Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

Open to Public Inspection

<u> </u>	or th	e 2020 calendar year, or tax year beginning MAY 1, 2020 and	enaing <i>E</i>	APR 30, 2021				
B c	heck if pp l icab	C Name of organization		D Employer identifi	cation number			
	Addre	United States Ski Association						
	Name chang	and Charles Claimed Charles	oard	87-04807	24			
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite					
	Final return	PO Box 100	435-649-9090					
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	28,939,995.			
	Amen return	Fair City, OI 84000		H(a) Is this a group re	eturn			
	Applied tion			for subordinates	? Yes X No			
	pendi	same as C above		H(b) Are all subordinates in	ncluded? Yes No			
<u></u>	ax-ex	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) c	or 527	If "No," attach a	list. See instructions			
		te: www.ussa.org		H(c) Group exemption				
		forganization: X Corporation Trust Association Other	L Year	of formation: 1990	VI State of legal domicile: UT			
Pa	rt I	Summary						
ø	1	Briefly describe the organization's mission or most significant activities: Promo						
Activities & Governance		competition, and education for amateur sk						
ř	2	Check this box if the organization discontinued its operations or dispos	ed of more	1				
ŏ	3			3	22			
প	4	Number of independent voting members of the governing body (Part VI, line 1b)			21			
es	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)			201			
ivit	6	Total number of volunteers (estimate if necessary)			30000			
Aci	ı			<u>7a</u>	0.			
	d	Net unrelated business taxable income from Form 990-T, Part I, line 11	·····	7b				
		Contributions and grants (Part \/III line 1b)	-	Prior Year 10,393,058.	Current Year 13,814,121.			
ne	8 9	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)		5,968,847.	14,483,273.			
Revenue	10	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		5,465.	12,495.			
Be	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		10,906,094.	630,106.			
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		27,273,464.	28,939,995.			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		6,690,000.	6,007,415.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)		724,103.	0.			
"	45	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		5,496,200.	5,132,707.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
per	b	Total fundraising expenses (Part IX, column (D), line 25)	0.					
ŭ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		14,502,090.	14,348,554.			
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		27,412,393.	25,488,676.			
	19	Revenue less expenses. Subtract line 18 from line 12		-138,929.	3,451,319.			
Net Assets or			Ве	eginning of Current Year	End of Year			
sets	20	Total assets (Part X, line 16)		19,539,279.	22,261,769.			
t As	21	Total liabilities (Part X, line 26)		5,048,714.	4,319,885.			
	22	Net assets or fund balances. Subtract line 21 from line 20		14,490,565.	17,941,884.			
	ırt II	Signature Block						
		alties of perjury, I declare that I have examined this return, including accompanying schedules			/ knowledge and belief, it is			
true,	corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of wh	iich preparer	has any knowledge.				
		Signature of officer		l Date				
Sigi		1'		Date				
Her	е	Brooke McAffee, CFO Type or print name and title						
				Date Check	PTIN			
Paid		Print/Type preparer's name Eric C. Johnson, CPA Eric C. Johnson,						
Prep		Firm's name Eide Bailly LLP	CEA		45-0250958			
	Only	Firm's address 5929 Fashion Point Dr., Ste. 300	1	THIH S EIN	13 0230730			
200	J.11.y	Ogden, UT 84403-4684		Phone no 80	1-621-1575			
May	the I	RS discuss this return with the preparer shown above? See instructions		I i nono no.	X Yes No			

Га	Statement of Frogram dervice Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	United States Ski Association is the national governing body	
	overseeing the sports of Olympic skiing and snowboarding in the Un	iitea
	States and is engaged in membership, competition, training, development, and education for amateur skiiers and snowboarders where the state of the s	
		10
2	Did the organization undertake any significant program services during the year which were not listed on the	Yes X No
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	Tes ZZ No
9		Yes X No
3	If "Yes," describe these changes on Schedule O.	Tes ZZ No
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expe	200
4	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expens	
	revenue, if any, for each program service reported.	es, and
	(Code:) (Expenses \$6,007,415. including grants of \$6,007,415.) (Revenue \$	1
Tu	Grants to U.S. Ski and Snowboard teams: grants to fund the	,
	competition, training, development, and educational activities of	the
	United States Ski and Snowboard teams.	
4b	(Code:) (Expenses \$ 5 , 249 , 888 • including grants of \$) (Revenue \$)
	Elite team athletics	
4c		33 , 273.
	Domestic athletic and member services: conduct membership, competition	
	training, development, and educational activities related to amate	eur
	skiing and snowboarding.	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ 2,731,266. including grants of \$) (Revenue \$)	
<u>4e</u>	Total program service expenses ► 18,095,121.	
	Fi	orm 990 (2020)

