** PUBLIC DISCLOSURE COPY **

(Rev. January 2020) Department of the Treasury Internal Revenue Service

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.

Department of the Ireasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2019 calendar year, or tax year beginning SEP 1, 2019 and ending AUG 31, and ending AUG 31, 2020 Open to Public

OMB No. 1545-0047

Inspection

B (heck if	C Name of organization		D Employer identif	ication number
	Addre	S II C IICE ACCOCTAMION			
	_]chang ∏Name			14-16382	006
	_]chang □Initial	Doing business as USA LUGE	D / it-	+	
	return □Final	Number and street (or P.O. box if mail is not delivered to street address) 57 CHURCH STREET	Room/suite	E Telephone numbe 518 – 523 –	
	return∟ termir	-			
	ated ∏Amen	City or town, state or province, country, and ZIP or foreign postal code LAKE PLACID, NY 12946		G Gross receipts \$	3,074,379.
H	⊒return ∏Applid	DAKE I DACID, NI 12540		H(a) Is this a group r	
	⊥tiòn pendi	F Name and address of principal officer: OAMES DEATE	16	for subordinate	····· — —
				H(b) Are all subordinates	
		empt status: \(\bigcup \) 501(c)(3) \(\bigcup \) 501(c) (\(\) \(\) (insert no.) \(\bigcup \) 4947(a)(1) \(\) te: \(\bigcup \) WWW \(\bigcup \) USALUGE \(\) ORG	01 52	┥,,	a list. (see instructions)
		forganization: X Corporation Trust Association Other	I Voo	H(c) Group exemption	on number ► M State of legal domicile: NY
		Summary	L Yea	r or formation. 1970	M State of legal doffliche. N 1
ГС		Briefly describe the organization's mission or most significant activities: TO P	BUMID.	F FOR THE AC	יוי די די די די די די די די די
õ	1	OF ATHLETIC EXCELLENCE IN THE SPORT OF L	IICE I	E FOR THE AC	HEGA DEGBEE
Jan	_				
Governance	l	Check this box if the organization discontinued its operations or dispo			l 11
Ĝ				3	11
∞ ∞		Number of independent voting members of the governing body (Part VI, line 1b)			25
ţį		Total number of individuals employed in calendar year 2019 (Part V, line 2a)			60
Activities &		Total number of volunteers (estimate if necessary)			
Ac		Total unrelated business revenue from Part VIII, column (C), line 12			
	b	Net unrelated business taxable income from Form 990-T, line 39			<u> </u>
		Contributions and grants (Dort VIII line 11)	-	Prior Year 2,495,775.	Current Year 2,168,617.
ine	8	Contributions and grants (Part VIII, line 1h)		454,926.	
Revenue	9	Program service revenue (Part VIII, line 2g)		-253,537.	
Be		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		338,726.	
	l	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		3,035,890.	
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		0.	
	l	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	
	14	Benefits paid to or for members (Part IX, column (A), line 4)		989,937.	
Expenses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		909,937.	1,009,302.
ē	16a	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 527,7	<u> </u>	<u> </u>	0.
Ä				2,191,314.	1,877,595.
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,181,251.	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		-145,361.	
<u>_ s</u>	19	Revenue less expenses. Subtract line 18 from line 12			
Net Assets or Fund Balances		T		eginning of Current Year 1,923,711.	End of Year 2,387,098.
SSe	20	Total assets (Part X, line 16)		550,596.	
let A	21	Total liabilities (Part X, line 26)		1,373,115.	
	22 art II	Net assets or fund balances. Subtract line 21 from line 20		1,3/3,113.	1,370,710.
		alties of perjury, I declare that I have examined this return, including accompanying schedule	o and atator	monto, and to the heat of m	ay knowledge and heliaf it is
	•	thes of perjuly, i declare that thave examined this return, including accompanying schedule ct, and complete. Declaration of preparer (other than officer) is based on all information of wh		•	ly knowledge and belief, it is
uuc,	COLLEC	1., and complete. Decidiation of preparer (other than officer) is based on all information of wi	ilicii prepare	I lias ally kilowieuge.	
C:	_	Signature of officer		I Date	
Sig		JAMES LEAHY, CEO		24.0	
Her	е	Type or print name and title			
		,		Date Check	II PTIN
Paid	1	Print/Type preparer's name CONNIE FELLION Preparer's signature	l,	07/20/21 if self-emplo	
	oarer	Firm's name MCSOLEY MCCOY & CO.		Firm's EIN's	03-0327374
	Only	Firm's address 118 TILLEY DRIVE, STE. 202	FIIIII S EIN	03 0341314	
USE	Only	SOUTH BURLINGTON, VT 05403		Dhana na / S	802) 658-1808
Mar	, the !	RS discuss this return with the preparer shown above? (see instructions)		Filotie ilo. (C	X Yes No
ivia\	, uie l	no diaduaa mia terum wiin me diedaler allowii adove (ISEE IISHUCIIONS)			L 155 NO

Га	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	TO PROVIDE FOR THE ACHIEVEMENT OF ATHLETIC EXCELLENCE IN THE SPORT OF	
	LUGE, WITH THE HIGHEST DEGREE OF SPORTSMANSHIP, HONOR, DEDICATION AND	
	VICTORY AS THE STANDARD.	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	٦,,,
	prior Form 990 or 990-EZ? Let X If "Yes," describe these new services on Schedule O.	Ј ИО
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	No
Ū	If "Yes," describe these changes on Schedule O.	1110
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$1,704,995. including grants of \$) (Revenue \$) (Revenue \$)	<u>8.</u>)
	NATIONAL TEAMS - EXPENSES RELATED TO THE VARIOUS NATIONAL TEAM	
	COMPETITIONS AND TO THE TEAM SELECTION PROCESS, INCLUDING NATIONAL AND TO THE TEAM SELECTION PROCESS.	
	INTERNATIONAL COMPETITION IN ACCORDANCE WITH THE ASSOCIATION'S ROLE AS NATIONAL GOVERNING BODY FOR THE OLYMPIC SPORT OF LUGE.	<u> </u>
	MATIONAL GOVERNING BODI FOR THE OLIMFIC SPORT OF LOGE:	
	72 750	
4b	(Code:) (Expenses \$73,750. including grants of \$) (Revenue \$) RECRUITMENT - EXPENSES INCURRED IN RECRUITING ATHLETES FOR)
	PARTICIPATION IN AMATEUR LUGE COMPETITION, INCLUDING A NATIONWIDE	
	RECRUITMENT TOUR DESIGNED TO IDENTIFY, TRAIN AND QUALIFY YOUNG ATHLET	ES
	FOR THE USA LUGE JUNIOR DEVELOPMENT TEAM.	
4c	(Code:) (Expenses \$ 310,042. including grants of \$) (Revenue \$	
-	ATHLETE DEVELOPMENT - THE USLA'S DEVELOPMENT PROGRAM SUPPORTS THE	′
	JUNIOR DEVELOPMENT TEAM AND JUNIOR CANDIDATE TEAM, THE ENTRY LEVEL	
	TEAMS INTO THE USLA PROGRAM. THIS PROGRAM SUPPORTS TRAINING FOR THE	
	FIRST AND SECOND YEAR SLIDERS. THE ATHLETE DEVELOPMENT PROGRAM ALSO	
	SUPPORTS THE DEVELOPMENT OF THE NEW EQUIPMENT AND TECHNIQUES WHICH	
	STRENGTHENS THE SPORT OF LUGE	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ 3,426 • including grants of \$) (Revenue \$)	
<u>4e</u>	Total program service expenses ► 2,092,213.	2010/
	FOIII 390 (_UIB)

Form 990 (2019) U.S. LUGE ASSOCIATION Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			3,7
_	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			х
_	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		x
6	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
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,	0		
•	the any irrepresent historic land areas or historic structures? If "Voc " complete Schoolule D. Port II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	<u>'</u>		
Ŭ	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	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			٠,,
	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		v	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Λ	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		Х	
120	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f	21	
ıza	Cabadula D. Barta VI and VII	12a	х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b				
	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	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		v	
	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,"			v
00-	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		<u> </u>
	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	ZUD		
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
	domocio governmente on i are in, columni (-), inic i : " 100, complete conteduci, i are i are i are i are iniciali.			

