Filing Instructions Prepared by: Prepared for: WAUGH & GOODWIN, LLP USA TEAM HANDBALL 1365 GARDEN OF THE GODS, SUITE 150 1 OLYMPIC PLAZA COLORADO SPRINGS, CO 80907 COLORADO SPRINGS, CO 80909 2012 FORM 990 ELECTRONIC FILING: THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL TRANSMIT THE RETURN ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED. RETURN FORM 8879-EO TO US BY MAY 15, 2014

Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2012

Open to Public Inspection

The organization may have to use a copy of this return to satisfy state reporting requirements.

Department of the Treasury Internal Revenue Service

A	or the	= 2012 calendar year, or tax year beginning $$ JUL $$ $$ $$ $$ $$ $$ $$ $$ $$ $$	ور ending	UN 30, 201.	3							
	Check if applicable	C Name of organization		D Employer identi	fication number							
	Addres	USA TEAM HANDBALL										
	Name change	Doing Business As			2179012							
	Initial	/ tallibor and other (or rise bottom than the transfer of the control of the cont	Room/suite	E Telephone numb								
Ļ	☐Termin ☐ated ☐Amend	1 01111110 11111111			3662203 561,162.							
<u></u>	return	City, town, or post office, state, and ZIP code		G Gross receipts \$								
$ldsymbol{}$	tion pendin	COHORADO DIRINGD, CO 00303		H(a) Is this a group for affiliates?	Yes X No							
		F Name and address of principal officer: MICHAEL CAVANAUGH SAME AS C ABOVE		H(b) Are all affiliates i								
		empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) 0	or 527	1	a list. (see instructions)							
	Mobeit	e: NWW. TEAMUSA.ORG/USA-TEAM-HANDBALL	OE7	H(c) Group exempti								
		organization: X Corporation	L Year		M State of legal domicile: UT							
	art I	Summary										
	1	Briefly describe the organization's mission or most significant activities: ${ m TO DE}$	EVELOP	, PROMOTE,	EDUCATE,							
Governance	Ι.	AND GROW THE SPORT OF TEAM HANDBALL AT ALI	L LEVE	LS IN THE U	JNITED							
E E	2	Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.										
)Ve	3			3								
Ğ		Number of independent voting members of the governing body (Part VI, line 1b)										
es	J	Total number of individuals employed in calendar year 2012 (Part V, line 2a)										
Ζij		Total number of volunteers (estimate if necessary)										
Activities &	•	Total unrelated business revenue from Part VIII, column (C), line 12		l .								
_	b	Net unrelated business taxable income from Form 990-T, line 34	······									
		0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u> </u>	Prior Year 331,786.	Current Year 376,622.							
e	l	Contributions and grants (Part VIII, line 1h)		92,325.								
Revenue		Program service revenue (Part VIII, line 2g)		8.								
Re	l	Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		3,344.								
	l	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		427,463.								
	_	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.								
	l	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.							
"	45	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1	126,268.	230,874.							
Expenses	16a I	Professional fundraising fees (Part IX, column (A), line 11e)	1	0.	0.							
per	b.	Total fundraising expenses (Part IX, column (D), line 25)	<u>0.</u>									
щ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		350,260.								
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		476,528.	4							
		Revenue less expenses. Subtract line 18 from line 12		-49,065.								
26.0			Beg	ginning of Current Year	End of Year							
Net Assets Fund Baland	20	Total assets (Part X, line 16)		912.								
at As	21	Total liabilities (Part X, line 26)		96,285.	50,826.							
Ž:	22	Net assets or fund balances. Subtract line 21 from line 20		-95,373.	-43,120.							
	art II	ties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	nte and to the heet of m	v knowledge and helief it is							
		ties of perjury, I declare that I have examined this return, including accompanying scriedules t, and complete. Declaration of preparer (other than officer) is based on all information of white			y Miowicago and bonoi, it is							
uue,	Correct	t, and complete. Declaration of preparer (other than officer) is based on an information of white	on properor i	nao any knowleage.								
Sign	,	Signature of officer		Date								
Her		MICHAEL CAVANAUGH, CEO										
1 101	<u> </u>	Type or print name and title										
		Print/Type preparer's name Preparer's signature	D	ate Check	PTIN							
Paid	ı	KENNETH E. WAUGH, CPA		self-emplo								
Ргер	arer	Firm's name WAUGH & GOODWIN, LLP		Firm's EIN ▶ 20-1766527								
Use	Only	Firm's address ▶ 1365 GARDEN OF THE GODS, SUITE 15	50		T40\ F00 0===							
		COLORADO SPRINGS, CO 80907		Phone no. (719) 590-9777							
May	the IR	S discuss this return with the preparer shown above? (see instructions)		······	X Yes No							

Form	990 (2012) USA TEAM HANDBALL	20-2179012	Page 2
Par	Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III		
1	Briefly describe the organization's mission:		
'	TO DEVELOP, PROMOTE, EDUCATE, AND GROW THE SPORT OF TEAM	HANDBALL AT	
	ALL LEVELS IN THE UNITED STATES AND TO ENABLE UNITED STAT	ES ATHLETES	
	TO ACHIEVE SUSTAINED COMPETITIVE EXCELLENCE TO WIN MEDALS	TN	
	INTERNATIONAL AND OLYMPIC COMPETITION.	, 11	
2	Did the organization undertake any significant program services during the year which were not listed on		X No
	the prior Form 990 or 990-EZ?	Yes	<u> </u>
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as m	reasured 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, an	d
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 33.2,011. including grants of \$) (Revenue	a \$)
-ra	DEVELOPMENT, PROMOTION, EDUCATION, AND GROWTH OF THE SPOR		
	HANDBALL IN THE UNITED STATES.	<u></u>	
	HANDBALL IN THE ONLIND STATES:		
4b	(Code:) (Expenses \$)
40	(Code:		
4c	(Code:) (Expenses \$	\$)
40	(Code:		
		1.00	
			
			
		,	
	Other and provided (Departies in Schadula O.)		
4d	Other program services (Describe in Schedule O.)	1	
	(Expenses \$ including grants of \$) (Revenue \$		
4e	Total program service expenses ▶ 332,011.		

