<u></u>	Yes	No
Pa		tion Easements.	"Voc" on Form 000	Dart IV line 7				
1		e if the organization answered servation easements held by the						
1		n of land for public use (for example			on of a k	victorically im	ortant land	oroo
		of natural habitat	, recreation or education)			historically imp certified histor		alea
		n of open space				er lineu fiistor		
2		through 2d if the organization he	eld a qualified conserva	ation contributio	n in the f	orm of a cons	ervation	
2	-	last day of the tax year.					End of the T	ax Year
а		onservation easements			2a			
b		tricted by conservation easements						
c	•	vation easements on a certified						
d		vation easements included in (c)		. ,				
u		e listed in the National Register						
3		rvation easements modified, tra				by the orac	nization du	urina the
•	tax year			gulollou, el te				
4		where property subject to conse	rvation easement is loca	ated				
5		ation have a written policy reg			ection, I	nandling of		
		orcement of the conservation ea					Yes	
6		hours devoted to monitoring, insp					ents during	
					-		-	
7	Amount of expense	es incurred in monitoring, inspec	ting, handling of violatio	ns, and enforcin	g conser	vation easeme	ents during	the year
8		 vation easement reported on line 2	2(d) above entirefution re	auiromonto of c	oction 17			
0)(4)(B)(ii)?		-			Yes	
9	In Part XIII des	cribe how the organization re	oorts conservation ea	sements in its	revenu	e and exper		
3		id include, if applicable, the text				•		
		counting for conservation easeme		o organization e	manole			
Ра		tions Maintaining Collections		easures, or Ot	her Sim	ilar Assets.		
		e if the organization answered						
1a	If the organization	n elected, as permitted under FA	SB ASC 958, not to r	eport in its reve	enue sta	tement and b	alance she	et works
	of art, historical service, provide in	treasures, or other similar asse Part XIII the text of the footnote	ts held for public exh to its financial stateme	ibition, education nts that describe	on, or re s these i	esearch in fui tems.	rtherance of	of public
b	art, historical trea provide the follow	n elected, as permitted under Fa sures, or other similar assets he ing amounts relating to these iter	ld for public exhibition ns:	, education, or	research	in furtheranc	e of public	service,
		ded on Form 990, Part VIII, line 1						
		ed in Form 990, Part X						
2	-	n received or held works of a			ar assets	s for financia	l gain, pro	vide the
		s required to be reported under F						
a	Revenue included	on Form 990, Part VIII, line 1.				\$.		
D	Assets included in	Form 990. Part X						

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

JSA

Schedule D (Form 990) 2022

		IATHLON OF							L78146	-
Ра	rt III Organizations Maintaining C	collections of	Art, Histo	rical Tre	asures,	or Other	r Similar As	ssets (co	ontinueo	d)
3	Using the organization's acquisition, ac	ccession, and o	other recor	ds, check	c any of	the follow	wing that ma	ake signi	ficant us	se of its
	collection items (check all that apply):			7						
а	Public exhibition		d	-		ige progra	m			
b	Scholarly research		e	Other						
C	Preservation for future generation		and aval	in how t	have from the		ranizationla	overent		in Dort
4	Provide a description of the organizati XIII.		s and expla	ani now t	ney lulu	ier the or	ganizations	exempt	purpose	in Part
5	During the year, did the organization so	licit or receive (tonations o	fart histe	orical tree		other simila	r		
3	assets to be sold to raise funds rather th								Yes	No
Pa	rt IV Escrow and Custodial Arran				Jigamzat					
I G	Complete if the organization		es" on For	m 990 P	Part IV li	ne 9 or i	reported an	amount	t on For	m
	990, Part X, line 21.			11 000, 1	arerv, n	10 0, 01 1	opontou un	amoun		
1a	Is the organization an agent, trustee,	custodian or o	ther interm	ediary fo	or contrib	outions or	other asse	ts not		
	included on Form 990, Part X?			-					Yes	No
b	If "Yes," explain the arrangement in Par							•••		
				U				Amount		
с	Beginning balance				1	c				
d	Additions during the year					d				
е	Distributions during the year				1	e				
f	Ending balance				1	f				
2a	Did the organization include an amount	on Form 990,	Part X, line	21, for e	scrow or	custodial	account liab	oility?	Yes	No
b	If "Yes," explain the arrangement in Par	rt XIII. Check h	ere if the ex	planation	has beer	n provided	on Part XIII			
Ра	rt V Endowment Funds.									
	Complete if the organization	answered "Ye	es" on For	m 990, F						
	(8	a) Current year	(b) Prio	r year	(c) Two y	/ears back	(d) Three yea	ars back	(e) Four y	ears back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains,									
	and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of th			e (line 1g,	column (a	a)) held as	S:			
a	Board designated or quasi-endowment		%							
b	Permanent endowment %	0								
С	Term endowment %		1000/							
20	The percentages on lines 2a, 2b, and 2 Are there endowment funds not in the p			tion that	ara hald	and admi	nictored for t	ho		
Ja	organization by:		le organiza	tion that	are neiu	anu aumi		ne	Y	es No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations								3a(ii)	
h	If "Yes" on line 3a(ii), are the related or								3b	
4	Describe in Part XIII the intended uses	•	•							
	rt VI Land, Buildings, and Equipm Complete if the organization						О Г	000 D	4 V . Ľ	40
	Complete if the organization Description of property	(a) Cost or			Part IV, I or other basi		See Form Secumulated		t X, line Book valu	
	Eccentration of property		tment)		ther)		reciation	(u)	DOOK VAIU	
1a	Land	-								
b	Buildings	•		1	.81,846		18,185.		163	,661.
С	Leasehold improvements	•								
d	Equipment				62,940		588,262.			,678.
e	Other				92,473		13,972.			,501.
Tota	I. Add lines 1a through 1e. <i>(Column (d) i</i>	must equal Forr	n 990, Part	X, columr	n (B), line	10c.)			1,216	,840.

Schedule D (Form 990) 2022

Investments - Other Securities. Part VII Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (b) Book value (c) Method of valuation: (including name of security) Cost or end-of-year market value (1) Financial derivatives (2) Closely held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) 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. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1)RIGHT OF USE ASSETS 1,964,343 (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.). 1,964,343 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)DUE TO USA TRIATHLON FDN		27,508.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990. Part X. co	ol. (B) line 25.)	27.508

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.

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Schedu	IN D (Form 990) 2022 USA TRIATHLON OF COLORADO	46-	-1178146 Page 4
Part		n.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	16,294,487.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	-2,008,938.
3	Subtract line 2e from line 1	3	18,303,425.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		
с	Add lines 4a and 4b	4c	1,515.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	18,304,940.
Part		ırn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	20,169,473.
1 2		1	20,169,473.
	Total expenses and losses per audited financial statements	1	20,169,473.
2	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	1	20,169,473.
2 a	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	1	20,169,473.
2 a b	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	1	20,169,473.
2 a b c	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	1 2e	20,169,473.
2 a b c d	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	-	
2 a b c d e	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2e	123,970.
2 b c d 8 3	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2e	123,970.
2 b c d 8 3 4	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2e	123,970.
2 a b c d e 3 4 a	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2e	123,970.
2 b c d e 3 4 a b	Total expenses and losses per audited financial statementsAmounts included on line 1 but not on Form 990, Part IX, line 25:Donated services and use of facilitiesPrior year adjustmentsOther lossesOther (Describe in Part XIII.)Add lines 2a through 2dSubtract line 2e from line 1Amounts included on Form 990, Part IX, line 25, but not on line 1:Investment expenses not included on Form 990, Part VIII, line 7bOther (Describe in Part XIII.)	2e 3 4c	123,970. 20,045,503.