932003 01-20-20

Form 990 (2019) U.S. LUGE ASSOCIATION Part IV 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		100	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	23	х	
24a	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
zoa	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	23a		
	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		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			٠,,
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
•	instructions, for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
а	"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
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?//			
	"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 conservation			l
	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		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	00		x
22	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	-00		
	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		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	31		
30		38	х	
Pai	Note: All Form 990 filers are required to complete Schedule 0 rt V Statements Regarding Other IRS Filings and Tax Compliance	, 50		
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 14			
b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	_	v	
	(gambling) winnings to prize winners?	1c	X	

932004 01-20-20

Form 990 (2019) U.S. LUGE ASSOCIATION Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

2a 25 Section 1					Yes	No		
b If a least one is reported on line 2a, did the organization file all required feeral employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated obusiness gross income of \$1,000 or more during the year? 3a A Tarny time during the calendary year, did the organization fall interest in, or a signature or other authority over, a financial account? a foreign country (such as a bank account, securities account, or other financial account) in foreign country (such as a bank account, securities account, or other financial account). 5b If "Yes," inter the name of the foreign country. 5c If "Yes" to line Sar of the foreign country (such as a bank account, securities account, or other financial account)? 5c If "Yes" to line Sar of the foreign country. 5c If "Yes" to line Sar of the did not organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes" to line Sar of the did not organization the Form 88861? 5c If "Yes" to line Sar of the did not organization the Form 88861? 5c If "Yes" and 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? 6c If "Yes," did the organization include with very solicitation an express statement that such contributions or gifts were not tax deductible? 6c Obot the organization start any receive deductible contributions under section 170(c). 6c If "Yes," include the number of Forms 8822 filed during the year 6c Obot the organization start any receive deductible contribution and partly for goods and services provided to the payor? 7c If If "Yes," include the number of Forms 8822 filed during the year 6c Did the organization start and payor years and property for which it was required to the Fernal Section 500 files to organization files for more organization received a contribution of upon years and yea	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,						
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3 bid the organization have unrelated business gross income of \$1,000 or more during the year; 4 at Aray 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; sourced in or other financial account)? 4 a X x intended an account in a foreign country (such as a bank account; sourced in or other financial account)? 4 a X x intended an account in a foreign country (such as a bank account; sourced in or other financial account)? 5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 a Was the organization in party to a prohibited tax shelter transaction at any time during the tax year? 5 a Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit ary contributions that were not tax deductibles as charitable contributions? 5 b If "Yes," old the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles as charitable contributions and party for goods and services provided to the payor? 7 or organizations that may receive deductible contributions under section 170(c). 8 b If "Yes," old the organization notify the donor of the value of the goods or services provided? 7 or organizations that may receive deductible contribution and party for goods and services provided to the payor? 7 or If If Yes, "Indicate the number of Forms 8282? Ifted during the year 1 of If Fores, "Indicate the number of Forms 8282? Ifted during the year 2 or Ifter erganization receive a payment in excess of \$5 made party as a contribution of quarty and party to a personal benefit contract? 7 or Ifter erganization received an contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1990 and 1990		filed for the calendar year ending with or within the year covered by this return	2a 25					
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year? 3b Diff Yes, *Nast Itilized 5 From 9907 for this year? "Not *70 in \$63,000 or more during the year? 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account). ** 5b If Yes, *Nast Itilized 5 From 9907 for the year? "If *A is the organization and the foreign country. ** 5c If Yes* 10 in the Sar 55, did the organization that it was or is a party to a prohibited tax whelter transaction? ** 5c If Yes* 10 in the Sar 55, did the organization the From 8867 for ** 6c If Yes* 10 in the Sar 55, did the organization the From 8867 for ** 6c If Yes* 10 in the Sar 55, did the organization the From 8867 for ** 6c If Yes* 10 in the Sar 55, did the organization the From 8867 for ** 6c If Yes* 10 in the Sar 55, did the organization the organization the school that are normally greater than \$100,000, and did the organization solicit are yeochicultion as charitable contributions or gifts were not tax deductible? ** 6c If Yes* 10 in the organization include with every solicitation an exposes statement that such contributions or gifts were not tax deductible? ** 6c If Yes* 10 if the organization include with every solicitation an exposes statement that such contributions or gifts were not tax deductible? ** 6c If Yes* 10 if the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to tile for me 8202 for the organization and party for goods and services provided? ** 6d If Yes*, indicate the number of Forms 8282 filed during the year 6d If Yes*, indicate the number of Forms 8282 filed during the year 6d If Yes*, indicate the number of Forms 8282 filed during the year 7d If Yes*, indicate the number of Forms 8282 filed during the year 9 if the organization received any funds, directly or indirectly	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?	2b	Х			
b If "Yes," has it filled a Form 990-T to this year? If "No" to line 3b, provide an explanation on Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a X b If "Yes," either the name of the foreign country [such as a bank account, securities account, or other financial accounts (FBAP). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b ID day at yeastbe party notify the organization file Form 8888-17? 5c ID Did any texabile party notify the organization file Form 8888-17? 5c ID Did any texabile party notify the organization file Form 8888-17? 5c ID Did she was a manual gross receiption that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6c ID See the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8c ID If "Yes," did the organization notify the donor of the value of the goods or services provided? 7 The section of the section of the value of the goods or services provided? 7 The contribution of the prome 8282? 7 The cold if Yes, include the number of Forms 8282 filed during the year 6 Did the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 The cold if Yes, included the foreign section of the value of the goods or services provided? 8 Sponsoring organization nember of Forms 8282 filed during the year 6 Did the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 The cold if Yes, included to Prome 90 Prome		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
4a A 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)? 5a Was the organization or party to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization file form \$886177. 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b X 5c If 'Yes' to line Sar of 5b, did the organization file form \$886177. 5c If 'Yes' to line Sar of 5b, did the organization file form \$886177. 5c If 'Yes' to line Sar of 5b, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c X 5 If 'Yes, 'did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c A X 6d If 'Yes,' idid the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c A X 6d If 'Yes,' idid the organization include with every solicitation and party for goods and services provided to the payor? 6c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 6c Did the organization sell, exchange, or otherwise dispose of tangible personal ponefit contract? 7c X 7d If 'Yes,' indicate the number of Forms 8282 filed during the year 6c Did the organization received a contribution of organization indirectly, to pay premiums on a personal benefit contract? 7d If the organization received a contribution of organization frolled, or any seponal benefit contract? 7d If the organization received a contribution of conse, boats, any indirectly, or a personal benefit contract? 7d If the organization received a co	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		X		
transcial 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? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c I "Yes" to line Sa or 5b, did the organization file Form 8886-17? 6a Does the organization senantal gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that many receive deductible contributions under section 170(c). b 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 required to the Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year 1 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 To g If the organization received a contribution of cars, boats, sirplanes, or other vehicles, did the organization file a Form 1098-0? 8 Sponsoring organizations enhanced a contribution of cars, boats, sirplanes, or other vehicles, did the organization file a Form 8298 as required?, If If the organization received a contribution of cars, boats, sirplanes, or other vehicles, did the organization file a Form 1098-0? 9 Sponsoring organizations enhanced sholdings at any time during the year? 9 Sponsoring organization make any taxable distributions under section 4968? 9 Sponsoring organization make any taxable dis				3b				
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 of the organization for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5b Id any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes" to line 5a or 5b, did the organization file Form 8886-7? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that them ent tax deductible as charitable contributions? 6a X b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7b Organizations that may receive deductible contributions under section 170(c). a Id the organization state may receive deductible contributions under section 170(c). a Id the organization state may receive deductible contributions under section 170(c). b 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 required to tile Form 8828? d If "Yes," indicate the number of Forms 8282 filed during the year E Did the organization received a contribution of qualified intellectual property, clid the organization file Form 8898 as required? 7c X 7d If the organization received a contribution of cars, boats, singlence, or other evidence, did the organization file Form 8899 as required? 7d If the organization received a contribution of cars, boats, singlence, or other evidence, did the organization file Form 8899 as required? 7d If the organization received a contribution of cars, boats, singlence, or other evidence, did the organization file Form 8899 as required? 7d If the organization received a contribution of cars, boats in ordanization file	4a		·					
See instructions for filing requirements for FinCEN Form 114. Report of Foreign Bank and Financial Accounts (FBAR). 8 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 8 IVes* to line Sa or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 8 IVes* to line Sa or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 8 IVes* to line Sa or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 8 IVes* to line Sa or 5b, did the organization file Form 8886-17? 8 Organization shat may receive deductible as charitable contributions? 9 If Yes*, indicate that may receive deductible contributions under section 170(c). 9 If Yes*, indicate the number of Forms 8282 filed during the year 9 If Yes*, indicate the number of Forms 8282 filed during the year 9 If If Yes*, indicate the number of Forms 8282 filed during the year 10 Id the organization received a qualified intellectual property, did the organization file a Form 1098-07 9 If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-07 9 Sponsoring organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-07 9 Sponsoring organization make any taxable distributions under section 4966? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Section 501(K)/7 organization file and contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-07 7 In 19 Id the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-07 9 Sponsoring organization make any taxable distribution of a divised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable		· · · · · · · · · · · · · · · · · · ·	account)?	4a		X		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b X c if "Yes" to line 5a or 5b, did the organization file Form 8886 ?? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a X b if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization that may receive deductible contributions under section 170(c). b if "Yes," if 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 required to file Form 8282? d if "Yes," indicate the number of Forms 8282 filed during the year e Did the organization received an contribution of qualified intellectual property, did the organization file Form 8898 as required? f Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098.C? 7 Sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make any taxable distributions under section 4966? b Section 501(c)(2) qualified nonprofit health insurance issuers. a Initiation fees and capital contributions included on Part VIII, line 12 b if "Yes," enter the amount of tax exempt interest received or accurate during the year 2 Section 501(c)(29) qualified nonprofit health insurance issuers. is the organization in encoure to reserve the organization is require	b							
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 6 If "Yes" to line 5a or 5b, did the organization file Form 8886 T? 6 Does the organization that are 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? 6 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive apprent in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7 The State of the organization notify the donor of the value of the goods or services provided? 7 Did the organization receive apprent in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 8 Did the organization receive apprentiance or the value of the goods or services provided? 9 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to the form 8282? 1 Did the organization during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? 7 Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? 7 Did the organization inceeved a contribution of qualified intellectual property, did the organization flore magnetic annual property. 1 Did the organization received a contribution of cars, boats, anjanes, or other vehicles, did the organization flore form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make a distribution to a donor advised fund maintained by the sponsoring organization make a distribution and property in the donor of the sponsoring organization make						77		