Form **990** (2012)

Is the cryanization dissorbied in section 501(s)(s) or 4947(s)(1) (either than a private foundation)?	Form	990 (2012) USA TEAM HANDBALL 20-2179	012	P	age 3
Is the organization described in section 501(o)(3) or 4947(a)(1) (other than a private foundation?? **N**e***, "complete Schedule A.** 2	Par	t IV Checklist of Required Schedules			
I' Yes, 'complete Schedule A 2 X				Yes	No
is the organization required to complete Schedule P, Schedule of Contributors? 3 Did the organization required to complete Schedule P, Part V 4 Section 501(0)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If Yes, "complete Schedule P, Part V 5 is the organization assection 501(e)(4), 501(e)(6), or 501(e)(6) organization that receives membership dues, assessments, or similar amounts as definion 8 Prevenue Procedure 98-19? If Yes, "complete Schedule C, Part III V 5 is the organization maintain any donor activised funds or any similar funds or accounts? If Yes, "complete Schedule P, Part II V 6 Did the organization maintain any donor activised funds or any similar funds or accounts? If Yes, "complete Schedule P, Part II V 7 Did the organization neolive or hold a conservation essenent, including essenents to pressive open apace, the environment, historia dia rates, or historic estructures? If Yes, "complete Schedule P, Part II V 8 Did the organization maintain collections of works of art, historical treasures, or other dimital assessity If Yes, "complete Schedule P, Part II V 9 Did the organization maintain collections of works of art, historical treasures, or other dimital assessity If Yes, "complete Schedule P, Part II V 10 Did the organization organization and the part II V Performent II Performent II Performent II Performent II Performent II Performe	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
Did the organization expense in direct or indirect political campaign activities on health of or in opposition to candidates for public office? **I **Pes*** complete Schedule C, **Pert I** **Section 50 (Fig.)** organization asserts on 501(§) election in effect during the tax year? **I **Yes**, complete Schedule C, **Pert I** **A Section 50 (Fig.) organizations. Did the organization engage in folibying activities, or have a section 501(§) election in effect during the tax year? **I **Yes**, complete Schedule C, **Pert II** **A Is the organization assertion 501(§), 501(§), 50 (5) (5) (5) (5) (5) (5) (5) (5) (5) (5)		If "Yes," complete Schedule A	_		ļ
A Saction 501(%) organization. Diff the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	<u>X</u>	
Section 501 (F/8) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			₹2,
during the tax year? If "Yes," complete Schedule C, Part II 4 5 1s the organization of soft of Strip (Strip (Strip)), or 501(c)(s), 501(c)(s), or 501(c)(s) organization that neceives memberating dues, assessments, or shifler amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 5 X X X X X X X X X		public office? If "Yes," complete Schedule C, Part I	3_	<u> </u>	- ^
is the organization a section 501(c)(8), 501(c)(8), or 501(c)(8) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197. If "Yes," complete Schedule C, Part III. 5	4		١.		- V-
similar amounts as defined in Revenue Procedure 98-187 // Yes, "complete Schedule Q, Part II" Did the organization maristan 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 of which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts of which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts of which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts of which donors have the right to provide common the common that the donors have the distribution or investment of amounts in such funds or accounts of which donors have the right to provide common the common that the donors have the distribution or investment in the common that is the distribution or investment in the common that is the distribution or provide consistency or provide credit counseling, debt management, credit repair, or debt negotiation services? If Yes, "complete Schedule D, Part IV" Did the organization server to any of the following questions is "Yes," then complete Schedule D, Parts V, III, VIII, IX, or X as applicable. Did the organization seport an amount for investments - program related in Part X, line 10? If Yes, "complete Schedule D, Part VIII" Did the organization report an amount for investments - program related in Part X, line 15? If Yes, "complete Schedule D, Part VIII" Did the organization report an amount for other assets in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If Yes, "complete Schedule D, Part X III" Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of Its total assets reported in Part X, line 16? If Yes, "complete Schedule D, Part X III" Did the organization report an amount for other isabilities in Part X, line 15 that is 5% or		during the tax year? If "Yes," complete Schedule C, Part II	4		 △
Solid 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? "yes," complete Schedule D, Part / Did the organization reserve or hold a conservation essement, including assements to preserve open space, the environment, historic land areas, or historic structures? "yes," complete Schedule D, Part 3 Did the organization report an amount in Part X, line 21, for eacrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, oredit repair, or debt negotiation services? "yes," complete Schedule D, Part 3 Did the organization report an amount to related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? "yes," complete Schedule D, Part V 3 If the organization is answer to any of the following questions is "yes," then complete Schedule D, Part V 4 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? Pyes," complete Schedule D, Part V 5 Did the organization report an amount for investments - other securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "yes," complete Schedule D, Part V 6 Did the organization report an amount for other assets in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "yes," complete Schedule D, Part V 6 Did the organization is point an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "yes," complete Schedule D, Part X 6 Did the organization is separate or consolidated financial statements for the tax year include a footbool that addresses the organization is sibility for uncertain tax pomplete Schedule D, Part X 6 Did the organization is possible for uncertain tax possibles or p	5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		
provide advice on the distribution or investment of amounts in such funds or accounts? // "Yes," complete Schedule D, Part I/ Did the organization resports on Arrivation assemble, including assemble very expensible of the environment, historic land areas, or historic structures? // "Yes," complete Schedule D, Part I/! Did the organization maintain collections of works of art, historical treasures, or other similar assets? // "Yes," complete Schedule D, Part I/! 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 ordis counseling, debt management, credit repair, or debt negotiation services? // "Yes," complete Schedule D, Part I/! Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? "Yes," complete Schedule D, Part V. If the organization report an amount for investments - other securities in Part X, line 10? // "Yes," complete Schedule D, Part V. Did the organization report an amount for investments - program related in Part X, line 12? "Yes," complete Schedule D, Part V. Did the organization report an amount for investments - other securities in Part X, line 12? "Yes," complete Schedule D, Part V. Did the organization report an amount for westments - program related in Part X, line 15? "Yes," complete Schedule D, Part X. Did the organization report an amount for westments - program related in Part X, line 15? "Yes," complete Schedule D, Part X. Did the organization report an amount for other liabilities in Part X, line 15? that is 5% or more of its total assets reported in Part X, line 16? "Yes," complete Schedule D, Part X. Did the organization report an amount for other liabilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? "Yes," complete Schedule D, Part X. Did the organization report an amount for other liabilities in Part X, line 15?		similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5_		
Did the organization receive or hold a conservation easement, including essements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II! Did the organization network or any historical treasures, or other similar assess? If 'Yes,' complete Schedule D, Part III! Did the organization report an amount in Part X, line 21, for escrew or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counselling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV Did the organization seport an amount for investments or yes,' complete Schedule D, Part V, as a applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part V Did the organization report an amount for investments or securities in Part X, line 10? If 'Yes,' complete Schedule D, Part V Did the organization report an amount for investments or year related in Part X, line 10? If 'Yes,' complete Schedule D, Part V Did the organization report an amount for investments organization report an amount for other assets in Part X, line 10	6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	١.		-
the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7, X. Bid 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 careful counseling, debt management, credit repoil, or debt negotiation services? If "Yes," complete Schedule D, Part IV Did the organization, clirectly or through a related organization, hold assets in temporally restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V 12 If the organization report an amount for investments - organization assets reported in Part X, line 16? If "Yes," complete Schedule D, Part V 12 If the organization report an amount for investments - program related 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 V 12 If the organization report an amount for other liabilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part V 12 If the organization report an amount for other liabilities in Part X, line 15? If "Yes," complete Schedule D, Part X 12 If the organization report an amount for other liabilities in Part X, line 15? If "Yes," complete Schedule D, Part X 12 If the organization answerd "Vis to line 12, then completing Schedule D, Part X 11 If X 12 If the organization included in consolicated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X 12 If X 1		provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
Bid the organization maintain collections of works of art, historical treasures, or other similar assets? If "yes," complete Schedule D, Part III. Did the organization report an amount in Part X, line 21, for escrow or outstodial 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 Did the organization sport an amount for land, buildings, and equipment in Part X, line 10 Part X, III, III, X as applicable. a Did the organization report an amount for investments - other securities in Part X, line 10 Part X, III, III, III, III, III, III, III,	7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	1_	:	₩
Schedule D, Part III 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 V 10 Did the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, X, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 1 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 2 Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VII 2 Did the organization report an amount for thereasters in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 3 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 3 Did the organization report an amount for other lassifilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 4 Did the organization orban separate or consolidated financial statements for the tax year? If "Yes," complete Schedule D, Part X 4 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Part X VIII VIII X 4 Did the organization maintain an office, employees, or agents outside of the United States? If yes," complete Schedule F, Parts II and IV 5 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate foreign investments valued at \$100,000 or more? If "Ye		the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	-	 ^ _
Schedule D, Part III 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 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quesi-endowments? If "Yes," complete Schedule D, Part V If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VIII 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 VIII Did the organization report an amount for other liabilities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for other liabilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X X and XIII Did the organization obtain separate, independent sudited financial statements for the tax year? If Yes, complete Schedule D, Part X X and XIII Did the organization obtain separate, independent sudited financial statements for the tax year? If Yes, complete Schedule D, Part X X and XIII Did the organization maintain an office, employees, or agents outside of the United States) 12a	8				
amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? Yes,* complete Schedule D, Part IV		Schedule D, Part III	8		<u> </u>
# "Yes," complete Schedule D, Part IV 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? # "Yes," complete Schedule D, Part V 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable. 12 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? # "Yes," complete Schedule D, Part VI 13 Did the organization report an amount for investments - other securities in Part X, line 10? # "Yes," complete Schedule D, Part VII 14 Did the organization report an amount for investments - program related in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? # "Yes," complete Schedule D, Part VIII 15 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? # "Yes," complete Schedule D, Part XIII 16 Did the organization report an amount for other labilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? # "Yes," complete Schedule D, Part XIII 17 Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? # "Yes," complete Schedule D, Part X 18 Did the organization included in consolidated, independent audited financial statements for the tax year? # "Yes," complete Schedule D, Part X III X 19 Did the organization maintain an office, employees, or agents outside of the United States 19 Did the organization maintain an office, employees, or agents outside of the United States 19 Did the organization report on Part IX, column (A), line 3, more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States? # "Yes," complete Schedule F, P	9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
Did the organization of leart X, line 10 metated organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? f' *Yes," complete Schedule D, Part V 10		amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			~
endowments, or quasiendowments? // ** "Yes, ** complete Schedule D, Part V 10		If "Yes," complete Schedule D, Part IV	9		
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for investments - other securities in Part X, line 10? // "Yes," complete Schedule D, Part VII 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? // "Yes," complete Schedule D, Part VII c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? // "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? // "Yes," complete Schedule D, Part VIII c Did the organization report an amount for other assets in Part X, line 15% or more of its total assets reported in Part X, line 16? // "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other assets in Part X, line 15% or more of its total assets reported in Part X, line 16? // "Yes," complete Schedule D, Part X 11d	10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	100		v
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FORTH 330 (2012)	<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its addited infancial statements to this feture:		990	(2012)