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

SEE SUPPLEMENTAL PAGE

SCHEDULE D, PART X, LINE 2

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

UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE CONSOLIDATED FINANCIAL STATEMENTS.

SCHEDULE D, PART XI, LINE 4D

OTHER: \$1515, \$1513 AMOUNT CONSISTS OF MERCHANDISE EXPENSE WHICH ARE NETTED WITH REVENUE IN FORM 990, PART VIII, AND ROUNDING OF \$2. SCHEDULE D, PART XII, LINE 4D

OTHER: \$1515, \$1513 AMOUNT CONSISTS OF MERCHANDISE EXPENSE WHICH ARE NETTED WITH REVENUE IN FORM 990, PART VIII, AND ROUNDING OF \$2.

SCHEDULE F (Form 990) Statement of Activities Outside the United Sta			OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	Attach to Form 990. Go to <i>www.irs.gov/Form990</i> for instructions and the latest information.	Open to Public Inspection	
Name of the organization	Employer ider	ntification number	
USA TRIATHLON OF	COLORADO	46-117	78146
	formation on Activities Outside the United States. Complete if the Part IV, line 14b.	organizatio	on answered "Yes" on
-	Does the organization maintain records to substantiate the amount of its the grantees' eligibility for the grants or assistance, and the selection crite or assistance?	eria used to	

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 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
(1) CENTRAL AMERICA/CARIBBEAN	NONE	NONE	PROGRAM SERVICES	TRAVEL	8,128.
(2) EAST ASIA AND THE PACIFIC	NONE	NONE	PROGRAM SERVICES	TRAVEL	12,223.
(3) EUROPE	NONE	NONE	PROGRAM SERVICES	TRAVEL	33,032.
(4) MIDDLE EAST AND NORTH AFRICA	NONE	NONE	PROGRAM SERVICES	TRAVEL	122,400.
(5) NORTH AMERICA	NONE	NONE	PROGRAM SERVICES	TRAVEL	152,470.
(6) SOUTH AMERICA	NONE	NONE	PROGRAM SERVICES	TRAVEL	4,195.
(7)					
(8)					
(9)					
10)					
11)					
12)					
(13)					
(14)					
15)					
(16)					
(17)					
 3a Subtotal b Total from continuation sheets to Part I 	NONE	NONE			332,448
c Totals (add lines 3a and 3b) For Paperwork Reduction Act Notice, see	NONE	NONE			332,448 e F (Form 990) 20

For Paperwork Reduction Act Notice, see the Instructions for Form 990. JSA 2E1274 1.000

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

Schedule F (Form 990) 2022

46-1178146 Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990.

(e) Amount of

cash grant

(f) Manner of

cash disbursement

44

(g) Amount of

noncash assistance (h) Description

of noncash

assistance

(d) Purpose of

grant

Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

(c) Region

USA TRIATHLON OF COLORADO

(b) IRS code

section and EIN (if applicable)

Schedule F (Form 990) 2022

(a) Name of

organization

Part II

1

(1)

(2)

(3)

(4)

(5)

(6)

(7)

(8)

(9)

(10)

(11)

(12)

(13)

(14)

(15)

(16)

Page 2

(i) Method of

valuation (book, FMV,

appraisal, other)

Schedule F (Form 990) 2022

Part III

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

46-1178146

Page 3

(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)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
10)							
11)							
12)							
13)							
14)							
5)							
16)							
7)							
8)							

Schedule F (Form 990) 2022

Schedule F (Form 990) 2022	USA	TRIATHLON	OF	COLORADO
Part IV Foreign Fo	orms			

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

Schedule F (Form 990) 2022

SCHEDULE I			Assistance t				OMB No. 1545-0047
(Form 990)	Governme	nts, and Ir	ndividuals i	n the United	d States		2022
	Complete if the or	ganization ans	wered "Yes" on F	orm 990, Part IV	line 21 or 22.		
Department of the Treasury			tach to Form 990.				Open to Public
Internal Revenue Service	Go te	o www.irs.gov/l	Form990 for the la	test information.			Inspection
Name of the organization						Employer identificat	tion number
USA TRIATHLON OF COLORADO						46-1178146	0
Part I General Information on Gran	ts and Assistance	e					
 Does the organization maintain record the selection criteria used to award the Describe in Part IV the organization's part IV the organization's part IV 	grants or assistanc	e?					X Yes No
Part II Grants and Other Assistance					nlete if the organiz	ation answered "	es" on Form 990
Part IV, line 21, for any recipi		-					163 ON 10111 330,
				-	-		
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) LITTLE LEG UNLIMITED							
2301 COMET COURT COLORADO SPRINGS, CO 80906	47-4835824		12,600.				SUPPORT FOR TRIATHLO
(2) TRIALLYSA							
438 E LASALLE ST COLORADO SPRINGS, CO 80907	81-4124521		20,000.				TEAM HOUSING
(3) USA TRIATHLON FOUNDATION							
5825 DELMONICO DR #200	46-5062719	501(C)(3)	175,000.				NCAA PROGRAM
_(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(33 Enter total number of other organization		0					<u>1</u> 2

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

Schedule I (Form 990) 2022

USA TRIATHLON OF COLORADO

46-1178146

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

2 320,367.		
	CASH	
-		ation required in Part I, line 2, Part III, column (b); and any c

SCH I PART I LINE 2

PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS: USAT TRANSFERS

RESTRICTED GRANTS UPON CASH RECEIPT OF A RESTRICTED GIFT. THE USAT

RELEASES FUNDS WHEN IT HAS SUBSTANTIATED IT HAS SATISFIED ANY DONOR

IMPOSED RESTRICTIONS ON THE CONTRIBUTIONS.

USA TRIATHLON OF COLORADO

46-1178146

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					
Part IV Supplemental Information. Provide the information.	information re	equired in Part I,	line 2, Part III, o	column (b); and any c	other additional

SCHEDULE I, PART III, LINE 1, COLUMN B

THE NUMBER OF RECIPIENTS IS BASED ON THE NUMBER OF APPLICATIONS

FULFILLED.