til "Yes" to line 5a or 5b, did the organization file Form 8886-T? 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? 6b If "Yes," did the organization include with every solicitation an express statement that such contributions or 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 \$25 made partly as a contribution and partly for goods and services provided to the payor? 7 Organization shat may receive deductible contributions under section 170(c). b If "Yes," idd 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 required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization received a contribution of qualified intellectual property, did the organization file Form 8898 as required? f Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? 8 Sponsoring organization maintaining donor advised funds. Did a donor advised funds maintained by the sponsoring organization make any taxable distributions under section 4966? 8 Sponsoring organization make any taxable distributions under section 4966? 9 Section 501(c)(?) organization make any taxable distributions under section 4966? 9 Section 501(c)(?) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross received from them.) 10 Section 501(c)(?) organizations. Enter: a Gross income from members or shareholders b Gross income from members or shareholders Gross income from them organization incredits on the adminishment of the section 501(c)(?) organizations. Enter: a Initiation fees and	5a							
6a Dees 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? b if "Yes," did the organization include with every solicitation an express statement that such contributions or 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 and services provided to the payor? b if "Yes," did the organization notify the donor of the value of the goods or services provided? c 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? b if "Yes," include the number of Forms 8282 filed during the year c Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 Did the organization received a contribution of qualified intellectual property, did the organization file Form 8289 as required? h if the organization received a contribution of qualified intellectual property, did the organization file Form 8289 as required? 7 Sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organization was a distribution to a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 49667 9 Did the sponsoring organization make any taxable distributions under section 49667 9 Did the sponsoring organization make any taxable distributions under section 49667 9 Did the sponsoring organization make any taxable distribution to a donor, donor advised, or related person? 9 Did the sponsoring organization make any taxable distribution to a donor advised fund. 10 Did become from members or shareholders						X		
any contributions that were not tax deductible as charitable contributions? b f "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization are great to the contribution and partly for goods and services provided to the payor? 7 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 282? d f "Yes," did the organization notify the donor of the value of the goods or services provided? 7 Time 200 d f "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? g f the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 899 as required? 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? Sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make any taxable distributions under section 4966? Section 501(c)(f) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 Did the sponsoring organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross income from members or shareholders Gross income from members or shareholders b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 112a 12b 11b 12c Section 501(c)(29) qualified nonprofit health plans in more than one state? Section 501(c)(29) qualified on opprofit health plans in more				5c				
b If "Yes," did the organization include with every solicitation an express statement that such contributions or 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 and services provided to the payor? 5 If "Yes," did the organization notify the donor of the value of the goods or services provided? 5 Did the organization self, exchange, or otherwise dispose of tangible personal property for which it was required to file Form \$282? 6 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 Did the organization received a contribution of qualified intellectual property, did the organization file Form \$899 as required? 7 Did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form \$899 as required? 7 Did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4	6a			•		v		
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 375 made parity as a contribution and parity for goods and services provided to the payor? 7				ба				
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 and services provided to the payor? b 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 required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year 7d e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e f Did the organization may be year, pay premiums, directly or indirectly, on a personal benefit contract? 7f g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 496	D		-	Ch				
a 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? b if "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization all, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d if "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c	7			do				
b 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 required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 76 f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make a distribution to a donor, donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? 9a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: a Gross income from members or shareholders b Gross income from embers or shareholders b Gross income from embers or shareholders b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 11a 12a Section 501(c)(2) qualified nonprofit health insurance issuers. a Is the organization is licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? 15 If "Yes," as if filed a Form 720 to report these payments? If "No," provide an explanation on		•	vices provided to the payor?	70		x		
to file Form 8282? At If "Yes," enter the amount of reserves on hand 17 c	_							
to file Form 8282? d If 'Yes,' indicate the number of Forms 8282? filed during the year				7.5				
d if "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 76 77 78 79 17 79 18 If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 79 19 If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 79 19 If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any atxable distributions under section 4966? 9 Did the sponsoring organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 Gross income from members or shareholders 11 Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 13 Section 501(c)(2) qualified nonprofit health insurance issuers. 13 Section 501(c)(2) qualified nonprofit health insurance issuers. 13a Inter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans in more than one state? 14a Did the organization receive any payments for indoor tanning services during the tax year? 14b If "Yes," enter the amount of reserves on hand 15 If the organization and file Form 4720, Schedule N. 16 Is the organization an educational institution subj	·		•	7c		х		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7t g If the organization received a contribution of qualified intellectual property, did the organization file Form 899 as required? h If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make any taxable distributions under section 4966? b Gross income from the sponsoring organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross income from members or shareholders b Gross income from members or shareholders a Gross income from ther sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11a 12a Section 501(c)(12) organizations. Enter: a Is the organization licensed to issue qualified health plans in more than one state? 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 in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves on hand c Enter the amount of reserves on hand b If "Yes," has it f	d		l l					
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization serviced a contribution of qualified intellectual property, did the organization file Form 1098-C? No 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? Sponsoring organization make any taxable distributions under section 4966? 9a b Did the sponsoring organization make any taxable distributions under section 4966? 9a b Did the sponsoring organization make any taxable distributions under section 4966? 9a b Did the sponsoring organization make any taxable distributions under section 4966? 9a b Did the sponsoring organization make any taxable distributions under section 4966? 9a b Coros income form organization script. a Initiation fees and capital contributions included on Part VIII, line 12 b Gross income from members or shareholders b Gross income from members or shareholders b Gross income from ther sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 501(c)(12) organizations. Enter: a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12b b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 11b 12c 12d 12d 12d 12d 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves on hand 13c 14d Did the organization receive any payments for indoor tanning services during the tax year? 14f Wes," has it		·		7e				
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h	_							
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 Gross income from members or shareholders b Gross income from members or shareholders c 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.) 11a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b 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. a Is the organization licensed to issue qualified health plans in more than one state? 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 in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves on hand 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X If "Yes," see instructions and file Form 4720, Schedule N. 15 Is the organization an educational institution subject to the section 4968 excis								
sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 b Did the sponsoring organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 b Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	h							
9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Did the sponsoring organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12	8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the					
a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10a b Gross income from members or shareholders b Gross income from ther sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 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. a Is the organization licensed to issue qualified health plans in more than one state? 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 c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b 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? If "Yes," see 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 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		sponsoring organization have excess business holdings at any time during the year?		8				
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b 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. a Is the organization licensed to issue qualified health plans in more than one state? 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 c Enter the amount of reserves on hand 13b 17b 17b 18b 17c 18b 17c 18c 18c 19b 18c 18c 18c 18c 18c 18c 18c 18	9	Sponsoring organizations maintaining donor advised funds.						
10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 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. a Is the organization licensed to issue qualified health plans in more than one state? 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 c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 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? If "Yes," see 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	а	Did the sponsoring organization make any taxable distributions under section 4966?		9a				
a Initiation fees and capital contributions included on Part VIII, line 12	b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? \dots		9b				
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10	Section 501(c)(7) organizations. Enter:						
11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b 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. a Is the organization licensed to issue qualified health plans in more than one state? 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 c Enter the amount of reserves on hand 13b 14a Did the organization receive any payments for indoor tanning services during the tax year? b 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 instructions and file Form 4720, Schedule N.	а	Initiation fees and capital contributions included on Part VIII, line 12	10a					
a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 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. a Is the organization licensed to issue qualified health plans in more than one state? 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 c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 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? If "Yes," see 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 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b					
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041? 12a If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	11	· · · · · ·	ı					
amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b 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. a Is the organization licensed to issue qualified health plans in more than one state? 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 c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b 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 instructions and file Form 4720, Schedule N.	а		11a					
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 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 13c 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b 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 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	b							
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. a Is the organization licensed to issue qualified health plans in more than one state? 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 c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 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? If "Yes," see 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? 18b 13a 13a 13b 21b 21b 22b 13a 23b 24b 25b 27b 27b 27b 27b 27b 27b 27	40-			40-				
Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 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 c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 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? If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X				12a				
a Is the organization licensed to issue qualified health plans in more than one state? 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 c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 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? If "Yes," see 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? 18 X		•	120					
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 c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 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? If "Yes," see 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				122				
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 c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 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? If "Yes," see 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? 18 X	а			ısa				
organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 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 If "Yes," see 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? 18 X	h	•						
c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b 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 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	b		13h					
14aDid the organization receive any payments for indoor tanning services during the tax year?14aXbIf "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O14b15Is 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?15XIf "Yes," see instructions and file Form 4720, Schedule N.16X16Is the organization an educational institution subject to the section 4968 excise tax on net investment income?16X	С							
b 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 16 "Yes," see instructions and file Form 4720, Schedule N. 18 the organization an educational institution subject to the section 4968 excise tax on net investment income? 18 X			•	14a		Х		
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? If "Yes," see 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								
excess parachute payment(s) during the year? If "Yes," see 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," see 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				15		Х		
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X								
	16		t income?	16		Х		