20-2179012 USA TEAM HANDBALL Page 4 Form 990 (2012) Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the X 21 United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, 22 X 22 column (A), line 2? If "Yes," complete Schedule I, Parts I and III 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 X 23 Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete X 24a Schedule K. If "No", go to line 25 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24d d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a X disqualified person during the year? If "Yes," complete Schedule L, Part I b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete X 25h Schedule L, Part I Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified X person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member X 27 of any of these persons? If "Yes," complete Schedule L, Part III 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): X a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV X b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L. Part IV c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, 28c director, trustee, or direct or indirect owner? If "Yes." complete Schedule L. Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes." complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation X contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? X If "Yes," complete Schedule N, Part I 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete X 32 Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 X 33 sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 X 35a 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

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

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

Note. All Form 990 filers are required to complete Schedule O

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

38 X Form 990 (2012)

X

X

35b

36

37

orm	990 (2012) USA TEAM HANDBALL		20 21.	0 1 2	·	age •
?aı	Statements Regarding Other IRS Filings and Tax Compliance					
	Check if Schedule O contains a response to any question in this Part V	<u></u>		<u>,,,,,,,,,,</u>	T	
		1		8-480810	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	6	- 0.300000		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0	4		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and re		le gaming	2000		
	(gambling) winnings to prize winners?			1c	\$ \$185,5000	400000000
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		•			
	filed for the calendar year ending with or within the year covered by this return	2a	3	-		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return			2b	X	árd94xe4sis
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)		\$1908		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
	11 100, Had te mod at a time and a term of the first to the first term of the first			3b	ļ	ļ
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authori	ty over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccoun	t)?	4a	E MONEGO (ALAKA)	X
b	If "Yes," enter the name of the foreign country:					
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial A	Accoun	ts.	2		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			<u>5a</u>		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?		5b	ļ	X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e orgai	nization 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 contribution	ons or	gifts			
	were not tax deductible?			6b	C 15000 E6 400	. reserve (dt.E.)
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices p	ovided to the payor?	7a	<u> </u>	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	ļ	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s requ	ired			
	to file Form 8282?			7c	Taliani sa	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				200
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract	?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f	ļ	
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 889	99 as required?	7g	<u> </u>	<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion file	a Form 1098-C?	7h	Arramand	ng nasi ya dibai Se
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.	id the s	upporting			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at a	any time	during the year?	8	DO STATE OF THE STATE OF	WAS BUILDING
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b	ALC: NO SECURE	A 200 (200 (201 (201 (201 (201 (201 (201
0	Section 501(c)(7) organizations. Enter:					
	Initiation fees and capital contributions included on Part VIII, line 12	10a		-	11 92 150 12 55 17	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
1	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a		1		
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b			300	
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?		12a	10,70000	Prince 2017 F. 125
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			70,000	10 A C	
а	Is the organization licensed to issue qualified health plans in more than one state?			13a	Laggrap No. 2001	CONTRACTOR
	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	13b				
С	Enter the amount of reserves on hand	13c		2743)		
4a	Did the organization receive any payments for indoor tanning services during the tax year?			14a	ļ	<u> </u>
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	<u> 0</u>		14b		<u> </u>
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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8h, or 10h helow, describe the circumstances, processes, or changes in Schedule O. See instructions.