SCHEDULE J		Comper	ısa	tion Information	1	OMB No.	1545-0	047
(Forr	n 990)	For certain Officers, Dire	ectors	s, Trustees, Key Employees, and Highest		୬ଜ	99)
				ısated Employees swered "Yes" on Form 990, Part IV, line 2	3.	ZU		
	nent of the Treasury		Attac	h to Form 990.		Open t		
	Revenue Service of the organization	Go to www.irs.gov/Form9	90 10	r instructions and the latest information.	Employer identificat		ectio	n
	•	OF COLORADO			46-11781			
Part		ns Regarding Compensation			40-11/01	.40		
i ait							Yes	No
1a	Check the app	propriate box(es) if the organization pro	ovide	ed any of the following to or for a pers	son listed on For	m 📃		
	990, Part VII,	Section A, line 1a. Complete Part III to	prov	ide any relevant information regarding	g these items.			
	First-cla	ss or charter travel		Housing allowance or residence for	personal use			
	Travel fo	or companions		Payments for business use of perso	nal residence			
	Tax inde	emnification and gross-up payments		Health or social club dues or initiati	on fees			
	Discretio	onary spending account		Personal services (such as maid, ch	auffeur, chef)			
b	or reimburse	boxes on line 1a are checked, did th ment or provision of all of the ex	pens	ses described above? If "No," con	nplete Part III	to		
2	-	anization require substantiation prior			-			
		stees, and officers, including the CEC				2 2		
•								
3	organization's	 n, if any, of the following the organization CEO/Executive Director. Check all the ization to establish compensation of the ization. 	at ap	pply. Do not check any boxes for metho	ods used by a			
	X Comper	sation committee	Х	Written employment contract				
	Indepen	dent compensation consultant	Х	Compensation survey or study				
	X Form 99	00 of other organizations	Х	Approval by the board or compensation	ation committee			
4	During the year organization of	ar, did any person listed on Form 990, or a related organization:	Par	t VII, Section A, line 1a, with respect t	o the filing			
а	Receive a sev	verance payment or change-of-control p	aym	ent?		<u>4a</u>		Х
b		or receive payment from a supplement					X	
С		or receive payment from an equity-bas				<u>4c</u>		X
	If "Yes" to an	y of lines 4a-c, list the persons and p	rovid	le the applicable amounts for each i	tem in Part III.			
	Only costion	E(1/2)(2) = E(1/2)(4) and $E(1/2)(20) = 2$		izationa must complete lines E O				
5	-	501(c)(3), 501(c)(4), and 501(c)(29) o listed on Form 990, Part VII, Sect	-	-	av or accruo ar			
5		n contingent on the revenues of:		A, line ra, did the organization pa	ay of accide at	'y		
а		ion?				. 5a		X
b		rganization?						X
		e 5a or 5b, describe in Part III.						
6	For persons	listed on Form 990, Part VII, Sect a contingent on the net earnings of:	ion /	A, line 1a, did the organization pa	ay or accrue ar	ıy		
а	The organizat	ion?				. 6a		X
b	Any related of	rganization?				. 6b		X
	If "Yes" on lin	e 6a or 6b, describe in Part III.						
7		listed on Form 990, Part VII, Section						
_		described on lines 5 and 6? If "Yes," d				. 7	X	
8		ounts reported on Form 990, Part VII,						
		l contract exception described in	-					37
•		ine 8, did the organization also fol						X
9								
	. togulations 5	ection 53.4958-6(c)?	• • •			. 3	1	1

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

Schedule J (Form 990) 2022

Schedule J (Form 990) 2022

USA TRIATHLON OF COLORADO

46-1178146

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

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

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

		(B) Breakdown of W-2 a	nd/or 1099-MISC and/or	1099-NEC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
TIM YOUNT	(i)		6,028.		30,495.	5,270.	247,411.	
1 CHIEF OF SPORT DEVELOPMENT	(ii)							
VICTORIA BRUMFIELD	(i)	183,714.	62,707.	1,200.	6,354.	2,254.	256,229.	
2 CEO(FROM 11/22) BUS.DEV(11/22)	(ii)							
KATIE WILLEMARCK	(i)	128,874.	44,152.	1,163.	11,124.	4,145.	189,458.	
3 CHIEF FINANCIAL OFFICER	(ii)							
ROCKY HARRIS	(i)	249,581.	88,909.	850.	12,525.		351,865.	
4 CEO(TO 09/2022)	(ii)							
GABE CAGWIN	(i)	262,948.			3,567.	2,030.	268,545.	
5 CHIEF DEVELOPMENT OFFICER	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2022

Schedule J (Form 990) 2022

USA TRIATHLON OF COLORADO

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.

PART 1, LINE 4B

THE CEO HAS AN EMPLOYMENT AGREEMENT TO CONTINUE THROUGH 2028.

PART I, LINE 7

ALL EMPLOYEES ARE ELIGIBLE FOR DISCRETIONARY BONUSES BASED UPON A VARIETY

OF SUBJECTIVE CRITERIA. ANY BONUSES RECEIVED ARE REPORTED IN COLUMN B(II)

OF SCHEDULE J PART II.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2

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

Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

46-1178146

2

Department of the Treasury Internal Revenue Service Name of the organization

USA TRIATHLON OF COLORADO

Par	I Types of Property	-						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(Method of noncash contr			unts
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							-
4	Books and publications							
5	Clothing and household							
3	goods							
6	Cars and other vehicles							
7	Boats and planes							
8								
9	Intellectual property							
-	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC,							
40	or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation							
	contribution - Historic							
	structures							
14	Qualified conservation							
	contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ►(<u>SPORTS RELATED</u>)		27	1,306,672.	FAIR MARKE	J'I' VA	LUE	
26	Other ▶()							
27	Other ►()							
28	Other ►()							
29	Number of Forms 8283 received							
	which the organization completed I	orm 8283,	Part V, Donee Acknowledge	ement	29			DNE
						Y	'es	No
30a	During the year, did the organizat		• • • • •	• •	-			
	28, that it must hold for at least the	-						
	to be used for exempt purposes for		olding period?			30a		Х
b	If "Yes," describe the arrangement i							
31	Does the organization have a							
	contributions?					31		Х
32a	Does the organization hire or use		0					
	contributions?					32a		Х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an	amount in c	olumn (c) for a type of pro	perty for which column (a)) is checked,			
	describe in Part II.							

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

JSA

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

SCHEDULE M, PART I, COLUMN B, LINE 25

COLUMN (B) FOR LINE 25 REPORTS THE NUMBER OF CONTRIBUTORS.

Supplemental Information to Form 990 or 990-EZ

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

Department of the Treasury Internal Revenue Service Name of the organization

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

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

USA TRIATHLON OF COLORADO

46-1178146

FORM 990, PART I, LINE I, DESCRIPTION OF ORGANIZATION MISSION:

USA TRIATHLON OF COLORADO IS THE NATIONAL GOVERNING BODY OF THE SPORT OF

TRIATHLON.

FORM 990, PART III, LINE 4C

(SPORTS DEVELOPMENT CONTINUED): EACH OF THE AFOREMENTIONED SEGMENTS -ATHLETES, COACHES, CLUBS, OFFICIALS, AND EVENT DIRECTORS - WERE EACH SUPPORTED BY DIVERSITY EFFORTS TO GROW ACCESS AND RECEIVE GREATER LEVELS OF SUPPORT WHILE ENGAGING IN THE SPORT. GROWTH IN THIS CASE INCLUDES BUT IS NOT LIMITED TO, A STRONGER INTERNATIONAL/GLOBAL REACH TO THOSE AROUND THE WORLD THAT ASPIRED TO BE PART OF THE LARGEST TRIATHLON COUNTRY SYSTEM IN THE WORLD.