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

	Check if Schedule O contains a response or note to any line in this Part VI			X						
Sec	tion A. Governing Body and Management									
			Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year									
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.									
b	Enter the number of voting members included on line 1a, above, who are independent 1b 1									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other									
	officer, director, trustee, or key employee?	2		Х						
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		X						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х						
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?										
7a										
	more members of the governing body?	7a	Х							
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or									
	persons other than the governing body?	7b		X						
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						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)									
			Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?	10a		X						
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,									
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b								
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X						
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.									
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe									
	in Schedule O how this was done	12c	Х							
13	Did the organization have a written whistleblower policy?	13	Х							
14	Did the organization have a written document retention and destruction policy?	14	Х							
15	Did the process for determining compensation of the following persons include a review and approval by independent									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
а	The organization's CEO, Executive Director, or top management official	15a	Х							
b	Other officers or key employees of the organization	15b	Х							
	If "Yes" to line 15a or 15b, describe the process in 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								
Sec	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed ►NY									
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3	s only	/) avail	able						
	for public inspection. Indicate how you made these available. Check all that apply.									
	Own website									
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d fina	ncial							
	statements available to the public during the tax year.									
20	State the name, address, and telephone number of the person who possesses the organization's books and records									
	THE ORGANIZATION - (518) 523-2071									
	57 CHURCH STREET, LAKE PLACID, NY 12946									

932006 01-20-20

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See 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 and/or Box 7 of Form 1099-MISC) 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 instructions for the order in which to list the persons above.

(A) Name and title	(B) Average		(C) Position					(D) Reportable	(E) Reportable	(F) Estimated
ranie and the	hours per week	box	not c , unle	heck ss pe	more rson	than is bot or/trus	n an	compensation	compensation from related	amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) MATT MORTENSEN	1.00	X						0.	0.	0.
ATHLETE REP (2) CHRIS MAZDZER	1.00	<u> </u>			\vdash			0.	0.	0.
ATHLETE REP	1.00	X						0.	0.	0.
(3) ERIN WARREN	1.00	∺								
PRESIDENT		x		х				0.	0.	0
(4) KEN YONEMURA	1.00									
WESTERN REGION REP.		Х			L			0.	0.	0
(5) ADAM BERLEW	1.00	ļ							_	
INDEPENDENT REP	1 00	Х			<u> </u>			0.	0.	0
(6) PAUL BARIBAULT GENERAL REP	1.00	X						0.	0.	0
(7) DON SIMKIN	1.00	125							0.	0 .
EASTERN REGION REP.		x						0.	0.	0 .
(8) NONIE MANION	1.00									
TREASURER		Х						0.	0.	0
(9) SCOTT MCINTYRE	1.00							_	_	_
INDEPENDENT REP		Х			L			0.	0.	0
(10) ROBERT HUGHES	1.00	١,,		,,					0	
SECRETARY	1.00	Х		Х	\vdash			0.	0.	0
(11) ERIN HAMLIN ATHLETE REP	1.00	X						0.	0.	0
(12) JIM LEAHY	40.00	1						0.	0.	0
CEO	1000	1		x				152,307.	0.	8,478
								, , , , ,		
					$ldsymbol{f eta}$					
		1								
		_			\vdash					
		1								
		\vdash			\vdash					
		1								

Pai	rt VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	/ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
	(A)	(B)		(C)					(D)	(E)			(F)	
	Name and title	Average hours per week (list any	Position (do not check more than one box, unless person is both an officer and a director/trustee)					th an	Reportable compensation from the	Reportable compensation from related organization	on d	an	timate nount other pensa	of
		hours for related organizations below	Individual trustee or director	Institutional trustee	<u>.</u>	Key employee	Highest compensated employee	er		(W-2/1099-MISC		fr org and	om the anizati d relate anizatio	e ion ed
		line)	Indivi	Instit	Officer	Key e	Highe	Form						
	Subtotal								152,307.		0.		8,4	
	Total from continuation sheets to Part V Total (add lines 1b and 1c)								152,307.		0.		8,4	0. 78.
2	Total number of individuals (including but r								<u> </u>	,000 of reportab	le	l	- 	1
	compensation from the organization												Yes	No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s		,	,		,	,	_	, , ,	,		3		Х
4	For any individual listed on line 1a, is the su and related organizations greater than \$15	um of reportab	le co	omp	ensa	atior	n an	d ot	her compensation from			4	Х	
5	Did any person listed on line 1a receive or rendered to the organization? If "Yes," com	•				•	•		ted organization or indiv	idual for services		5		Х
	ction B. Independent Contractors		al a .a .	. ام ما م						\$100,000 of our		-4:		
1	Complete this table for your five highest countries the organization. Report compensation for										npens	ationi	rom	
	(A) Name and business	address	N	INC	E				(B) Description of s	services	C	(C Compe	;) nsatio	n
_	Takal mumban att i i i i i i i i i i i i i i i i i i	to all all the		*	-1.				d als acceler	4h				
	Total number of independent contractors (\$100,000 of compensation from the organi		II TOI	mite	:u t0	tno	0 0	stec	a above) who received h	iore trian		Form	990 <i>u</i>	2010

932008 01-20-20

			GE ASS	OCIATION			14-1638	206 Page 9
Pai	rt VII	Statement of Revenue						
		Check if Schedule O contains	a response	or note to any lir				
					(A) Total revenue	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
					Total revenue	function revenue		from tax under
								sections 512 - 514
nts	1 a	Federated campaigns	1a					
in on	b	Membership dues	1b	22,322.				
Contributions, Gifts, Grants and Other Similar Amounts	С	Fundraising events	1c					
ar ar		Related organizations	1d					
s, (Government grants (contributions)	1e					
rSi	f	All other contributions, gifts, grants, an	d					
the l		similar amounts not included above		146,295.				
ÖĒ	g		1g \$	132,490.				
aug	_	Total. Add lines 1a-1f			2,168,617.			
		Total Tida in oo Ta Ti		Business Code	, , .			
o l	2 a	TRIP / TRAINING R	EVENU	900099	284,374.	284,374.		
ķ	2 a b	TIT CDANIES COACII		900099	149,684.	149,684.		
Ser	-			300033	145,004.	145,004.		
т Уе	C							
Program Service Revenue	d			-				
٦٠٥ ا	e	All II						
_	Ţ	All other program service revenue			434,058.			
\rightarrow	<u> </u>	Total. Add lines 2a-2f			434,030.			
	3	Investment income (including divid						
	_	other similar amounts)						
	4	Income from investment of tax-exe						
	5	Royalties						
			(i) Real	(ii) Personal				
	6 a	Gross rents 6a						
	b	Less: rental expenses 6b						
	С	Rental income or (loss) 6c						
	d	` '						
	7 a	Gross amount from sales of (i)	Securities	(ii) Other				
		assets other than inventory 7a						
	b	Less: cost or other basis						
Jue		and sales expenses 7b		1,474.				
evenue	С	Gain or (loss) 7c		-1,474.				
œ	d	Net gain or (loss)			-1,474.	-1,474.		
Other	8 a	Gross income from fundraising events	(not					
₹		including \$	of					
		contributions reported on line 1c).	See					
		Part IV, line 18	8a	130,952.				
	b	Less: direct expenses		147,286.				
		Net income or (loss) from fundraisi			-16,334.			-16,334.
		Gross income from gaming activities	_					
		Part IV, line 19						
	b	Less: direct expenses						
		Net income or (loss) from gaming a						
		Gross sales of inventory, less retur						
	.o u	and allowances		28,020.				
	h	Less: cost of goods sold						
		Net income or (loss) from sales of i		•	7,052.	7,052.		
\rightarrow		Tree income of (1055) Hom sales of	inventory	Business Code	.,052.	,,002.		
snc	11 ~	PROMOTIONAL		900099	312,732.	312,732.		
nec					312,732.	312,732.		
Miscellaneous Revenue	b			<u> </u>				
Re	C	All other reverse						
Ξ		All other revenue			312,732.			
		Total Add lines 11a-11d			2,904,651.	752,368.	0.	-16,334.
	12	Total revenue. See instructions	<u> </u>	<u> </u>	<u>6,704,001.</u>	134,300.	<u> </u>	1 10,004.