	to line 6a, 6b, 6r fob below, describe the circumstances, processes, 6r changes in estimate extense.			77
	Check if Schedule O contains a response to any question 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	4		
	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 in Schedule O.			
b		4		
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
2		2	. San Belliffe Sole	X
	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision	<u> </u>		
3		3		X
	of officers, directors, or trustees, or key employees to a management company or other person?	4		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		 	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			X
6	Did the organization have members or stockholders?	6		Λ
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	-		
	more members of the governing body?	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а		8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
•	organization's mailing address? If "Yes." provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	(Tijs Section B requests information about politics for body and income interest by the income interest by		Yes	No
100	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
D	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
44	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	X	
ı ia	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	Seminore Service
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	12.0		
С		12c	x	
	in Schedule O how this was done	13		X
13	Did the organization have a written whistleblower policy?	14		X
14	Did the organization have a written document retention and destruction policy?	14	18648	
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?		X	
	The organization's CEO, Executive Director, or top management official	15a	Δ.	Х
b	Other officers or key employees of the organization	15b	(e35-800)	<u> </u>
	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			v
	taxable entity during the year?	16a	a de contrata de	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	15.19.2		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	12000		
	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 ► NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availabl	•	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, are	d finan	ial	
	statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	tion: ►		
	THE ORGANIZATION - 7198662203			
	1 OLYMPIC PLAZA, COLORADO SPRINGS, CO 80909		000	

Page 7

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

Check if Schedule O contains a response to any question 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization	organization compensate					sate	ed any current officer, d	irector, or trustee.		
(A) Name and Title	(B) Average hours per week	er box, unless person is					h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated 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) DAVID THOMPSON	1.00					•	İ			
PRESIDENT	1 00	X	ļ	X	_	<u> </u>	_	0.	0.	0.
(2) TOMUKE EBUWEI	1.00							,	0	0
MEMBER	1 00	X		⊢		 		0.	0.	0.
(3) TOM ZELENOVIC	1.00	x			İ		İ	0.	0.	0.
MEMBER TALLWER	1.00	_		\vdash	<u> </u>	-		U •	U •	0.
(4) DAVID PALMER MEMBER	1.00	X		ŀ				0.	0.	0.
(5) MATT VAN HOUTEN	40.00					├─		0.	0.	<u> </u>
CEO	#0.00	1		X				15,000.	0.	1,600.
										······
·										

Part VII Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees,	and	HI	ghes	t C	ompensated Employee	s (continued)		
(A)	(B)	ļ		((C)			(D)	(E)		(F)
Name and title	Average	١,,		Pos				Reportable	Reportabl	e	Estimated
, , , , , , , , , , , , , , , , , , ,	hours per	box	, unle	ss pe	rson i	than d is both	an	compensation	compensat	ion	amount of
	week	offi	cer ar	d a d	irecto	or/trus	tee)	from	from relate	;d	other
	(list any	喜						the	organizatio		compensation
	hours for	ndividual trustee or director				Ed.		organization	(W-2/1099-M	ISC)	from the
	related	tee 0	nster			eusa		(W-2/1099-MISC)			organization
	organizations	E SE	nal tr		oyee	lmo.					and related
	below	vidu	institutional trustee	Officer	sy employee	Highest compensated employee	Former				organizations
	line)	臣	Inst	0111	Key	完富	Pg.				
					ĺ						
									1		
	-										
		\vdash				\vdash	_				
					l						
						<u> </u>			***		
										- 1	
										ŀ	
		Н			_	-					
										i	
	L	L				Ļ		15,000.		0.	1,600.
1b Sub-total											
c Total from continuation sheets to Part VI	I, Section A							0.		0.	0.
d Total (add lines 1b and 1c)			<u>.</u>	<u></u>		<u> </u>		15,000.		0.	1,600.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove) wh	o re	ceived more than \$100,0	000 of reportab	e	_
compensation from the organization											0
											Yes No
3 Did the organization list any former officer,	director, or tru	stee	. ke	v en	olan	vee.	or h	nighest compensated em	ployee on		
line 1a? If "Yes," complete Schedule J for s										ĺ	3 X
	ucii iriuiviuuai m of reportabl		mne	nea	tion	and	oth	er compensation from th	ne organization		
										ľ	4 X
and related organizations greater than \$150	J,000? If "Yes,	" COI	mpie	ete S	спе	auie	<i>J T</i> (or such individual	uel for consisce	·····	
5 Did any person listed on line 1a receive or a										į.	5 X
rendered to the organization? f "Yes." com	plete Schedule	J fo	or su	ch r	<u>ers</u>	on .				<u></u>	5 X
Section B. Independent Contractors											
1 Complete this table for your five highest co	mpensated ind	eper	nder	nt co	ntra	actor	s th	at received more than \$	100,000 of com	pensat	ion from
the organization. Report compensation for	the calendar ye	ar e	ndin	g w	ith c	or wit	<u>hin</u>	the organization's tax ye	ear.	т	
(A)							- 1	(B)		_	(C)
Name and business	address	NC	NE	j				Description of se	ervices	C	ompensation
•											
							7	,			
							\dashv				
							-				
							\dashv			 	
							4			<u> </u>	
								•			
2 Total number of independent contractors (i	ncluding but no	ot lim	nited	to t	thos	e list	ted	above) who received mo	re than		
\$100,000 of compensation from the organi					0)					
Tropos of Component from the organi											990 (0010)

		Check if Schedule O conta	ains a resnonce	to any question i	n this Part VIII			
		Check if Schedule C Colle	allis a response	e any question	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
र र	1 a	Federated campaigns	1a					
an		Membership dues	h l					2.7
Contributions, Gifts, Grants and Other Similar Amounts	С	Fundraising events	1c					
ifts ar A	d	Related organizations	1d	376,622.				43
S, E	е	Government grants (contributi	ons) 1e					
ig is	f	All other contributions, gifts, grant	ts, and					
but		similar amounts not included abov	/e 1f					
ĒĞ	g	Noncash contributions included in lines 1	1a-1f: \$					
an C	h	Total. Add lines 1a-1f		>	376,622.			
				Business Code				
ايو	2 a	MEMBERSHIP DUES		711210	84,301.	84,301.		
울시	b	IHF TROPHY EVEN	T	711210	69,156.	69,156.		
Program Service Revenue	С	:						
an eye	d							
Pg B	е							
7	f	All other program service rever	nue				ASS.	
	g	Total. Add lines 2a-2f		<u></u>	153,457.			
	3	Investment income (including	dividends, intere	est, and				
		other similar amounts)			22.			22.
i	4	Income from investment of tax	oroceeds >					
	5	Royalties		<u></u>		To the second se	GIPOGEAGNACH TO BOTH MESON, IN SERIE	
			(i) Real	(ii) Personal				
	6 a	Gross rents						
ļ	b	Less: rental expenses				100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 de 100 d		
	¢	Rental income or (loss)						2.4
	d	Net rental income or (loss)		<u> </u>	Company for a field to the contract of the field of the contract of the field of	In Annual Committee and Committee of the		oversi assigna visioni si nomena
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
l		and sales expenses						
	С	Gain or (loss)						
	d	Net gain or (loss)		. <u></u>	STATE TO SECRETORISM AND ADDRESS OF \$2.	Anger Cara Para Cara Cara		
اه	8 a	Gross income from fundraising	g events (not					
enne		including \$	of					
eve		contributions reported on line	1c). See					
Other Rev		Part IV, line 18	a	·				
풀		Less: direct expenses			And the second s		A	
١		: Net income or (loss) from fund		>	COSC CONSIDERATION OF WILLIAMS		::::::::::::::::::::::::::::::::::::::	
	9 a	Gross income from gaming ac						
		Part IV, line 19						
			b	· L				
		: Net income or (loss) from gam		······	[7:83.ee.] [8:38.ee.] 1 1 1 1 1 1 1 1 1 1		sassia kasabaa yiyasi	
	10 a	Gross sales of inventory, less		7.00				
		and allowances						
		Less: cost of goods sold		· L	760	769.		
ļ	С	Net income or (loss) from sales		<u>P</u>	769.	703.		
		Miscellaneous Revenue	e	Business Code	20 202	30,292.	and the second second	
	11 a	OTHER REVENUE		711210	30,292.	30,434.		
	b		·					
	c							
	C	All other revenue		L	30 202			
	e	Total. Add lines 11a-11d			30,292. 561,162.	184,518.	0.	22.
23200	12 9	Total revenue. See instructions.		<u> </u>		TO#, JTO •		Form 990 (2012)