Form 990 (2020) United States Ski Association Part IV Checklist of Required Schedules

			Yes	No_
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	_ <u>X</u> _	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			l
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			l
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	J ,			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	<u> </u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			,.
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			,,
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			,,
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? // "Yes," complete Schedule I, Parts I and II	21	X	I

United States Ski Association 87-0480724 Page 4 Form 990 (2020) Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Х 22 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Х 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 Х 24a Schedule K. If "No," go to line 25a 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a Х b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Х 25b 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II Х 26 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III Х 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? // "Yes," complete Schedule L, Part IV 28a b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If 28c "Yes," complete Schedule L, Part IV 29 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete Х 32 Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations Х sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Х 34 Х 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity Х within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? X 36 If "Yes," complete Schedule R, Part V, line 2

Note: All Form 990 filers are required to complete Schedule O									
Par	Part V Statements Regarding Other IRS Filings and Tax Compliance								
Check if Schedule O contains a response or note to any line in this Part V									
			Yes	No					
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable								
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable								
С	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming								
	(gambling) winnings to prize winners?	1c	Х						

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

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

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

Х

37

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 201 filed for the calendar year ending with or within the year covered by this return Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit X any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). X Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required Х to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year 7d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand Х Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or Х excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. X Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

If "Yes," complete Form 4720, Schedule O.

Form 990 (2020)

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

	Check if Schedule O contains a response or note to any line in this Part VI			X						
Sec	tion A. Governing Body and Management									
			Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year									
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.									
b	Enter the number of voting members included on line 1a, above, who are independent 1b 21									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other									
	officer, director, trustee, or key employee?	2		Х						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision									
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х						
4	4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?									
5	5 Did the organization become aware during the year of a significant diversion of the organization's assets?									
6	Did the organization have members or stockholders?	6	Х							
7a										
	more members of the governing body?	7a	Х							
b										
	persons other than the governing body?	7b		Х						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:									
а	The governing body?	8a	Х							
b		8b	Х							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the									
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		X						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)									
			Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?	10a		X						
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,									
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b								
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X							
b										
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х							
b		12b	Х							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe									
	in Schedule O how this was done	12c	Х							
13	Did the organization have a written whistleblower policy?	13	Х							
14	Did the organization have a written document retention and destruction policy?	14	Х							
15	Did the process for determining compensation of the following persons include a review and approval by independent									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
а	, , , , , , , , , , , , , , , , , , , ,	15a	Х							
b	Other officers or key employees of the organization	15b	Х							
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a									
	taxable entity during the year?	16a		X						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's									
	exempt status with respect to such arrangements?	16b								
Sec	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed ▶UT									
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)	s on l y)	availa	ble						
	for public inspection. Indicate how you made these available. Check all that apply.									
	X Own website Another's website X Upon request Other (explain on Schedule O)									
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	finan	cial							
	statements available to the public during the tax year.									
20	State the name, address, and telephone number of the person who possesses the organization's books and records									
	Brooke McAffee - 435-649-9090 PO Box 100. Park City. UT 84060									
	PU DOX IUU PATK LIIV III AAUAU									

Form 990 (2020)

Form 990 (2020) United States Ski Association 87-0 Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

X

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.