932009 01-20-20

-16,334. Form **990** (2019)

Part IX | Statement of Functional Expenses

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

	Check if Schedule O contains a respon				X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
_	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	165,878.	111,138.	19 247	36 103
_	trustees, and key employees	103,070.	111,130.	18,247.	36,493
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
-	persons described in section 4958(c)(3)(B)	660,509.	441,433.	74,186.	144,890
7 8	Other salaries and wages Pension plan accruals and contributions (include	000,009.	441,43J•	7 7 , 100 •	177,090
0	section 401(k) and 403(b) employer contributions)	46,937.	30,323.	5,483.	11 131
9	Other employee benefits	72,294.	33,806.	6,569.	11,131 31,919
10		63,944.	44,602.	6,124.	13,218
11	Payroll taxes Fees for services (nonemployees):	00,011	,	· , ·	
		10,100.		10,100.	
b					
c					
d					
e	D (' ' I (' ' ' ' O D ' ' ' '				
f	Investment management fees				
g					
Ŭ	column (A) amount, list line 11g expenses on Sch 0.)	24,299.	8,399.		15,900
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	71,463.	58,029.	11,966.	1,468
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	4,683.		4,683.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	29,588.	23,760.	5,828.	
23	Insurance	75,645.	1,725.	73,920.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	mpań mpapo / F	778,607.	778,607.		
b	TIL DROCE MALTING GUDDODE	226,752.	-		226,752
c	COACHES/CONSULTANTS	165,704.	165,704.		
d	TEAM CLOTHING	137,363.	125,708.		11,655
-	All other expenses SEE SCH O	353,391.	268,979.	50,078.	34,334
25	Total functional expenses. Add lines 1 through 24e	2,887,157.	2,092,213.	267,184.	527,760
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or	note to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		312,569.	1	468,238.	
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net		8,451.	4	44,777	
	5	Loans and other receivables from any curren					
		trustee, key employee, creator or founder, su	bstantial co	ontributor, or 35%			
		controlled entity or family member of any of t	ns		5		
	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons descri	bed in sect	tion 4958(c)(3)(B)		6	
şţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
⋖	9	Prepaid expenses and deferred charges			23,893.	9	23,807
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		384,760.			
	b	Less: accumulated depreciation		248,357.	59,421.	10c	136,403
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, lin		12			
	13	Investments - program-related. See Part IV, li		13			
	14	Intangible assets	4 540 255	14	4 542 052		
	15	Other assets. See Part IV, line 11	1,519,377.	15	1,713,873		
	16	Total assets. Add lines 1 through 15 (must e			1,923,711.	16	2,387,098
	17	Accounts payable and accrued expenses			437,310.	17	506,139
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
ies	22	Loans and other payables to any current or f					
Liabilities		trustee, key employee, creator or founder, su					
Lial		controlled entity or family member of any of t		_	85,354.	22	85,354
	23	Secured mortgages and notes payable to un		_	05,354.	23	184,790
	24	Unsecured notes and loans payable to unreli				24	104,790
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on li	•		27,932.	25	40,097
	26	of Schedule D		—	550,596.	26	816,380
	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, 6			330,330.	26	010,300
es		and complete lines 27, 28, 32, and 33.	JIECK HEIE				
anc	27	Net assets without donor restrictions			-120,552.	27	-103,058
Bal	28	Net assets with donor restrictions			1,493,667.	28	1,673,776
Dd I	20	Organizations that do not follow FASB AS			2/230/00/0	20	2,0.0,,,0
Fu		and complete lines 29 through 33.	<i>3</i> 330, che	CR Here			
ō	29	Capital stock or trust principal, or current fun	de			29	
sets	30	Paid-in or capital surplus, or land, building, or			30		
Ass	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances	—	1,373,115.	32	1,570,718.	
2	33	Total liabilities and net assets/fund balances	l l	1,923,711.	33	2,387,098	
	J	rotal liabilities and het assets/fund balances			1,723,111	აა	Z , 30 7 , 0 9

Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI					X		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2	<u>,90</u>	4,6	51.		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2			57.		
3	Revenue less expenses. Subtract line 2 from line 1	3				94.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 1							
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		18	0,1	09.		
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	,57	0,7	18.		
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII					X		
					Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?			2b	_X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	,					
	consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,						
	review, or compilation of its financial statements and selection of an independent accountant?			2c	_X			
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl	nedule (O.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	dit					
	Act and OMB Circular A-133?			За		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired aud	dit					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b				

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization U.S. LUGE ASSOCIATION 14-1638206 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.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 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). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. 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. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. 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 I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Total

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

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

Sec	Section A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	1,802,064.	2,156,780.	2,205,851.	2,701,549.	2,168,617.	11,034,861.	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3	1,802,064.	2,156,780.	2,205,851.	2,701,549.	2,168,617.	11,034,861.	
5	The portion of total contributions							
	by each person (other than a							
	governmental unit or publicly							
	supported organization) included							
	on line 1 that exceeds 2% of the							
	amount shown on line 11,							
	column (f)						1,003,195.	
	Public support. Subtract line 5 from line 4.						10,031,666.	
	etion B. Total Support		" > 00 / 0	() 00/-	(0 00 (0			
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total	
	Amounts from line 4	1,802,064.	2,156,780.	2,205,851.	2,701,549.	2,168,617.	11,034,861.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,		37.	27.	2.		66.	
•	and income from similar sources		57.	27•	۷.		00.	
9	Net income from unrelated business							
	activities, whether or not the							
10	Other income. Do not include gain							
10	Other income. Do not include gain or loss from the sale of capital							
	assets (Explain in Part VI.)	142 678	265 414	344 211.	351 805.	312,732.	1 416 840	
11		112/0/00	203/1110	311/2110	33170031	312,7320	12,451,767.	
12	Gross receipts from related activities,	etc (see instructi	ons)			12 2	,296,090.	
13	First five years. If the Form 990 is for			d fourth or fifth ta			, = 0 0 , 0 0 0 0	
.0	organization, check this box and stor				-			
Sec	ction C. Computation of Publ						··············	
14	Public support percentage for 2019 (line 6, column (f) d	ivided by line 11, o	column (f))		14	80.56 %	
15	Public support percentage from 2018					15	71.86 %	
16a	33 1/3% support test - 2019. If the					nore, check this bo	x and	
	stop here. The organization qualifies	as a publicly supp	orted organization	·			▶ X	
b	33 1/3% support test - 2018. If the						is box	
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			>	
17a	10% -facts-and-circumstances tes						or more,	
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	nis box and stop h	ere. Explain in Pa	t VI how the organ	ization	
	meets the "facts-and-circumstances"	test. The organiza	ition qualifies as a	publicly supported	d organization		▶□	
b	10% -facts-and-circumstances tes	t - 2018. If the org	anization did not d	heck a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or	
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, cl	neck this box and	stop here. Explair	in Part VI how the		
	organization meets the "facts-and-circ	cumstances" test.	The organization of	qualifies as a publi	cly supported orga	anization	▶□	
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	nd see instruction	s 🕨 🔲	

Schedule A (Form 990 or 990-EZ) 2019

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.)

Se	ction A. Public Support	, 1	,				
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ŀ	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						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support				•	•	
Cale	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6		, ,	, ,	, ,	, ,	()
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
ŀ	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 in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital						
13	assets (Explain in Part VI.)						
	First five years. If the Form 990 is for	r the organization'	s first second this	rd fourth or fifth t	ax vear as a section	n 501(c)(3) organi:	zation
•		-			-		
Se	ction C. Computation of Publ						
	Public support percentage for 2019 (column (f))		15	%
	Public support percentage from 2018					16	/ 6
	ction D. Computation of Inves						70
	Investment income percentage for 20					17	%
	Investment income percentage from					18	
	a 33 1/3% support tests - 2019. If the					$\overline{}$	
.50	more than 33 1/3%, check this box a						
	o 33 1/3% support tests - 2018. If the						
•	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) 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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **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 in 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 in 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 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.)

	Yes	No
1		
2		
За		
3b		
3с		
_		
4a		
4b		
4c		
5a		
Ja		
5b		
5c		
6		
7		
8		
9a		
6.		
9b		
9c		
10a		
10b		

Pa	rt IV 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 in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
	tion of Type I capper and organizations		Yes	No
4	Did the directors, trustees, or membership of one or more supported organizations have the power to		163	140
1				
	regularly appoint or elect at least a majority of the organization's 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 directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion 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		
Sec	tion D. All Type III Supporting Organizations	-		
	<i>y</i>		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 in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
<u> </u>	supported organizations played in this regard.	3		
	tion 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 yea(see instructions)) -		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions	s).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in 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.	2a		
b	Did the activities described in (a) 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.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
u	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
b				
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orgai	nizations		
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See					
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ections A through E.		
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
a	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
c	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other				
	factors (explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,				
	see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
_6	Multiply line 5 by .035.	6			
_7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount			Current Year	
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1			
2	Enter 85% of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions).	6			
7	Check here if the current year is the organization's first as a non-functional	ly integrat	ed Type III supporting org	anization (see	
	instructions).				