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Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All others	<u>er organizations must co</u> is Part IX	mplete column (A).	
	Check if Schedule O contains a respons	(A)	l (B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
<u> </u>	Grants and other assistance to governments and		0.,50,,000		
1	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
2	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
J	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
Ü	trustees, and key employees	84,800.	8,480.	76,320.	
6	Compensation not included above, to disqualified				
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	123,072.	123,072.		
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	12,715. 10,287.	12,715.		
10	Payroll taxes	10,287.	6,640.	3,647.	
11	Fees for services (non-employees):				
	Management				
b					
C	Accounting	14,568.		14,568.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	2,085.		2,085.	
13	Office expenses	31,355.	591.	30,764.	
14	Information technology				
15	Royalties				
16	Occupancy		150 040	02 005	
17	Travel	162,774.	138,849.	23,925.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				<u> </u>
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	21 666	1 05/	19,812.	
23	Insurance	21,666.	1,854.	19,014.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule O.)	3.C 0.3.E	36,925.		
а	NATIONAL TEAM EXPENSES	36,925.	2,885.	336.	
b	MISCELLANEOUS	3,221.	4,003.	2,344.	
C	MEMBERSHIP FEES	2,344.		1,750.	
d	DUES AND SUBSCRIPTIONS	1,750.		1,347.	
е	All other expenses	1,347. 508,909.	332,011.	176,898.	0.
25	Total functional expenses. Add lines 1 through 24e	500,303.	224,011.	110,000.	-
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)		<u> </u>	L	000

20-2179012 Page 11 USA TEAM HANDBALL Part X Balance Sheet Check if Schedule O contains a response to any question in this Part X (A) Beginning of year End of year 7,706. 912. 1 Cash - non-interest-bearing 1 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 4 Accounts receivable, net _____ 4 Loans and other receivables from current and former officers, directors. trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 7 Notes and loans receivable, net 8 Inventories for sale or use q Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 10a basis. Complete Part VI of Schedule D 10c b Less: accumulated depreciation 10b 11 Investments - publicly traded securities 11 12 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 15 15 Other assets. See Part IV, line 11 912. 7.706. Total assets. Add lines 1 through 15 (must equal line 34) 16 16 ,826 58,785. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 25,000. 37,500. 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, 22 key employees, highest compensated employees, and disqualified persons. 22 Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties _____ Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 96,285 50,826. Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗓 and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances -43,120. -95,373. 27 Unrestricted net assets 28 28 Temporarily restricted net assets 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

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-43,120.

7,706.

30

31

32

33

34

-95,373.

912.

31

32

Form 990 (2012) USA TEAM HANDBALL	20-21	79012	Page 12				
Part XI Reconciliation of Net Assets							
Check if Schedule O contains a response to any question in this Part XI							
	, ,						
1 Total revenue (must equal Part VIII, column (A), line 12)	1		,162.				
2 Total expenses (must equal Part IX, column (A), line 25)	2		,909.				
3 Revenue less expenses. Subtract line 2 from line 1	3		,253.				
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	-95	,373.					
5 Net unrealized gains (losses) on investments	1 _ 1						
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 in Schedule O)			0.				
Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,							
column (B))	10	-43	,120.				
Part XII Financial Statements and Reporting							
Check if Schedule O contains a response to any question in this Part XII		·····	<u> </u>				
Accounting method used to prepare the Form 990: X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in So Were the organization's financial statements compiled or reviewed by an independent accountant?	Accounting method used to prepare the Form 990: X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.						
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reseparate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis 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 sconsolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversig review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain	2c	X					
 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the 	3a	X					
or audits, explain why in Schedule O and describe any steps taken to undergo such audits	·····		90 (2012)				

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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. ➤ See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

USA TEAM HANDBALL

Employer identification number 20-2179012

Part I	Reason	for Public Char	rity Status (All organi	zations mu	ist comple	te this par	t.) See inst	ructions.					
The orga	nization is not	a private foundation	because it is: (For lines	through :	11, check	only one b	ox.)						
1 🗀			s, or association of chur										
2	-		70(b)(1)(A)(ii). (Attach So										
3	_		ital service organization			170(b)(1)	(A)(iii).						
4	A medical re	search organization	operated in conjunction	with a hos	pital descr	ibed in se	ection 170	(b)(1)(A)(ii	i). Enter	the	hospital	i's nan	ıе,
-	city, and sta		,		•								
5			benefit of a college or un	niversity ov	wned or or	erated by	a governn	nental unit	describ	ed ir	1		
5	-	(b)(1)(A)(iv). (Compl				,							
_ ر			ent or governmental uni	t dosoribor	d in coetic	n 170/h//	1\/ A\/\ _\ \						
6			ceives a substantial part					r from the	aanaral	nubl	ic decor	ibad ir	,
7				oi its supp	on nom a	governine	ilai uilit Oi	HOIII LIIG	general	publ	ic descii	ibea iii	•
_	-1	(b)(1)(A)(vi), (Comple		,, I.	D . " \								
8			section 170(b)(1)(A)(vi).										
9 <u>X</u>	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 t	axable income (less sect	ion 511 ta:	x) from bus	sinesses a	cquired by	the orgar	ization a	after	June 30	, 1975	5.
	See section	509(a)(2). (Complete	e Part III.)										
10 🗀] An organizat	ion organized and o	perated exclusively to te	st for publi	c safety. S	ee sectio	on 509(a)(4	I).					
ii 🗀	An organizat	ion organized and o	perated exclusively for th	e benefit d	of, to perfo	rm the fun	ctions of,	or to carry	out the	purp	oses of	one o	r
			ations described in section										
			organization and comple										
	a Type				nctionally		c	і 🔲 Тур	e III - No	n-fur	nctionall	y inteç	grated
e			at the organization is not					more disc	ualified	pers	ons othe	er than	1
=	foundation m	anagere and other t	han one or more publicly	/ supporte	d organiza	tions desc	ribed in se	ction 509	(a)(1) or s	secti	on 509(a	a)(2).	
			tten determination from t						(4)(1) 01 1			-7(7-	
f													
		rganization, check th								· • • • • • •	•••••	•••••	l
g	Since Augus	t 17, 2006, nas the c	organization accepted an	ly gift or co	mindunon	ITOITI ATTY		wing pers	:\				N
			lirectly controls, either al									Yes	No
			upported organization?								11g(i)	<u> </u>	
			n described in (i) above?								11g(ii)		
	(iii) A 35% (controlled entity of a	person described in (i) o	r (ii) above	?						11g(iii)		<u> </u>
h	Provide the f	ollowing information	about the supported org	ganization((s).								
(i) Nam	e of supported	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Did yo	u notify the	(yi) ls	the	(vii)) Amount	of mor	netarv
	ganization	(11) 2.11	(described on lines 1-9		sted in your	organizat	ion in col.	organizátio (i) organiz U.S	ed in the	, ,	•	port	
0.	gameanon		above or IRC section	governing	document?	(i) of you	r support?	``	.?				
			(see instructions))	Yes	No	Yes	No	Yes	No				
									ŀ				
		·		 									
		•				ļ				ĺ			
				 	 					\vdash			
					-	ļ				 			
										<u> </u>			
										ł			
								4.3					
Total								100					