FORM 990, PART VI, SECTION A, LINE 6

USA TRIATHLON OF COLORADO IS A MEMBERSHIP ORGANIZATION. MEMBERSHIP IS OPEN TO ANY INDIVIDUAL WHO IS AN ATHLETE, COACH, TRAINER, MANAGER, ADMINISTRATOR, OR OFFICIAL ACTIVE IN THE SPORTS OF TRIATHLON, OR TO ANY OTHER INDIVIDUAL WHO IS INTERESTED IN THE GOALS AND OBJECTIVES OF USA TRIATHLON OF COLORADO.

THE CLASSES OF MEMBERS ARE ELITE ATHLETES, OTHER ATHLETES, YOUTH, AND GENERAL. YOUTH MEMBERSHIP IS FOR INDIVIDUALS UNDER THE AGE OF 18 AND YOUTH MEMBERS DO NOT HAVE VOTING RIGHT.

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

ELITE ATHLETE MEMBERS ELECT THE ATHLETE DIRECTORS. THE GENERAL DIRECTORS ARE ELECTED BY THE MEMBERSHIP. THE BYLAWS CONTAIN A TIMEFRAME FOR ELECTIONS. BALLOTS ARE MADE AVAILABLE IN MID-SEPTEMBER AND THE ELECTION

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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



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

 Name of the organization
 Employer ide

 USA TRIATHLON OF COLORADO
 46-11

Employer identification number

CLOSES APPROXIMATELY 30 DAYS LATER.

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

A VOTE OF THE MEMBERSHIP IS REQUIRED FOR ANY AMENDMENTS TO THE BYLAWS CONCERNING THE BOARD OF DIRECTORS' GENERAL POWERS, AUTHORITY, COMPOSITION AND QUALIFICATION, VACANCIES AND REMOVAL, ELECTIONS AND SUNSHINE POLICY.

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

THE FORM 990 WILL BE REVIEWED BY USAT'S EXECUTIVE LEADERSHIP TEAM. AFTER THE LEADERSHIP TEAM'S REVIEW, FORM 990 IS SUBMITTED TO THE BOARD FOR REVIEW AND APPROVAL, BEFORE THE RETURN IS FILED WITH THE IRS. THE 990 WILL BE POSTED TO USAT'S WEBSITE.

FORM 990, PART VI, SECTION B, LINE 12C

ANNUALLY OFFICERS AND DIRECTORS COMPLETE AND UPDATE A CONFLICT-OF-INTEREST FORM. THE USAT ETHICS COMMITTEE REVIEWS POTENTIAL CONFLICTS AND IF A CONFLICT EXISTS THE OFFICER OR DIRECTOR MAY NOT BE PRESENT FOR OR PARTICIPATE IN DELIBERATIONS OR VOTES CONCERNING THE TRANSACTION.

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

THE CEO IS REVIEWED ANNUALLY BY THE COMPENSATION COMMITTEE AND COMPENSATION IS COMPARED TO SURVEYS. THE CEO PERFORMANCE REVIEW IS COMPARED TO THE SURVEYS AND THE BOARD APPROVES THE FINAL LEVEL FOR THE YEAR.

FOR KEY EMPLOYEES, THE CFO USES SURVEYS AND INDUSTRY KNOWLEDGE TO DEVELOP A RANGE FOR EACH SALARY POSITION AT USAT. THE CFO/CEO PROPOSES OVERALL PAY SCALES DURING EACH BUDGET REVIEW AND IN NOVEMBER, THE USAT BOARD APPROVES OR APPROVES CHANGES TO THE FOLLOWING YEAR'S BUDGET.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

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



Department of the Treasury Internal Revenue Service

USA TRIATHLON OF COLORADO

Employer identification number

FORM 990, PART VI, SECTION C, LINE 19

THE ORGANIZATION WILL PROVIDE, IN A TIMELY MANNER, FINANCIAL STATEMENTS AND GOVERNING DOCUMENTS INCLUDING ITS CONFLICT OF INTEREST POLICIES, WHEN REQUESTED IN WRITING OR IN PERSON. THE FORM 990, AND GOVERNING DOCUMENTS OF THE ORGANIZATION ARE POSTED ON THE ORGANIZATION'S WEBSITE.

FORM 990, PART VII, SECTION A, LINE 6, 7

TWO BOARD MEMBERS, YVONNE SPENCER, AND KERI SEROTA WERE COMPENSATED FOR SERVICES OUTSIDE OF THEIR POSITION AS A BOARD MEMBER OR BOARD OFFICER. ALL COMPENSATION IS REQUIRED TO BE REPORTED ON FORM 990, PART VII, SECTION A, REGARDLESS OF WHETHER COMPENSATION WAS EARNED FOR SERVICES AS A DIRECTOR/OFFICER, OR FOR OTHER CONTRACTED SERVICES. GENERAL DIRECTOR, YVONNE SPENCER, WAS COMPENSATED \$600 FOR A SPEAKING HONORARIUM. SECRETARY AND GENERAL DIRECTOR, KERI SEROTA, WAS ALSO COMPENSATED FOR A SPEAKING HONORARIUM (\$250).

Name of the organization		Employer iden	tification number
USA TRIATHLON OF COLORADO		46-1178	3146
FORM 990, PART III, LINE 4D - OTHER PROGRA			
DESCRIPTION	GRANTS	EXPENSES	REVENUE
CONSTITUENT RELATIONSHIPS	NONE	3,412,602.	2,247,806

----- -----

Schedule O (Form 990 or 990-EZ) 2022 Name of the organization	Employer ide	Page 2 entification number
USA TRIATHLON OF COLORADO	46-117	78146
FORM 990, PART VII-COMPENSATION OF T	HE 5 HIGHEST PAID IND. CONTRACTORS	
NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
WORKPLACE ELEMENTS		
2501 BLAKE		
DENVER, CO 80205	REMODEL DESIGN	218,804.
LAKESHORE ATHLETIC SERVICES		
6227 MONROE CT		
MORTON GROVE, IL 60053	EVENT SITE SERVICES	122,138.
DIRECT EDGE DENVER LLC		
275 MARIPOSA		
DENVER, CO 80223	EVENT SET UP	247,828.
SOCKET EVENTS		
4 TAUBER CT		
CASTLE ROCK, CO 80108	CONTRACT LABOR	134,002.
TURNKEY ZRG		
69 MILK STREET STE 304		
WESTBOROUGH, MA 01581	RECRUITING	106,840.