Schedule A (Form 990 or 990-EZ) 2019

Par	ιV	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
Secti	on D -	Distributions			Current Year
1	Amou	nts paid to supported organizations to accomplish exe	mpt purposes		
2	Amou				
	organ				
3	Admir	istrative expenses paid to accomplish exempt purpose	es of supported organization	is	
4	Amou	nts paid to acquire exempt-use assets			
5	Qualif	ied set-aside amounts (prior IRS approval required)			
6	Other	distributions (describe in Part VI). See instructions.			
7	Total	annual distributions. Add lines 1 through 6.			
8	Distrib	outions to attentive supported organizations to which the	ne organization is responsive	Э	
	(provi	de details in Part VI). See instructions.			
9	Distrib	outable amount for 2019 from Section C, line 6			
10	Line 8	amount divided by line 9 amount			
Secti	on E -	Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distrib	outable amount for 2019 from Section C, line 6			
2	Under	distributions, if any, for years prior to 2019 (reason-			
	able c	ause required- explain in Part VI). See instructions.			
3	Exces	s distributions carryover, if any, to 2019			
а	From	2014			
b	From	2015			
С	From	2016			
d	From	2017			
е	From	2018			
f	Total	of lines 3a through e			
g	Applie	ed to underdistributions of prior years			
h		ed to 2019 distributable amount			
i	Carry	over from 2014 not applied (see instructions)			
j	Rema	inder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distrib	outions for 2019 from Section D,			
	line 7:	·			
а	Applie	d to underdistributions of prior years			
		d to 2019 distributable amount			
		inder. Subtract lines 4a and 4b from 4.			
5		ining underdistributions for years prior to 2019, if			
	,	Subtract lines 3g and 4a from line 2. For result greater			
		ero, explain in Part VI. See instructions.			
6		ining underdistributions for 2019. Subtract lines 3h			
		b from line 1. For result greater than zero, explain in			
		/I. See instructions.			
7		s distributions carryover to 2020. Add lines 3j			
	and 4				
8		down of line 7:			
		s from 2015			
		s from 2016			
		s from 2017			
		s from 2018			
е	Exces	s from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
	Dat IV Section A linear 1 2 the 50 4h 45 56 9 00 00 110 11b and 110 Dat IV Section B linear 1 and 2 Dat IV Section C
	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,
	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	(See instructions.)
	(See instructions.)
•	

Schedule B

(Form 990, 990-EZ, or 990-PF)

Name of the organization

Schedule of Contributors

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

Department of the Treasury Internal Revenue Service

Employer identification number

τ	U.S. LUGE ASSOCIATION	14-1638206					
Organization type (chec	ck one):						
Filers of:	Section:						
Form 990 or 990-EZ	\boxed{X} 501(c)(3) (enter number) organization						
	4947(a)(1) nonexempt charitable trust not treated as a private found	dation					
	527 political organization						
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation	on					
	501(c)(3) taxable private foundation						
	on is covered by the General Rule or a Special Rule . 1(c)(7), (8), or (10) organization can check boxes for both the General Rule and	a Special Rule. See instructions.					
	ation filing Form 990, 990-EZ, or 990-PF that received, during the year, contribu any one contributor. Complete Parts I and II. See instructions for determining a						
Special Rules							
sections 509(a)(any one contrib	ation described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/0(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, butor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2%-EZ, line 1. Complete Parts I and II.	line 13, 16a, or 16b, and that received from					
year, total contr	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, II, and III.						
year, contribution is checked, enter purpose. Don't o	ation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that resons exclusively for religious, charitable, etc., purposes, but no such contribution ter here the total contributions that were received during the year for an exclusion complete any of the parts unless the General Rule applies to this organization table, etc., contributions totaling \$5,000 or more during the year	ons totaled more than \$1,000. If this box ively religious, charitable, etc., n because it received nonexclusively					
but it must answer "No"	n that isn't covered by the General Rule and/or the Special Rules doesn't file S' on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-E						

Name of organization Employer identification number

U.S. LUGE ASSOCIATION

14-1638206

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>1,313,791</u> .	Person X Payroll
(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.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

U.S. LUGE ASSOCIATION

14-1638206

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

Name of organization **Employer identification number** U.S. LUGE ASSOCIATION 14-1638206 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. `fŕom Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

U.S. LUGE ASSOCIATION

Employer identification number 14-1638206

Pai	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised f	unds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be use	d only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose con	ferring
Pai	rt II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Part	IV, line 7.
1	Purpose(s) of conservation easements held by the organizat		
	Preservation of land for public use (for example, recrea		storically important land area
	Protection of natural habitat	Preservation of a ce	ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of a	
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		
	Total acreage restricted by conservation easements		·
	Number of conservation easements on a certified historic str		. 2c
a	Number of conservation easements included in (c) acquired		
•	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the org	lanization during the tax
4	year	agment is legated	
4 5	Number of states where property subject to conservation ea		
3	Does the organization have a written policy regarding the pe violations, and enforcement of the conservation easements i		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
Ū	b	Thanding of Violations, and emorning conserve	ation casements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	easements during the year
-	> \$		cacemente aaning inc year
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?	•	
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footi	•	
	organization's accounting for conservation easements.		
Pai	rt III Organizations Maintaining Collections o	f Art, Historical Treasures, or Othe	r Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement and I	palance sheet works
	of art, historical treasures, or other similar assets held for pul	blic exhibition, education, or research in furthe	rance of public
	service, provide in Part XIII the text of the footnote to its final	ncial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue statement and bala	nce sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furtheral	nce of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		•
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financial gai	n, provide
	the following amounts required to be reported under FASB A	ASC 958 relating to these items:	
	Revenue included on Form 990, Part VIII, line 1		· · · · · · · · · · · · · · · · · · ·
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2019

932051 10-02-19

Pai	t III Organizations Maintaining C	Collections of A	rt, Hist	orical Tr	easures, o	or Othe	r Simila	r Asse	ts (contir	nued)	
3	3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its										
	collection items (check all that apply):										
а	Public exhibition	d	ı 🔲 1	_oan or exc	hange progra	am					
b	Scholarly research	е		Other							
С	Preservation for future generations										
4	Provide a description of the organization's control of the organization of the organiz	ollections and explai	n how th	ey further t	the organizati	on's exen	npt purpos	e in Part	XIII.		
5	During the year, did the organization solicit of										
	to be sold to raise funds rather than to be m	aintained as part of t	the orgai	nization's c	ollection?				Yes		No
Pai	t IV Escrow and Custodial Arran	gements. Comple	ete if the	organizatio	on answered	"Yes" on	Form 990,	Part IV,	ine 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.									
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for	contribution	ns or other as	sets not i	ncluded				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII										
									Amount	t	
С	Beginning balance						1c				
	Additions during the year										
	Distributions during the year										
f	Ending balance										
2a	Did the organization include an amount on F							\square	Yes		No
b	If "Yes," explain the arrangement in Part XIII.								<u></u>]
Pai	t V Endowment Funds. Complete i	if the organization an	swered	"Yes" on F	orm 990, Part	t IV, line 1	0.				
		(a) Current year	(b) P	rior year	(c) Two year	rs back (d) Three yea	ars back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur	rent year end baland	e (line 1	g, column (a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment >	%									
С	Term endowment >	%									
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.									
За	Are there endowment funds not in the posse	ession of the organiz	ation tha	t are held a	and administe	ered for th	e organiza	tion			
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization)				3b		
4	Describe in Part XIII the intended uses of the		owment t	unds.							
Pai	t VI Land, Buildings, and Equipm	nent.									
	Complete if the organization answere	d "Yes" on Form 990	0, Part IV	/, line 11a. S	See Form 990), Part X,	ine 10.				
	Description of property	(a) Cost or o		(b) Cost	t or other		cumulated		(d) Bool	k value	Э
		basis (investr	ment)	basis	(other)	dep	reciation				
1a	Land										
b	Buildings										
	Leasehold improvements					-	40 6=	\perp		^ ^	4.
d	Equipment				8,987.	1	48,67			0,3	
	Other				.5,773.		99,68	4.		6,0	
Total	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, colun	nn (B), line	10c.)				13	6,4	U3.

Schedule D (Form 990) 2019

Part VII Investments - Oth	ner Securities.
----------------------------	-----------------