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support (f) Total (c) 2010 (d) 2011 (e) 2012 (a) 2008 (b) 2009 Calendar year (or fiscal year beginning in) 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4. Section B. Total Support (c) 2010 (d) 2011 (e) 2012 (f) Total (a) 2008 (b) 2009 Calendar year (or fiscal year beginning in) 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ... 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage % 14 14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) % 15 Public support percentage from 2011 Schedule A, Part II, line 14 16a 33 1/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Schedule A (Form 990 or 990-EZ) 2012 USA TEAM HANDBALL

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to under the tests listed below please complete Part II.)

<u> </u>	quality under the tests listed b	elow, piease comp	ioto i di citti				
	ction A. Public Support			4 3 0040	()) 0044	(-) 00±0	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(I) TOTAL
1	Gifts, grants, contributions, and						
	membership fees received. (Do not		E44 404	COO FOR	407 065	ECO 271	2899214.
	include any "unusual grants.")	530,267.	711,104.	689,507.	407,965.	360,3/1.	<u> </u>
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					769.	769.
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
1	Tax revenues levied for the organ-						
•	ization's benefit and either paid to						
	or expended on its behalf	22,656.	266,331.	207,295.	104,462.		600,744.
_	The value of services or facilities						
Ð	furnished by a governmental unit to						
	the organization without charge						
_		552,923.	977,435.	896,802.	512,427.	561,140.	3500727.
	Total. Add lines 1 through 5	332,3234	3111=33.	05070021	011,111.	0 0 2 7 2 2 2 3	
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons			`			0.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year			·			0.
	Add lines 7a and 7b	-					0.
			6				3500727.
	Public support (Subtract line 7c from line 6.)	(XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			2000 - A 2000 CONTRACT - TO SHIP AND AND AND AND AND AND AND AND AND AND		
		(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	ndar year (or fiscal year beginning in)	552,923.	977,435.	896,802.	512,427.	561,140.	3500727.
	Amounts from line 6	332,323.	J 1 1 1 ± 5 5 6	03070021	322/22/1		
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	148.	12.	7.	6.	22.	195.
b	Unrelated business taxable income		ļ				
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b	148.	12.	7.	6.	22.	195.
	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 assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	553,071.	977,447.		512,433.	561,162.	3500922.
14	First five years. If the Form 990 is for	the organization's	first, second, third	l, fourth, or fifth ta	x year as a section	501(c)(3) organiza	tion,
	check this box and stop here						
Sec	ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2012 (I			olumn (f))		15	99.99 <u>%</u>
	Public support percentage from 2011					16	<u>%</u>
Sec	ction D. Computation of Inves	tment Income	Percentage				
	Investment income percentage for 20			e 13, column (f))		17	.01 %
	Investment income percentage from					18	<u>%</u>
10-	33 1/3% support tests - 2012. If the	organization did n	ot check the box o	n line 14, and line	15 is more than 33	3 1/3%, and line 17	is not
156	more than 33 1/3%, check this box ar	nd stop here. The	organization quali	fies as a publicly s	upported organiza	tion	▶ X
L	33 1/3% support tests - 2011. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mor	re than 33 1/3%, ar	nd
I.	line 18 is not more than 33 1/3%, che	ck this box and	top here. The orga	nization qualifies a	as a publicly suppo	rted organization	▶□
00	Private foundation. If the organization	n did not check a	box on line 14, 19a	ı. or 19b. check th	is box and see inst	ructions	▶□

Schedule B

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

Employer identification number

Name of the organization 20-2179012 USA TEAM HANDBALL Organization type (check one): Section: Filers of: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. Special Rules For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ______ \$ _____ \$ \$ Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Name of organization

Employer identification number

USA	TEAM	HAND	${ t BALI}$	_
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20-2179012

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	UNITED STATES OLYMPIC COMMITTEE ONE OLYMPIC PLAZA COLORADO SPRINGS, CO 80909	\$\$ <u>336,622.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	USA TEAM HANDBALL FOUNDATION 5901 NORTHWOODS PKWY SUITE J CHARLOTTE, NC 28269	\$\$.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
223452 12-2		Schedule B (Form	Person Payroll Noncash (Complete Part II if there is a noncash contribution.) 990, 990-EZ, or 990-PF) (2012)

Name of organization

Employer identification number

USA TEAM HANDBALL

20-2179012

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
		\$	
(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
		\$	90, 990-EZ, or 990-PF) (2012)

Name of organization

Employer identification number

JSA TE	AM HANDBALL			20-2179012
Part III	Exclusively religious, charitable, etc., indivi- year. Complete columns (a) through (e) and the the total of exclusively religious, charitable, etc.	e following line entry. For organizatio ., contributions of \$1,000 or less for	as cominieum	organizations that total more than \$1,000 for the Part III, enter this information once.)
(a) Na	Use duplicate copies of Part III if additiona	space is needed.		
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
Part I				
_				
•		(e) Transfer of gift		
_	Transferee's name, address, an	d ZIP + 4	Relation	onship of transferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
Part I	(2): 2: peace of girt	(1,7 = 1, 0, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,		
			— I —	
				
<u> </u>	<u> </u>			
		(e) Transfer of gift		
]	•			
_	Transferee's name, address, an	d ZIP + 4	Relatio	onship of transferor to transferee
				the state of the s
İ				
(a) Na				
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
Part I				
-				
		(e) Transfer of gift		
			Dalatia	
-	Transferee's name, address, an	d ZIP + 4	Relatio	nship of transferor to transferee
				1.
			······································	
(a) No				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
Part I				
			- -	
	·			
-		(e) Transfer of gift	t	
		(e) Hansier of gift		
	Tunnafaya - Ja wayya addysaa	4 7ID ± 1	Relatio	nship of transferor to transferee
-	Transferee's name, address, an	u ZIF + 4	neiatio	many of transferor to transferee
.				