Schedule O (Form 990 or 990-EZ) 2022				Page 2
Name of the organization			Employer identification	on number
USA TRIATHLON OF COLORA	ADO		46-1178146	5
FORM 990, PART IX - OTHER FEES	3			
	=			
	(A)	(B)	(C)	(D)
	TOTAL	PROGRAM	MANAGEMENT	FUNDRAISING
DESCRIPTION	FEES	SERVICE EXP.	AND GENERAL	EXPENSES
CONTRACT LABOR	2,579,281.	1,585,914.	993,367.	
TOTALS				
	2,579,281.	1,585,914.	993,367.	
	======	============		===============

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

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

Department of the Treasury Internal Revenue Service Name of the organization

USA TRIATHLON OF COLORADO

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

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

Part II

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

(a) Name, address, and EIN of related organization	(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 5 contr enti	olled
						Yes	No
(1) USA TRIATHLON FOUNDATION 46-5062719							
5825 DELMONICO DR., SUITE 200 COLORADO SPRINGS, CO 80919	SEE PART VII	CO	501(C)(3)	LINE 7	USA TRIATHLO	х	
(2)							
(3)							
(4)							
(5)							
(6)							
· · ·	1						
(7)							
· · ·	1						

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

JSA

OMB No. 1545-0047

2

Open to Public

Inspection

Employer identification number

Schedule R (Form 990) 2022

46-1178146

22

Schedule R (Form 990) 2022

USA TRIATHLON OF COLORADO

46-1178146

Page 2

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	Disprop	h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	managing partner?		(k) Percentage ownership
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,			Yes	No		Yes	No	
_(1)												
(2)												
_(3)												
(4)												
(5)												
(6)												
(7)												
(7)	_											

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

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

Schedule R (Form 990) 2022

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

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more re-	elated organizations lis	sted in Parts II-IV?				
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.				1a		Х
b	Gift, grant, or capital contribution to related organization(s)				1b	Х	
С	Gift, grant, or capital contribution from related organization(s).				1c	Х	
d	Loans or loan guarantees to or for related organization(s)				1d	Х	
е	Loans or loan guarantees by related organization(s)				1e	Х	
f	Dividends from related organization(s)				1f		
g	Sale of assets to related organization(s)				1g		Х
h	Purchase of assets from related organization(s)				1h		Х
i	Exchange of assets with related organization(s).				1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s).				1j	Х	
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		Х
I	Performance of services or membership or fundraising solicitations for related organization(s)				11	Х	
m	Performance of services or membership or fundraising solicitations by related organization(s).				1m		Х
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Х	
o	Sharing of paid employees with related organization(s)				10		X
р	Reimbursement paid to related organization(s) for expenses				1р	Х	
q	Reimbursement paid by related organization(s) for expenses				1q	Х	
r	Other transfer of cash or property to related organization(s)				1r	Х	
S	Other transfer of cash or property from related organization(s)				1s	Х	
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete the	his line, including cove	ered relationships and trans	action thre	shold	s.	
	(a) Name of related organization	(b) Transaction	(c) Amount involved	Method	(d)	rminin	a
	Name of related organization	type (a - s)	Amount involved		unt invo		g
(1)	USA TRIATHLON FOUNDATION	В	802,090.	CASH			
(2)	USA TRIATHLON FOUNDATION	С	100,000.	CASH			

(3)

(4)

(5)

USA TRIATHLON FOUNDATION

USA TRIATHLON FOUNDATION

Schedule R (Form 990) 2022

CASH BALANCE

CONTRACT SERV.

60,508.

821,345.

D

L

46-1178146

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.

(state or foreign income (relate country) unrelated, excu		(d) Predominant income (related, unrelated, excluded from tax under	(e) (f) Are all partners section 501(c)(3) organizations?			(g) Share of end-of-year assets	Disproportionat allocations?		ns? amount in box 20 of Schedule K-1 (Form 1065)	managing partner?		(k) Percentage ownership
		sections 512 - 514)	Yes	No			Yes	No	(Yes	No	
		(state or foreign country)	(state or foreign country) income (related, unrelated, excluded from tax under sections 512 - 514)	(state or foreign country) income (related, unrelated, excluded from tax under sections 512 - 514) Yes	(state or foreign country) income (related, unrelated, excluded from tax under sections 512 - 514) Yes No	(state or foreign country) income (related, unrelated, excluded from tax under sections 512 - 514) Yes No	(state or foreign country) income (related, section 501(c)(3) organizations? sections 512 - 514) Yes No	(state or foreign country) income (related, urrelated, excluded from tax under sections 512 - 514) section 501(c)(3) organizations? total income end-or-year assets alloca Yes No Yes Yes Yes	(state or foreign country) income (related, excluded from tax under sections 512 - 514) section 501(c)(3) organizations? total income end-of-year assets allocations? Yes No	(state or foreign country) income (related, unrelated, excluded from tax under sections 512 - 514) section total income end-or-year assets allocations? allocations? of Schedule K-1 (Form 1065) Yes No Ves No Ves No	(state or foreign country) income (related, unrelated, excluded from tax under sections 512 - 514) section total income end-or-year assets allocations? amount in box 20 of Schedule K-1 (Form 1065) man part Yes No Yes No Yes No Yes Y	(state or foreign country) income (related, unrelated, excluded from tax under sections 512 - 514) total income of the section section sector se

Schedule R (Form 990) 2022

 Schedule R (Form 990) 2022
 USA TRIATHLON OF COLORADO

 Part VII
 Supplemental Information

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

SCHEDULE R, PART II, LINE 1B

PRIMARY ACTIVITY OF USA TRIATHLON FOUNDATION IS EXPANDING TRIATHLON ACCESSIBILITY AND ENABLING PARTICIPATION.

SCHEDULE R, PART V, LINE 2 (1)

USA TRIATHLON (USAT) PROVIDED CONTRACTED SERVICES TO USA TRIATHLON FOUNDATION (FDN) DURING THE 2022 YEAR IN THE AMOUNT OF \$821,345. THE FDN PAID USAT \$194,255 FOR THESE CONTRACTED SERVICES. THE REMAINING BALANCE OF \$627,090, DUE TO USAT, WAS FORGIVEN/ CONTRIBUTED BACK TO THE FDN BY USAT. THE REVENUE RECEIVED BY USAT FROM THE FDN (\$194K) IS REPORTED WITHIN PROGRAM REVENUE ON FORM 990, PART VIII, LINE 2. THE COST OF THE \$627,090 OF SERVICES PROVIDED BY USAT, TO THE FDN, ARE REPORTED WITHIN THE NATURAL CLASSIFICATION CATEGORIES OF EXPENSE, WITHIN FORM 990, PART IX, AND HAVE NOT HAVE BEEN SEPARATELY STATED AS A GRANT PAID OUT (FORM 990, PART IX, LINE 1) AND ALSO NOT REFLECTED ON SCHEDULE I, PART II, GRANTS TO ORGANIZATIONS.