	(b) Book value	e 11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or end	of-year market value
(1) Financial derivatives			<u> </u>
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1)			
(2)		1	
(3)		<u> </u>	
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX Other Assets.			
Complete if the organization answered "Yes" o	n Form 990 Part IV line	11d See Form 990 Part X line 15	
	escription	1 114. 333 1 3111 333, 1 411 71, 1113 13.	
(a) D			(b) Book value
3 MILL DEED MD 3 THITME DINED			(b) Book value 40,097
(1) ATHLETE TRAINING FUND	•	LUGE FOUNDATION	40,097
(1) ATHLETE TRAINING FUND (2) BENEFICIAL INTEREST IN NET	•	LUGE FOUNDATION	
(1) ATHLETE TRAINING FUND (2) BENEFICIAL INTEREST IN NET (3)	•	LUGE FOUNDATION	40,097
(1) ATHLETE TRAINING FUND (2) BENEFICIAL INTEREST IN NET (3) (4)	•	LUGE FOUNDATION	40,097
(1) ATHLETE TRAINING FUND (2) BENEFICIAL INTEREST IN NET (3) (4) (5)	•	LUGE FOUNDATION	40,097
(1) ATHLETE TRAINING FUND (2) BENEFICIAL INTEREST IN NET (3) (4) (5) (6)	•	LUGE FOUNDATION	40,097
(1) ATHLETE TRAINING FUND (2) BENEFICIAL INTEREST IN NET (3) (4) (5) (6) (7)	•	LUGE FOUNDATION	40,097
(1) ATHLETE TRAINING FUND (2) BENEFICIAL INTEREST IN NET (3) (4) (5) (6) (7) (8)	•	JUGE FOUNDATION	40,097
(1) ATHLETE TRAINING FUND (2) BENEFICIAL INTEREST IN NET (3) (4) (5) (6) (7)	ASSETS OF I	JUGE FOUNDATION	40,097
(1) ATHLETE TRAINING FUND (2) BENEFICIAL INTEREST IN NET (3) (4) (5) (6) (7) (8) (9)	ASSETS OF I	LUGE FOUNDATION	40,097 1,673,776
(1) ATHLETE TRAINING FUND (2) BENEFICIAL INTEREST IN NET (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line	PASSETS OF I	>	40,097 1,673,776
(1) ATHLETE TRAINING FUND (2) BENEFICIAL INTEREST IN NET (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of	PASSETS OF I	>	40,097 1,673,776
(1) ATHLETE TRAINING FUND (2) BENEFICIAL INTEREST IN NET (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the state of the	PASSETS OF I	>	40,097 1,673,776 1,713,873 (b) Book value
(1) ATHLETE TRAINING FUND (2) BENEFICIAL INTEREST IN NET (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of 1. (a) Description of liability	PASSETS OF I	>	40,097 1,673,776 1,713,873 (b) Book value
(1) ATHLETE TRAINING FUND (2) BENEFICIAL INTEREST IN NET (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the organization of liability (1) Federal income taxes	PASSETS OF I	>	40,097 1,673,776 1,713,873 (b) Book value
(1) ATHLETE TRAINING FUND (2) BENEFICIAL INTEREST IN NET (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the organization of liability (1) Federal income taxes (2) CAPITAL LEASE OBLIGATION	PASSETS OF I	>	40,097 1,673,776 1,713,873 (b) Book value
(1) ATHLETE TRAINING FUND (2) BENEFICIAL INTEREST IN NET (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes (2) CAPITAL LEASE OBLIGATION (3)	PASSETS OF I	>	40,097 1,673,776 1,713,873 (b) Book value
(1) ATHLETE TRAINING FUND (2) BENEFICIAL INTEREST IN NET (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes (2) CAPITAL LEASE OBLIGATION (3) (4)	PASSETS OF I	>	40,097 1,673,776 1,713,873 (b) Book value
(1) ATHLETE TRAINING FUND (2) BENEFICIAL INTEREST IN NET (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes (2) CAPITAL LEASE OBLIGATION (3) (4) (5)	PASSETS OF I	>	40,097 1,673,776 1,713,873 (b) Book value
(1) ATHLETE TRAINING FUND (2) BENEFICIAL INTEREST IN NET (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes (2) CAPITAL LEASE OBLIGATION (3) (4) (5) (6)	PASSETS OF I	>	40,097 1,673,776 1,713,873 (b) Book value
(1) ATHLETE TRAINING FUND (2) BENEFICIAL INTEREST IN NET (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes (2) CAPITAL LEASE OBLIGATION (3) (4) (5) (6) (7)	7 ASSETS OF I		40,097 1,673,776

932053 10-02-19

Schedule D (Form 990) 2019

Part XI	Recond	ciliation	of Revenue	per Audited	Financial	Statements	With F	Revenue	per l	Return.
· art /ti		Ja t. 0	0	poi / taaitoa	· ····a···o··a·	Gtatomonto	******	.0101140	ρυ	

	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements		1	3,586,281.	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	331,793.		
b	Donated services and use of facilities				
	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	2d	349,837.		
е	Add lines 2a through 2d	2e	681,630.		
	Subtract line 2e from line 1	3	2,904,651.		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,904,651.		
Da	wt VII Decembilistics of Expanses new Audited Einemaid Stateme	-t- \A	ith Evnanga nor	Date	NIO.

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

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

Total expenses and losses per audited financial statements

1 3,388,678.

2 Amounts included on line 1 but not on Form 990, Part IX, line 25:

a Donated services and use of facilities

b Prior year adjustments

c Other losses

d Other (Describe in Part XIII.)

2 Add lines 20 through 2d.

 e Add lines 2a through 2d
 2e
 501,521.

 3 Subtract line 2e from line 1
 3
 2,887,157.

Amounts included on Form 990, Part IX, line 25, but not on line 1:

a Investment expenses not included on Form 990, Part VIII, line 7b

4a

b Other (Describe in Part XIII.)

c Add lines 4a and 4b

dc 0.

Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)

5 2,887,157.

5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)
Part XIII Supplemental Information.

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

PART X, LINE 2:

FASB ASC 740, INCOME TAXES, REQUIRES ENTITIES TO DISCLOSE IN THEIR
FINANCIAL STATEMENTS THE NATURE OF ANY UNCERTAINTY IN THEIR TAX POSITIONS.

FOR TAX EXEMPT ENTITIES, TAX-EXEMPT STATUS ITSELF IS DEEMED TO BE AN

UNCERTAINTY, AS EVENTS COULD POTENTIALLY OCCUR TO JEOPARDIZE THEIR

TAX-EXEMPT STATUS. MANAGEMENT BELIEVES THE ASSOCIATION HAS NO UNCERTAIN

TAX POSITIONS. THE ASSOCIATION ANTICIPATES THAT IT WILL NOT HAVE A CHANGE

IN UNCERTAIN TAX POSITIONS DURING THE NEXT TWELVE MONTHS THAT WOULD HAVE A

MATERIAL IMPACT ON THE ASSOCIATION'S FINANCIAL STATEMENTS. IF NECESSARY,

THE ASSOCIATION WOULD ACCRUE INTEREST AND PENALTIES ON UNCERTAIN TAX

POSITIONS AS A COMPONENT OF THE PROVISION FOR INCOME TAXES. THE

ASSOCIATION IS NO LONGER SUBJECT TO FEDERAL AND STATE INCOME TAX

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019 U.S. LUGE ASSOCIATION	14-1030200 Page 5
Part XIII Supplemental Information (continued)	
EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE THE YE	EAR ENDED JUNE 30,
2017.	
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
COST OF GOODS SOLD	20,968.
EVENT EXPENSE	147,286.
CHANGE IN VALUE OF BENEFICIAL INTEREST TRUST	180,109.
LOSS ON DISPOSAL OF ASSETS	1,474.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	349,837.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
EVENT EXPENSE	147,286.
COST OF GOODS SOLD	20,968.
LOSS ON DISPOSAL OF ASSETS	1,474.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	169,728.

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

II.S. LUGE ASSOCIATION

Employer identification number

U.S. LU	GE ASSOCIATION				14-1638	<u> </u>
Part I Fundraising Activities required to complete this par	Complete if the organization answe	ered "Y	'es" oı	n Form 990, Part IV,	line 17. Form 990-E2	I filers are not
 1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the 10 highest paid indicompensated at least \$5,000 by the 	e Solicitar f Solicitar g Special or oral agreement with any individual cart VII) or entity in connection with positions or entities (fundraisers) pursu	tion of tion of fundra (inclu- irofess	non-g gover aising ding o sional f	overnment grants rnment grants events fficers, directors, tru fundraising services?	stees, or Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity have custody have a shift fundation to (or retained I					(vi) Amount paid to (or retained by) organization
		Yes	No			
Total 3 List all states in which the organization	on is registered or licensed to solicit	contrib	. D	s or has been notified	d it is exempt from r	egistration
or licensing.	or is registered of licensed to solicit			3 OF HAS DEET HOUSE	a it is exempt from it	-sgistration
LHA For Paperwork Reduction Act Not	ice, see the Instructions for Form	990 or	990-1	EZ. S	Schedule G (Form 9	90 or 990-EZ) 2019

F	art	of fundraising events. Complete if the of fundraising event contributions and gr	•	· ·		· ·
		<u> </u>	(a) Event #1	(b) Event #2 RUNNING OF	(c) Other events	(d) Total events (add col. (a) through
			WORLD CUP	THE BALL	2	col. (c))
ne			(event type)	(event type)	(total number)	, , ,
Revenue	1	Gross receipts	91,021.	15,798.	16,826.	123,645.
	2	Less: Contributions				
	3		91,021.	15,798.	16,826.	123,645.
	4	Cash prizes				
δί	5	Noncash prizes				
xpense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
	8	Entertainment		2 240	9,484.	04 693
	9	Other direct expenses		2,349.		94,683. 94,683.
	l	Net income summary. Subtract line 10 from I				28,962.
Pa	art I	III Gaming. Complete if the organization				
	_	\$15,000 on Form 990-EZ, line 6a.	_	u > Dull tobo/instant		148-11 1 / 11
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
<u>~</u>	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes % No	Yes % No	
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)		>	
_	8	Net gaming income summary. Subtract line 7	7 from line 1, column (d)		>	
۵	En	ter the state(s) in which the organization cond	ucte gaming activities:			
a	l Is t	the organization licensed to conduct gaming a 'No," explain:	ctivities in each of these			Yes No
		ere any of the organization's gaming licenses r		·	year?	Yes No
		· .				
9320	82 0	9-11-19			Schedule G (For	rm 990 or 990-EZ) 2019