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

Attach to Form 990. ► See separate instructions.

2012
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

USA TEAM HANDBALL

Employer identification number 20-2179012

Pai	til Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate 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 advis	ed funds
•	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a		
Ū	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?		
Pai	t II Conservation Easements. Complete if the or	ganization answered "Yes" to Form 990, F	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
-	Preservation of land for public use (e.g., recreation or e		storically important land area
	Protection of natural habitat		tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		
c	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a		
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	organization during the tax
	year >		
4	Number of states where property subject to conservation eas	sement is located -	
5	Does the organization have a written policy regarding the per	iodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	: holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements du	uring the year ▶
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during	the year 🕨 💲
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes t	the organization's accounting for
	conservation easements.		land O'milland Assaulta
Pai	t III Organizations Maintaining Collections of		ner Similar Assets.
	Complete if the organization answered "Yes" to Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public exh		nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri-	bes these items.	
þ	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of pub	olic service, provide the following amounts
	relating to these items:		
	(i) Revenues included in 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-		I gain, provide
	the following amounts required to be reported under SFAS 1		
а	Revenues included in Form 990, Part VIII, line 1		
h	Assets included in Form 990, Part X		> \$

4 Pai	Describe in Part XIII the intended uses of the org	See Form 990, Part X	, line 10.		
100000	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land				
	Buildings				
	Leasehold improvements				
d	Equipment				
	Other				
	I. Add lines 1a through 1e. (Column (d) must equa	l Form 990. Part X. colun	nn (B), line 10(c),)	>	0

Schedule D (Form 990) 2012

Total. (Column (b) must equal Form 990. Part X. col. (B) line 25.) 2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

(11)

	dule D (Form 990) 2012 USA TEAM HANDBALL		20-21	79012	Page 4
	t XI Reconciliation of Revenue per Audited Financial Stateme	nts With Reven			
1			1 1	561,	162.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
ے a		2a			
a b	Donated services and use of facilities				
	Recoveries of prior year grants				
d	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1				
e	Add lines 2a through 2d		2e		0.
3	Subtract line 2e from line 1		1 4 1	561,	162.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	•••••	388		
	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
a	Other (Describe in Part XIII.)				
D	Add lines 4a and 4b				0.
-	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)			561,	162.
5 Pai	TXII Reconciliation of Expenses per Audited Financial Statemen	ents With Exper	ses per Return	· · · · · · · · · · · · · · · · · · ·	
1	Total expenses and losses per audited financial statements			508,	909.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
	Donated services and use of facilities	2a			
a	Prior year adjustments				
b	Other losses				
C					
d	Add lines 2a through 2d				0.
	,		_	508,	909.
3	Subtract line 2e from line 1				
4	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
a	·	1 1			
b	,		4c		0.
	Add lines 4a and 4b			508,9	
<u>5</u>	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.) TXIII Supplemental Information				
r a	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part II	Il lines 1a and 4: Par	t IV lines 1b and 2b. Pa	art V line 4:	Part
Jom	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part II e 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	n, intes i a and 4, i ai nrovide anv addition	nal information	,	· · ·
K, IIN	e 2; Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to	provide arry addition			
	1				
				,	
				•	

Schedule D (Form 990) 2012

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2012
Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

TISA TEAM HANDBALL

Employer identification number 20-2179012

ODM IDMIT THE OPTION
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
STATES AND TO ENABLE UNITED STATES ATHLETES TO ACHIEVE SUSTAINED
COMPETITIVE EXCELLENCE TO WIN MEDALS IN INTERNATIONAL AND OLYMPIC
COMPETITION.
FORM 990, PART VI, SECTION A, LINE 7A: 2 BOARD OF DIRECTOR POSITIONS ARE
ELECTED BY MEMBERS.
FORM 990, PART VI, SECTION B, LINE 11: THE BOARD OF DIRECTORS REVIEWS THE
990 BEFORE IT IS FILED.
FORM 990, PART VI, SECTION B, LINE 12C: CONFLICT OF INTEREST IS REVIEWED
EVERY YEAR TO ENSURE COMPLIANCE.
FORM 990, PART VI, SECTION B, LINE 15A: THE BOARD DETERMINED THE CEO'S PAY.
FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS AVAILABLE UPON
REQUEST

Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

Name of the organization

USA TEAM HANDBALL

Related Organizations and Unrelated Partnerships

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

▼ See separate instructions.

2012 Open to Public Inspection

OMB No. 1545-0047

Employer identification number 20-2179012

Direct controlling Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) End-of-year assets **e** Total income ਉ ਭ Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) Legal domicile (state or foreign country) Primary activity 9 9 Name, address, and EIN (if applicable) of disregarded entity Part II Parti

990) 2012	Schedule R (Form 990) 2012	Schedu				for Form 990.	For Paperwork Reduction Act Notice, see the Instructions for Form 990.
					,		
×			LINE 9	501(C)(3)	NORTH CAROLINA		CHAROLOTTE, NC 28269
							5901 NORTHWOODS PKWY, SULTE J
							UNITED STATES TEAM HANDBALL FOUNDATION
×			LINE 9	501(c)(3)	COLORADO		COLORADO SPRINGS, CO 80909
	,						ONE OLYMPIC PLAZA
							UNITED STATES OLYMPIC COMMITTEE
oN.	Yes		501(c)(3))		ć		
controlled entity?		entity	status (if section	section	foreign country)		of related organization

(g) Section 512(b)(13) controlled

Direct controlling

Public charity <u>e</u>

Exempt Code

Legal domicile (state or

Primary activity

Name, address, and EIN

232161 12-10-12 LHA

20-2179012

Page 2

Schedule R (Form 990) 2012 USA TEAM HANDBALL

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

(j) (k) General or Percentage managing ownership yes No			related	Section 512(b)(13) controlled entity?				990) 2012
	<i>j</i>		one or more	(h) Percentage ownership			:	Schedule R (Form 990) 2012
(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		·	because it had	(g) Share of Pend-of-year cassets				Sched
(h) Disproportionate allocations?			rt IV, line 34					
(g) Share of end-of-year assets			ım 990, Pa	(f) Share of total income				
			"Yes" to Fo	(e) Type of entity (C corp, S corp, or trust)				
(f) Share of total income			answered					
(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)			ne organization	(d) Direct controlling entity				
Predomin (related, excluded fro sections			omplete if tl	(c) Legal domicile (state or foreign				
(d) Direct controlling entity	·		ration or Trust (Ceear.)	(b) Primary activity				
(c) Legal domicile (state or foreign country)			as a Corpo	Prim				
(b) Primary activity			anizations Taxable apporation or trust during	Z c				
(a) Name, address, and EIN of related organization			Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	(a) Name, address, and EIN of related organization				232162 12-10-12