Form 990-T	Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))	F	OMB No. 1545-0047
	For calendar year 2022 or other tax year beginning $01/01$, 2022, and ending $12/31$, 2022	2	2022
Department of the Treasury	Go to www.irs.gov/Form990T for instructions and the latest information.		Open to Public Inspection
Internal Revenue Service	Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).		for 501(c)(3) Organizations Only
A Check box if address changed.	Name of organization (Check box if name changed and see instructions.) D	Employ	er identification number
			178146
B Exempt under section	or		exemption number structions)
X 501(C)(3)	Type 5825 DELMONICO DR., SUITE 200	,	,
408(e) 220(e)	City or town, state or province, country, and ZIP or foreign postal code		
408A 530(a)	COLORADO SPRINGS, CO 80919		Check box if an amended return.
529(a) 529A			
G Check organization t			ate college/university
H Check if filing only to	Claim credit from Form 8941 Claim a refund shown on Form 243 organization filing a consolidated return with a 501(c)(2) titleholding corporation		
	attached Schedules A (Form 990-T)		
	was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?	• • • •	Yes X NO
L The books are in care	me and identifying number of the parent corporation of THE ORGANIZATION Telephone number 719-5		000
	5825 DELMONICO DR., SUITE 200	591-5	090
	COLORADO SPRINGS, CO 80919		
	COLORADO SPRINGS, CO 80919		
Part I Total Unre	lated Business Taxable Income		
	ed business taxable income computed from all unrelated trades or businesses (see		
		1	46,215.
,		2	10/210.
		3	46,215.
	utions (see instructions for limitation rules)	4	10,210.
	isiness taxable income before net operating losses. Subtract line 4 from line 3	5	46,215.
	operating loss. See instructions	6	46,215.
	ed business taxable income before specific deduction and section 199A deduction.		
Subtract line 6 fro	m line 5	7	
8 Specific deduction	n (generally \$1,000, but see instructions for exceptions)	8	1,000.
	09A deduction. See instructions.	9	
10 Total deductions.	Add lines 8 and 9	10	1,000.
11 Unrelated busine	ess taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7,		
enter zero		11	NONE
Part II Tax Com	putation	·	
1 Organizations ta	cable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	NONE
2 Trusts taxable	at trust rates. See instructions for tax computation. Income tax on the amount on		
Part I, line 11 fron	Tax rate schedule or Schedule D (Form 1041).	2	
•	structions	3	
4 Other tax amount	s. See instructions	4	
	um tax (trusts only)	5	
-	liant facility income. See instructions	6	
	through 6 to line 1 or 2, whichever applies	7	NONE
For Paperwork Reduct	on Act Notice, see instructions.		Form 990-T (2022)

Form	990-T (2022)	46-1178146	6 Page 2
Par	t III Tax and Payments		
1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 1a		
b	Other credits (see instructions)		
С	General business credit. Attach Form 3800 (see instructions)		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)		
е	Total credits. Add lines 1a through 1d	1e	
2	Subtract line 1e from Part II, line 7	2	NONE
3	Other amounts due. Check if from: Form 4255 Form 8611 Form 8697 Form 8866		
	Other (attach statement)	3	
4	Total tax. Add lines 2 and 3 (see instructions).		
	section 1294. Enter tax amount here	4	NONE
5	Current net 965 tax liability paid from Form 965-A, Part II, column (k)	5	
6a	Payments: A 2021 overpayment credited to 2022		
b	2022 estimated tax payments. Check if section 643(g) election applies 6b		
	Tax deposited with Form 8868	_	
	Foreign organizations: Tax paid or withheld at source (see instructions) 6d	_	
е	Backup withholding (see instructions)	_	
f	Credit for small employer health insurance premiums (attach Form 8941) 6f	_	
g	Other credits, adjustments, and payments: Form 2439		
	Form 4136 Other Total 6g	-	
7	Total payments. Add lines 6a through 6g		
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached	8	
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed		NONE
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid		
11	Enter the amount of line 10 you want: Credited to 2023 estimated tax Refunded	<u> 11 </u>	
	t IV Statements Regarding Certain Activities and Other Information (see instruction		Vec Ne
1	At any time during the 2022 calendar year, did the organization have an interest in or a signature of		Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization n		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the	foreign country	V
•	here		<u> </u>
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to	, a foreign trust?	X
•	If "Yes," see instructions for other forms the organization may have to file.		
3	Enter the amount of tax-exempt interest received or accrued during the tax year		
4	Enter available pre-2018 NOL carryovers here \$ 269,060. Do not include any post-2017 NOL carry		
	shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduct	ion reported on	
5	Part I, line 6. Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryover	n Dan't raduaa	
5	the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.	S. DOITE TEQUCE	
	Business Activity Code Available post-2017	NOL carryover	
	513120 \$176,070.		
	900099 \$ 129,216.		
	\$		
6a	Did the organization change its method of accounting? (see instructions)	<u> </u>	X
	If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form	1128? If "No,"	27
	explain in Part V.		
Par			
	de the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.		

Sign Here			rjury, I declare that , and complete. De											ledge and
											May with	the pre	discuss this eparer shown	
	Signature of officer			Date	Date Title			(see instructions)?					No	
		Print/Type prepa	rer's name		Preparer	's signature	0	\sim	Date		Check	if	PTIN	
Paid		DOREEN MERZ			\mathbf{v}	w	(D	1110)5/2023	self-em	ployed	P008414	139
Prepar Use O		Firm's name STOCKMAN KAST RYAN			& CO	, LLP			\bigcirc		Firm's E	in 84	4-150958	34
USe OI	пу	Firm's address	102 N. CA	SCADE AVE	NUE,	SUITE	400,	COLOR	ADO	SPRINGS	Phone r	no. 719-	-630-118	6
JSA 2X2741 1	000												Form 990-	T (2022)

FORM 990T, PART I, LINE 6 DETAIL

		LOSS AVAILABLE	LOSS CLAIMED
	ORGINAL LOSS	IN CURRENT YEAR	IN CURRENT YEAR
12/31/2003		NONE	NONE
12/31/2004		NONE	NONE
12/31/2005		NONE	NONE
12/31/2006		NONE	NONE
12/31/2007		NONE	NONE
12/31/2008		NONE	NONE
12/31/2009		NONE	NONE
12/31/2010		NONE	NONE
12/31/2011		NONE	NONE
12/31/2012		NONE	NONE
12/31/2013		NONE	NONE
12/31/2014		NONE	NONE
12/31/2015	130,344.	130,344.	46,215.
12/31/2016	122,623.	122,623.	
12/31/2017	11,069.	11,069.	
12/31/2018	5,024.	5,024.	
12/31/2019		NONE	
TOTAL:	269,060.	269,060.	46,215.
	=========	========	=========
NET OPERATING LOSS A	VAILABLE FROM PRIOR YEA	ARS BEFORE 2018	269,060.
TAXABLE INCOME (LINE	5 ON PAGE 1, 990-T)		46,215.
NET OPERATING LOSS D	EDUCTION		46,215.
			========

1

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

20

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

22

Department of the Treasury Internal Revenue Service	Do
A Name of the organiz	zation

B Employer id	entification number

USA TRIATHLON OF COLORADO	46-1178146
C Unrelated business activity code (see instructions) 513120	D Sequence: 1 of 1