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

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

(A)	(B)	(C)						(D)	(E)	(F)		
Name and title	Average	Position (do not check more than one					one	Reportable	Reportable	Estimated		
	hours per	box,	box, unless perso officer and a direct			s both	an	compensation	compensation	amount of		
	week					from	from related	other				
	(list any hours for	Individual trustee or director				_		the organization	organizations (W-2/1099-M I SC)	compensation from the		
	related	ee or	stee			nsate		(W-2/1099-MISC)	(** 27 1000 111100)	organization		
	organizations	trust	ıal tru		oyee	эшре		,		and related		
	below	vidua	Institutional trustee	ser	Key employee	Highest compensated employee	Former			organizations		
	line)	Indi	Inst	Officer	Key	High	Forr					
(1) Tiger Shaw	31.00							44-4-0		4= 040		
CEO	9.00	Х		Х				145,479.	209,346.	15,240.		
(2) Brooke Mcaffee	30.00							00 010	150 445	4 600		
CFO	10.00			Х				80,210.	170,447.	4,627.		
(3) Trisha Worthington	0.00								005 100	10 600		
Chief Development Officer	40.00					Х		0.	225,133.	13,607.		
(4) Michael O'Conor	40.00					,,		200 627	0	12 040		
Chief Marketing Officer (5) Mark Schneider	0.00					Х		200,637.	0.	13,848.		
(5) Mark Schneider Chief Technology Officer	0.00					x		195,320.	0.	11,827.		
(6) Troy Taylor	40.00					Λ		193,320.	0.	11,027.		
Director, High Performance	0.00					$ _{\mathbf{x}} $		0.	175,850.	3,506.		
(7) Jesse Hunt	40.00							•	173,030.	3,300.		
Alpine Director	0.00					x		0.	163,720.	11,187.		
(8) Kipp Nelson	0.30								•			
Chair	3.00	Х						0.	0.	0.		
(9) Eric Resnick	2.00											
Vice-Chair	4.00	Х						0.	0.	0.		
(10) Lisa Kosglow	0.30									_		
At-Large	0.00	Х						0.	0.	0.		
(11) Mike Page	0.30											
At-Large	0.00	Х						0.	0.	0.		
(12) Andy Mclane	0.30											
Trustee	1.00	Х						0.	0.	0.		
(13) Darryl Landstrom	0.30											
Trustee	0.00	Х						0.	0.	0.		
(14) Cami Thompson Graves	0.30								_	_		
Trustee	0.00	Х						0.	0.	0.		
(15) Frankki Bevins	0.30											
Trustee	0.00	Х						0.	0.	0.		
(16) Heather Mcphie Watanabe	0.30	,,							_	_		
Trustee Platcher		Х						0.	0.	0.		
(17) Bryan Fletcher	0.30	37							<u> </u>	_		
Trustee	0.00	Х						0.	0.	0.		

Section A. Officers, Directors, Trus		oloy	ees,	anc	d Hig	ghes	st Co	ompensated Employee	s (continued)			
(A)	(B)				C)			(D)	(E)			
Name and title	Average	Position (do not check more than one						Reportable	Reportab l e	Estimated		
	hours per	box, unless person is officer and a director/					compensation	compensation	an	nount	of	
	week	-	T a	luau	II GOLG	Titus	166)	from	from related	İ	other	
	(list any hours for	director						the	organizations		npensa	
	related	or d	ee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)		rom the janizati	
	organizations	rustee	trus		ee	ubeu		(VV-2/1099-WII3C)		,	d relati	
	below	dualt	ntiona		nploy	st cor	- To				anizati	
	line)	Individual trustee or	Institutional trustee	Officer	Key employee	Highest compensated employee	Former					
(18) Liz Arky	0.30							_	_			_
Trustee	1.00	X						0.	0.	<u> </u>		0.
(19) Rosie Brennan	0.30									İ		
Trustee	0.00	Х						0.	0.	<u> </u>		0.
(20) Martina Lussi	0.30											
Trustee	0.00	X	_	_		_		0.	0.			0.
(21) Warner Nickerson	0.30	l							_			•
Trustee	0.00	Х	_			_		0.	0.			0.
(22) Dylan Omlin	0.30	٠,						_	_			^
Trustee	0.00	Х	┝	_		┝		0.	0.	<u> </u>		0.
(23) Alex Deibold Trustee	0.00	x						0.	0.			0
(24) Tom Yaps	0.00	<u> </u>	-	-		┢		0.	0.			0.
Trustee	0.00	X						0.	0.			0.
(25) Tom Wallisch	0.30	<u> </u>				\vdash		0.	0.			<u> </u>
Trustee	1.00	X						0.	0.			0.
(26) Steve Strandberg	2.00	 										
Trustee	2.00	x						0.	0.			0.
1b Subtotal	•							621,646.	944,496.	7	3,84	42.
c Total from continuation sheets to Part V								0.	0.			0.
d Total (add lines 1b and 1c)								621,646.	944,496.	7	3,84	42.
2 Total number of individuals (including but r	not limited to th	ose	liste	d ab	ove	e) wh	o re	ceived more than \$100,	000 of reportable			
compensation from the organization												32
											Yes	No
3 Did the organization list any former officer	, director, trust	ee, ł	кеу е	empl	loye	e, or	higl	nest compensated emp	loyee on			
line 1a? If "Yes," complete Schedule J for s	such individual									3	\square	X
4 For any individual listed on line 1a, is the s	•							•	•			
and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual									4	X		
5 Did any person listed on line 1a receive or												
rendered to the organization? If "Yes." con	<u>nplete Schedul</u>	e <i>J f</i>	or su	ıch <u>ı</u>	oers	on				5	ш	X
Section B. Independent Contractors												
1 Complete this table for your five highest co	•								•	tion fro	om	
the organization. Report compensation for	the calendar ye	ear e	endir	ng w	ith c	or wi	thin T	the organization's tax y	ear.			