20-2179012 Page 3

Schedule R (Form 990) 2012 USA TEAM HANDBALL

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes No	اه
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	s with one or more rel	sted organizations listed in	Parts IHV?			
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				<u>1</u> a	×	ار
b Gift, grant, or capital contribution to related organization(s)				4	×	L .4
c Gift, grant, or capital contribution from related organization(s)				10	×	
d Loans or loan guarantees to or for related organization(s)				1q	X	انا
e Loans or loan guarantees by related organization(s)				1e	×	ارا
f Dividends from related organization(s)				*	×	
Sale of assets to related organization(s)					×	٠
				=	×	
i Exchange of assets with related organization(s)				;=	×	_
j Lease of facilities, equipment, or other assets to related organization(s)				i <u>-</u>	×	<u></u>
k Lease of facilities, equipment, or other assets from related organization(s)				7	×	L L
I Performance of services or membership or fundraising solicitations for related organization(s)	nization(s)			=	×	<u> </u>
m Performance of services or membership or fundraising solicitations by related organization(s)	nization(s)			1m	X	~
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	(s)			무	X	Ņ
o Sharing of paid employees with related organization(s)				10	X	ابرا
n Baimhursamant naid to ralatad organization(s) for aynansas				1	A	
				2 5	∜	ءا۔
				?	g	4
r Other transfer of cash or property to related organization(s)				+	×	.
s Other transfer of cash or property from related organization(s)				1s	X	N.
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	no must complete th	s line, including covered re	elationships and transaction thresholds.			
(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	involved		
(1) UNITED STATES OLYMPIC COMMITTEE	υ	336,622.	CASH			
(2) UNITED STATES TEAM HANDBALL FOUNDATION	ט	40,000.		}		[
(3)						
(4)						
(5)						
(9)						
232163 12-10-12			Schedul	Schedule R (Form 990) 2012	990) 20	12

Page 4

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

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

(a)	(q)	(2)	(p)	(e)	(£)	(a)	Œ	(0)	9	(K)
Name, address, and EIN of entity	Primary activity	micile oreign ry)	t income related, om tax 512-514)	Are all partners sec. 501(c)(3) 000s.?	Share of total income	Share of end-of-year assets	Disproportionate allocations?	UBI box 20 lle K-1	General or managing partner?	Percentage ownership
							23		8	
									1	
				+					$\frac{1}{2}$	
				+						
	į									
				-			-			
							-			
				-			1		-	

Schedule R (Form 990) 2012

Schedule R (Form 990) 2012	USA TEAM	HANDBALL	20-2	11/9014 Page 5
Schedule R (Form 990) 2012 Part VII Supplemental Inf	formation			
Complete this part to	provide additional info	rmation for responses to questions on Sch	nedule R (see instructions).	
			•	
			····································	
			<u></u>	
	<u></u>			
•				
		×		
	_			
<u> </u>				

Form 8868 (Rev. 1-2013)					Page 2
If you are filing for an Additional (Not Automatic) 3-Month Ext	tension. c	complete only Part II and check thi	s box		X
Note. Only complete Part II if you have already been granted an a	utomatic	3-month extension on a previously fi	 led Form 8	3868.	
• If you are filing for an Automatic 3-Month Extension, comple					
Part II Additional (Not Automatic) 3-Month Ex	ktension	of Time. Only file the origin	al (no co	opies need	ed).
853-0-0-0-0-0		······································			ee instructions
Type or Name of exempt organization or other filer, see instruc		Employer identification number (EIN) or			
print Name of exempt organization of early men, ess mensus					
TICA MEAN HANDOATT		20-2179012			
				Social security number (SSN)	
filing your COODWITH LID - 1	ļ	•	` ,		
return. See instructions. City, town or post office, state, and ZIP code. For a fo					
COLORADO SPRINGS, CO 80907					
ODDITED STITLINGS, OF TOTAL					
Enter the Return code for the return that this application is for (file	a senarat	re application for each return)			0 1
Effet the Perguit code for the retain that this application is for the	u oopulu				
Application	Return	Application			Return
• •	Code	Is For		Code	
Is For Form 990 or Form 990-EZ	01	10.01			
	02	Form 1041-A			08
Form 990-BL	03	Form 4720			09
Form 4720 (individual)	04	Form 5227			10
Form 990-PF		Form 6069			11
Form 990-T (sec. 401(a) or 408(a) trust)		Form 8870			12
Form 990-T (trust other than above) STOP! Do not complete Part II if you were not already granted	06	<u> </u>	ously file	d Form 8868.	
THE ORGANIZATIO		iado o-monar extensión en a provi	ouchy inc.	.,	
• The books are in the care of ▶ 1 OLYMPIC PLAZA		NIORADO SPRINGS. CO	8090	9	
Telephone No. > 7198662203		FAX No. ▶			
 If the organization does not have an office or place of business 	in tha l in				
 If the organization does not have an office of place of business If this is for a Group Return, enter the organization's four digit 6 					oun check this
		ch a list with the names and EINs of			
		15, 2014 .	an mome	ord the criterie	
			a JUN	30. 20	13
	nock reaso		Final r		-
	ICCN ICASC	maaretan		Oldiii.	
Change in accounting period State in detail why you need the extension					
7 State in detail why you need the extension ADDITIONAL TIME IS NEEDED IN O	RDER	TO OBTAIN INFORMAT	TON N	ECESSAR	YIN
ORDER TO PREPARE A COMPLETE AN	D ACC	TIRATE RETURN.			
ONDER TO TREFARE A COMPETED THE	<u> </u>	Oztra z z z z z z z z z z z z z z z z z z z			
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, o	vr 6060 er	ater the tentative tax less any			
• •), 0000, ei	the the terraine tax, researcy	8a	\$	0.
nonrefundable credits. See instructions. b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated				Ψ	
b If this application is for Form 990-PF, 990-1, 4720, or 6069, 6 tax payments made. Include any prior year overpayment allo					
	8b	\$	0.		
previously with Form 8868. c Balance due. Subtract line 8b from line 8a. Include your pay	0.0				
	8c	\$	0.		
EFTPS (Electronic Federal Tax Payment System). See instru	on mus	t be completed for Part II o		Ψ	
Under penalties of perjury, I declare that I have examined this form, includi	na 2000mm	anving echadules and statements and to	the heet of	my knowledge	and belief
Under penalties of perjury, I declare that I have examined this form, including it is true, correct, and complete, and that I am authorized to prepare this follows:	ng accomp rm.	anymy sometities and statements, and to	יייי הפסר מו	my knowieuge	and bollot,
	THE CHO		Date		
Signature Title C	∪ندر		Dale		

Form 8868 (Rev. 1-2013)