E Describe the unrelated trade or business ADVERTISING INCOME

Part I Unrelated Trade or Business Income			(A) Income	(B) Expense	es	(C) Net	
1a	Gross receipts or sales						
b	Less returns and allowances c Balance	1c					
2	Cost of goods sold (Part III, line 8).	2					
3	Gross profit. Subtract line 2 from line 1c	3					
4a	Capital gain net income (attach Schedule D (Form 1041 or						
	Form 1120)). See instructions.	4a					
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b					
С	Capital loss deduction for trusts	4c					
5	Income (loss) from a partnership or an S corporation (attach						
	statement)	5					
6	Rent income (Part IV)	6					
7	Unrelated debt-financed income (Part V)	7					
8	Interest, annuities, royalties, and rents from a controlled						
	organization (Part VI)	8					
9	Investment income of section 501(c)(7), (9), or (17)						
	organizations (Part VII)	9					
10	Exploited exempt activity income (Part VIII)	10					
11	Advertising income (Part IX)	11	436,135.	389,4	20.	46,715.	
12	Other income (see instructions; attach statement)	12	104 105				
13	Total. Combine lines 3 through 12	13	436,135.	389,4		46,715.	
Pai	t II Deductions Not Taken Elsewhere See instructions f directly connected with the unrelated business incom		ntations on deduct	ions. Deducti	ons n	lust be	
1	Compensation of officers, directors, and trustees (Part X)				1		
2	Salaries and wages				2		
23	Repairs and maintenance				3		
4	Bad debts				4		
5	Interest (attach statement). See instructions				5		
6	Taxes and licenses				6		
7	Depreciation (attach Form 4562). See instructions						
8	Less depreciation claimed in Part III and elsewhere on return				8b		
9	Depletion				9		
10	Contributions to deferred compensation plans				10		
11	Employee benefit programs				11		
12	Excess exempt expenses (Part VIII)				12		
13	Excess readership costs (Part IX)				13		
14	Other deductions (attach statement)		S'	TMT.1	14	500.	
15	Total deductions. Add lines 1 through 14				15	500.	
16	Unrelated business income before net operating loss deduction						
	column (C)				16	46,215.	
17	Deduction for net operating loss. See instructions				17		
18	Unrelated business taxable income. Subtract line 17 from line 1	16			18	46,215.	
For Pa	aperwork Reduction Act Notice, see instructions.			Scl	hedule	A (Form 990-T) 2022	

Schedule A (Form 990-T) 2022 Page 2 Part III Cost of Goods Sold Enter method of inventory valuation Inventory at beginning of year 1 1 2 2 Purchases 3 Cost of labor 3 4 Additional section 263A costs (attach statement) 4 Other costs (attach statement) 5 5 6 Total. Add lines 1 through 5 6 7 Inventory at end of year 7 Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2 8 8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? Yes No q Rent Income (From Real Property and Personal Property Leased with Real Property) Part IV Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions. 1 Α в С D Α в С D Rent received or accrued 2 a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D . . Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A) 3 Deductions directly connected with the income 4 in lines 2(a) and 2(b) (attach statement) . . . Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) 5 Part V Unrelated Debt-Financed Income (see instructions) Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions. 1 Α в С D Α в С D 2 Gross income from or allocable to debt-financed property 3 Deductions directly connected with or allocable to debt-financed property a Straight line depreciation (attach statement). b Other deductions (attach statement) С Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable 4 to debt-financed property (attach statement) 5 Average adjusted basis of or allocable to debtfinanced property (attach statement) % 6 Divide line 4 by line 5 % % % Gross income reportable. Multiply line 2 by line 6 7 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) 8 9 Allocable deductions. Multiply line 3c by line 6 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) 10 11 Schedule A (Form 990-T) 2022 JSA 2X2751 1.000

Sched	ule A (Form 990-T) 2022					Page 3
Par	rt VI Interest, Ann	uities, Royalt	ies, and Rents		nizations (see instructions)	
				Exempt Co	ontrolled Organizations	
1. Name of controlled organization		2. Employer identification number	 Net unrelate income (loss) (see instruction 	payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)						
(2)						
(3)						
(4)						
			Nonexe	empt Controlled Organizati	ions	
7. Taxable income		ind	let unrelated come (loss) e instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)						
(2)						
(3)						
(4)						
T - 4 - 1	_				Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)
Total		ncomo of a S	oction 501(c)	(7) (0) or (17) Organiz	ation (coo instructions)	
T al	t VII Investment Income of a Se 1. Description of income 2. Amou		ount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)
(1)						
(2)						
(3)						
(4)						
		Enter he	ounts in column 2. ere and on Part I, 9, column (A)			Add amounts in column 5. Enter here and on Part I, line 9, column (B)
	s					
			/ Income, Othe	er Than Advertising Inc	ome (see instructions)	
1	Description of exploit					
2					Part I, line 10, column (A)	2
3				irelated business income.	Enter here and on Part I,	
	line 10, column (B)					3
4	()			s. Subtract line 3 from li	ine 2. If a gain, complete	
5	lines 5 through 7.					4
э 6	Expenses attributable					5
7	•				e than the amount on line	
•						7

Schedule A (Form 990-T) 2022

JSA

Sched	ule A (Form 990-T) 2022				Page 4
Pa	t IX Advertising Income				
1	Name(s) of periodical(s). Check box if rep	porting two or more periodicals of	n a consolidated bas	sis.	
	A MAGAZINE INCOME				
	в				
	c				
	D				
Enter	amounts for each periodical listed above in	the corresponding column.			
		A	В	С	D
2	Gross advertising income	105 105			
	Add columns A through D. Enter here and	· · · · · · · · · · · · · · · · · · ·			436,135.
а	Add columns A through D. Enter here and	i on Part I, line TT, column (A).			<u> </u>
•	Direct educations costs by periodical	389,420.			
3	Direct advertising costs by periodical				
а	Add columns A through D. Enter here and	i on Part I, line 11, column (B)			
4	Advertising gain (loss). Subtract line 3 from	n line			
	2. For any column in line 4 showing a	gain,			
	complete lines 5 through 8. For any colur	mn in			
	line 4 showing a loss or zero, do not com	plete			
	lines 5 through 7, and enter zero on line 8,	46,715.			
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less	than			
	line 5, subtract line 6 from line 5. If line 5 is	s less			
	than line 6, enter zero				
8	Excess readership costs allowed a	as a			
	deduction. For each column showing a ga	in on			
	line 4, enter the lesser of line 4 or line 7				
а	Add line 8, columns A through D. E	Enter the greater of the line	e 8a, columns to	tal or zero here and	on
	Part II, line 13				•
Par	t X Compensation of Officers, D	Directors, and Trustees	see instructions)		
				3. Percentage	4. Compensation
	1. Name	2. Title		of time devoted	attributable to
		2. 1100		to business	unrelated business
(1)				%	
(2)				%	
(3)				%	
(4)				%	
	I. Enter here and on Part II, line 1				
Pa	t XI Supplemental Information (s	see instructions)			

500.

SCHEDULE A: ADVERTISING INCOME PART II - LINE 14 - OTHER DEDUCTIONS

ACCOUNTING

TOTAL OTHER	DEDUCTIONS	 500.