Sch	edule G (Form 990 or 990-EZ) 2019 U.S. LUGE ASSOCIATION 14	-1638	206	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:			
	a The organization's facility	13a		%
	o An outside facility			
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	[100		70
1-4	Lines the fiame and address of the person who prepares the organization's gaming/special events books and records.			
	Name ►			
	Address			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
b	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party \$\bigs\tag{\text{\text{\$\sigma}}}\$			
c	If "Yes," enter name and address of the third party:			
	Name ▶			
	Address ►			
16	Gaming manager information:			
10	Carning manager information.			
	Name			
	Gaming manager compensation ▶ \$			
	Description of services provided			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions:			
а	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	└── No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	3		
	organization's own exempt activities during the tax year > \$			
Pa	Irt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	Part III, lir	nes 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			

932083 09-11-19

Schedule G (Form 990 or 990-EZ) U.S. LUGE ASSOCIATION	14-1638206 Page 4
Schedule G (Form 990 or 990-EZ) U.S. LUGE ASSOCIATION Part IV Supplemental Information (continued)	

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

Internal Revenue Service

U.S. LUGE ASSOCIATION

Employer identification number 14-1638206

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

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

Schedule J (Form 990) 2019

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	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred (D) Nontaxable (E) To		(F) Compensation in column (B)	
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation		(5)(1)-(5)	reported as deferred on prior Form 990	
(1) JIM LEAHY (i)	135,408.	16,899.	0.	0.	0.	152,307.	0.	
CEO (ii)		0.	0.	0.	0.	0.	0.	
(i)								
(ii)								
(ii)								
(i)								
(ii)								
(i)								
(ii)								
(i)								
(ii)								
(i)								
(ii)								
(i)								
(ii)								
(i) (ii)								
(i)								
(i) (ii)								
(i)								
(ii)								
(i)								
(ii)								
(i)								
(ii)								
(i)								
(ii)								
(i)								
(ii)								
(ii)								

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 M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► 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.

Name of the organization U.S. LUGE ASSOCIATION Employer identification number 14-1638206

Pai	rt I Types of Property							
		(a)	(b)	(c)	n Madhaad	(d)		
		Check if applicable	Number of contributions or	Noncash contribution amounts reported o		of determination	•	·e
		арріісаріє		Form 990, Part VIII, line		THEOLIGIT	arriourit	
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods	X		132,49	0.CLOTHING	AND ()THE	R G
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other • ()							
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organi	ization durin	g the tax year for o	contributions				
	for which the organization completed Form 82	83, Part IV,	Donee Acknowled	gement 29				
					•		Yes	No
30a	During the year, did the organization receive b	y contribution	on any property rep	oorted in Part I, lines 1 t	hrough 28, that it			
	must hold for at least three years from the dat							
	exempt purposes for the entire holding period	?				30a		Х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance	policy that r	equires the review	of any nonstandard cor	ntributions?	31		Х
	Does the organization hire or use third parties					·····		
	contributions?		•			32a		Х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in o	column (c) fo	or a type of propert	y for which column (a) is	s checked,			
-	describe in Part II.	. (-,	71 [2.2]	,	,			
ТΗΔ		the Instruc	tions for Form 90	0	School	ula M (For		2010

932142 09-27-19

Schedule M (Form 990) 2019

SCHEDULE 0

Internal Revenue Service

(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. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047 Open to Public

Inspection

Name of the organization

U.S. LUGE ASSOCIATION

Employer identification number 14-1638206

932211 09-06-19

AN ELECTRONIC VERSION WILL BE DISTRIBUTED UPON COMPLETION TO EVERY MEMBER

OF THE USLA'S EXECUTIVE BOARD, AND A TELEPHONE MEETING SCHEDULED FAIRLY

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

Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization U.S. LUGE ASSOCIATION

Employer identification number 14-1638206

QUICKLY THEREAFTER. ON THAT CALL, THE EXECUTIVE DIRECTOR / CEO WILL PRESENT / EXPLAIN THE TAX RETURN AND INVITE AND ANSWER QUESTIONS. AT THE END OF THE CALL, THE BOARD WILL BE ASKED TO APPROVE THE 990 - OR - THE CEO WILL BE ASKED TO CONTACT MCSOLEY MCCOY FOR FOLLOW-UP IF THEY DEEM IT TO BE NECESSARY BEFORE APPROVING THE 990. ONCE THE EXECUTIVE BOARD FORMALLY APPROVES THE 990, THEN IT WILL BE FILED.

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

THE DIRECTOR OF ADMINISTRATION COLLECTS ANNUAL STATEMENTS FROM ALL

EMPLOYEES, BOARD MEMBERS, AND COMMITTEE MEMBERS AND REPORTS ANY POTENTIAL

CONFLICTS NOTED TO THE CEO WHO FURTHER REPORTS ANY CONFLICTS TO THE BOARD.

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

THE EXECUTIVE BOARD, AS A WHOLE, DISCUSSES AND VOTES ON THE COMPENSATION OF THE EXECUTIVE DIRECTOR / CEO WITHIN THE CONTEXT OF THE ORGANIZATIONS'
REVENUES AND ITS BUDGET, AND ANY RELEVANT COMPENSATION SURVEY DATA IT HAS ACCESS TO (WHICH, IN THIS CASE, WAS BASED ON DATA ACQUIRED FROM OTHER NGB'S SOME NINE MONTHS PRIOR TO THE END OF THE FISCAL YEAR COVERED BY THIS TAX RETURN). THE EXECUTIVE BOARD'S REVIEW GENERALLY OCCURS IN THE SPRING, IN TANDEM WITH THE ORGANIZATION'S BUDGETING PROCESS AND IN ADVANCE OF ITS JULY 1 START TO ITS FISCAL YEAR.

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

GOVERNING DOCUMENTS - ARE POSTED ON THE NATIONAL GOVERNING BODY'S WEB-SITE FINANCIAL STATEMENTS - ARE POSTED ON THE NATIONAL GOVERNING BODY'S WEB-SITE CONFLICT OF INTEREST POLICY - IS DISTRIBUTED ANNUALLY TO ALL STAFF MEMBERS, ALL BOARD MEMBERS AND ALL COMMITTEE MEMBERS, AND REQUIRES AN

ACKNOWLEDGMENT.

Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization U.S. LUGE ASSOCIATION	Employer identification number 14-1638206
FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENS	ES:
TRAINING CAMP:	
PROGRAM SERVICE EXPENSES	117,663.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	117,663.
COMPETITIVE EQUIPMENT AND APPAREL:	
PROGRAM SERVICE EXPENSES	94,472.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	94,472.
MISCELLANEOUS:	
PROGRAM SERVICE EXPENSES	13,369.
MANAGEMENT AND GENERAL EXPENSES	1,761.
FUNDRAISING EXPENSES	15,235.
TOTAL EXPENSES	30,365.
BUILDING OPERATIONS:	
PROGRAM SERVICE EXPENSES	7,709.
MANAGEMENT AND GENERAL EXPENSES	12,865.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	20,574.
ATHLETE INITIATIVE:	
PROGRAM SERVICE EXPENSES 932212 09-06-19 School	17,853. edule O (Form 990 or 990-EZ) (2019

Name of the organization U.S. LUGE ASSOCIATION	Employer identification number 14-1638206
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	17,853.
SMALL EQUIPMENT PURCHASE:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	13,793.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	13,793.
SS&T EXPENSE:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	10,396.
TOTAL EXPENSES	10,396.
TELEPHONE:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	9,169.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	9,169.
VEHICLE:	
PROGRAM SERVICE EXPENSES	4,926.
MANAGEMENT AND GENERAL EXPENSES	1,380.
FUNDRAISING EXPENSES	1,606.
TOTAL EXPENSES	7,912.

E8206__1

Schedule O (Form 990 or 990-EZ) (2019) Name of the organization	Page 2 Employer identification number
U.S. LUGE ASSOCIATION	14-1638206
WHEELS CLINIC EXP:	
PROGRAM SERVICE EXPENSES	6,816.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	6,816.
HOUSING AND MEALS:	
PROGRAM SERVICE EXPENSES	667.
MANAGEMENT AND GENERAL EXPENSES	4,341.
FUNDRAISING EXPENSES	1,759.
TOTAL EXPENSES	6,767.
POSTAGE:	
PROGRAM SERVICE EXPENSES	4,766.
MANAGEMENT AND GENERAL EXPENSES	775.
FUNDRAISING EXPENSES	208.
TOTAL EXPENSES	5,749.
GENERAL SUPPLIES:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	4,422.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	4,422.
PUBLIC RELATIONS:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	2,895.
932212 09-06-19	Schedule O (Form 990 or 990-EZ) (2019)

tification number
2,895.
0.
0.
1,634.
1,634.
0.
1,202.
0 .
1,202.
0 .
370.
601
971.
738.
0 .
0.
738.
353,391.
_