STATEMENT 1

Department of the Treasury

Internal Revenue Service Name(s) shown on return

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

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

2022 Attachment Sequence No. 179 Identifying number

OMB No. 1545-0172

46-1178146

USA	TRIATHLON	OF	COLORADO
Rusiness	or activity to which this t	form rol	atos

		_							
	ERAL DEPRECIATION								
Part I						lata Dant I			
	Note: If you have any lis		•		, ,				
	kimum amount (see instructions)							1	
	al cost of section 179 property pl						· · ·	2	
	eshold cost of section 179 prope						· · · _	3	
4 Rec 5 Doll	luction in limitation. Subtract line ar limitation for tax year. Sul arately, see instructions	3 from line 2. If zero c	or less, enter -()-			611 m m	4	
sepa					ess, enter	o Il illamed	ming	5	
6	(a) Description	of property		(b) Cost (bu	isiness use onl	y) (c) Elect	ed cost		
	ed property. Enter the amount fro								
8 Tota	al elected cost of section 179 pro	perty. Add amounts i	n column (c), l	ines 6 and	7		🗆	8	
9 Ten	tative deduction. Enter the smalle	r of line 5 or line 8					🗆	9	
	ryover of disallowed deduction fr							10	
11 Bus	iness income limitation. Enter th	e smaller of busines	s income (no	t less than	zero) or lin	e 5. See instruc	ctions	11	
12 Sec	tion 179 expense deduction. Add	l lines 9 and 10, but o	don't enter ma	ore than line	e 11			12	
13 Car	ryover of disallowed deduction to	2023. Add lines 9 ar	nd 10, less line	12	13				
	on't use Part II or Part III below fo								
Part II	Special Depreciation A	llowance and Ot	her Deprec	iation (D	on't include	e listed proper	ty. See	inst	ructions.)
14 Spe	cial depreciation allowance f	or qualified prope	rty (other t	han listed	d property)	placed in se	ervice		
	ing the tax year. See instructions		•			•		14	
	perty subject to section 168(f)(1)							15	
	er depreciation (including ACRS)							16	
Part II		Don't include listed	property. S	ee instruc	tions.)			-	
	•			tion A	•				
17 MA	CRS deductions for assets place	d in service in tax vea	rs beginning b	efore 2022				17	
	you are electing to group any								
-	et accounts, check here	•	-		•	- r			
	Section B - Assets	Placed in Service	During 202	2 Tax Yea	ar Usina the	e General Dep	reciatio	on Sv	vstem
		(b) Month and year	(c) Basis for	depreciation	(d) Recovery			-	
	(a) Classification of property	placed in service	(business/inv only - see in		period	(e) Convention	(f) Meth	hod	(g) Depreciation deduction
19a 3-	year property		0						
b 5-	year property		2.15	5,413.	5.000	НҮ	1500)B	323,312.
	year property		2713	5,115.	5.000		1000		5257512.
	year property								
	year property								
	year property								
	year property				25 yrs.		S/L		
					27.5 yrs.	MM	S/L		
	sidential rental				27.5 yrs. 27.5 yrs.	MM	S/L		
	perty	07/01/0000	1.0	1 0/0		MM	S/L		0 140
	nresidential real	07/01/2022	T8.	1,846.	39 yrs.	MM	S/L S/L		2,140.
pro	perty Section C Acceto F			Tay V	Lloine the				Suctor
	Section C - Assets F	riaced in Service L	Juring 2022	iax year	Using the	Alternative De	i		System
20a Clas					10		S/L		
b 12-					12 yrs.		S/L		
c 30-					30 yrs.	MM	S/L		
d 40-	,				40 yrs.	MM	S/L		
	Summary (See instruct	,							Г
	ed property. Enter amount from li						· · · ⊢	21	
	al. Add amounts from line 12,	Ũ	-		(0)				
here	e and on the appropriate lines of y	our return. Partnershi	ps and S corp	orations - s	ee instructio	ns	••• :	22	325,452
	assets shown above and plac			, year, en	23 ter the				
For Pape	erwork Reduction Act Notice, se	e separate instruction	IS.						Form 4562 (2022

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For	4562 (2022)											46	-1178	146	Page
1	n 4562 (2022) Int V Listed Prop	perty (Include au	itomobiles.	certair	n other	vehic	les. ce	rtain	aircraft.	and pro	pertv	used fo	or		Page
1 0	entertainme	ent, recreation, o	r amuseme	nt.)											
	Note: For ar	ny vehicle for which is (a) through (c) o	n you are usi	ng the	standa	rd mile B. and	eage rat	te or	deducting	lease e	xpense	e, compl	ete only	/ 24a,	
		Depreciation and									passe	nger au	tomobil	es.)	
24a	Do you have evidence						es	No	24b If "Y					Yes	No
	(a)	(b)	(c)		(-1)		(e)		(f)	(0	3)	(h)	((i)
	Type of property (list	Date placed	Business/ investment use	Cost o	(d) r other ba		sis for depr siness/inve		Recovery	Meth			ciation	Elected s	
	vehicles first)	in service	percentage			(54	use only		period	Conve	ention	dedu	uction	co	ost
25	Special depreciation														
	the tax year and us					e. See	instruct	ions			25				
26	Property used mor	e than 50% in a qi			:							1		1	
			%												
			%												
27	Property used 50%	⊥ 6 or less in a qualif													
	,,		%	1						S/L -					
			%	, ,						S/L -				-	
			%							S/L -					
	Add amounts in co														
29	Add amounts in co	lumn (i), line 26. E	nter here an	d on lir	ne 7, pa	ige 1.							. 29		
			Sectior												
	nplete this section fo our employees, first an													rovided	vehicle
<u></u>				(a)			b)	T	(c)		d)	1	-	(f)
				Vehic			icle 2	v v	ehicle 3	Vehi			e) (f) icle 5 Vehicle		
30	Total business/inve the year (don't incl														
31	Total commuting n	-	· · · ·												
		-	mmuting)												
	miles driven	•	•												
33	Total miles drive														
	lines 30 through 3	2													
34	Was the vehicle	available for pers	sonal	Yes	No	Yes	No	Yes	s No	Yes	No	Yes	No	Yes	No
	use during off-duty														
35	Was the vehicle														
	than 5% owner or	related person?	•••••												
26	la anothar vahiala	available for par													
30	ls another vehicle	ction C - Questic			o Who	Drovi	ida Val			by Th	oir Em				
۸nd	swer these question			-						-				who a	ron't
	re than 5% owners of					5 0011	pleting	Secu		venicies	s useu	by em	JiOyees	who a	rent
	Do you maintain				hibits a	all per	sonal u	se of	vehicles	includ	ing co	mmutir	ig, by	Yes	No
	your employees? .			•		•									
38	Do you maintain	a written policy s	statement th	at pro	hibits	person	al use	of ve	ehicles, e	xcept c	ommu	ting, by	your		
	employees? See th	ne instructions for	vehicles used	d by co	rporate	office	rs, direc	ctors,	or 1% or 1	more ov	vners				
39	Do you treat all us	-													
40	Do you provide n		-	-	-				-						
	use of the vehicles														
41	Do you meet the re Note: If your answ	•	• •												
Pa	In trianswort answ		10, 01 4 1 IS	165, 00		inhiere	Section	1010		neu ver	110185.				
10	Amortizat		(1)								(6	2)			
	(a)	· .	(b) Date amortiz	ation		(c)			(d)		Amorti	ization		(f)	
	Description of	DT COSTS	begins		Am	ortizable	amount		Code se	CTION	peric perce		Amortiza	ation for th	nis year
42	Amortization of cos	sts that begins dur	ing your 202	2 tax y	ear (se	e instru	uctions)	: '							
				Í			,								
_															
43	Amortization of cos Total. Add amoun	-	-	-								43			

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