(A) Name and business address	(B) Description of services	(C) Compensation
Concom		
PO Box 5200, White River Junction, VT 05001	Video production	795,907.
Consultnet, 10813 S River Front Pkwy Ste	_	
150, South Jordan, UT 84095	Computer consulting	275,810.
Global Reach Sports	Athlete	
PO Box 1417, Williston, VT 05495	representation	200,000.
Dragonfli Media Tech, 1435 South State	Communications and	
Street, Salt Lake City, UT 84115	PR	102,341.
2 Total number of independent contractors (including but not limited to those listed		

Form 990 United St	tates Sk	:i_	As	so	<u>ci</u>	<u>at</u>	<u>10</u>	n	87-048	0724
Part VII Section A. Officers, Directors, Tru	ıstees, Key En	nplo	yee	s, aı	nd F	ligh	est (Compensated Employe	es (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average			Pos	ition	1		Reportable	Reportable	Estimated
	hours	(cl	neck	all that apply)			ly)	compensation	compensation	amount of
	per							from	from related	other
	week	_				loyee		the	organizations	compensation
	(list any hours for	lirecto				emp		organization (W-2/1099-MISC)	(W-2/1099-M I SC)	from the organization
	related	3e or (stee			nsateo		(VV-2/1099-WIGC)		and related
	organizations	Individual trustee or director	Institutional trustee		yee	Highest compensated employee				organizations
	below	idua	tution	Je.	Key employee	est co	Jer .			
	line)	Indi	Insti	Officer	Key	High	Former			
(27) Kenneth Graham	0.30									
Trustee	1.00	Х						0.	0.	0.
(28) Steve Shafran	0.30									_
Trustee	1.00	Х						0.	0.	0.
		_	<u> </u>		_		_			
-		_	\vdash		_		_			
-										
_			\vdash							
-										
		<u> </u>					<u> </u>			
					_					
Total to Part VII, Section A, line 1c										

87-0480724

		Check if Schedule O contains a response	or note to any line	e in this Part VIII			
		<u> </u>	,	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
					iunction revenue	business revenue	sections 512 - 514
s s	1 a	Federated campaigns 1a					
ran		Membership dues 1b					
ē, g	С	Fundraising events 1c					
ifts ar A		Related organizations 1d	3,037,672.				
Contributions, Gifts, Grants and Other Similar Amounts		Government grants (contributions) 1e	2,536,807.				
Sign		All other contributions, gifts, grants, and					
ber		similar amounts not included above	8,239,642.				
Ē	g	Noncash contributions included in lines 1a-1f					
So and and	h	Total. Add lines 1a-1f		13,814,121.			
			Business Code				
e l	2 a	Sponsorship Revenue	900099	9,079,455.	9,079,455.		
ξ	b	Membership Dues and Fees	900099	4,654,381.	4,654,381.		
Seg	С	Registration Fees	900099	638,978.	638,978.		
Program Service Revenue	d	Regional Program Fees	900099	77,807.	77,807.		
P. B.	е						
ą	f	All other program service revenue	900099	32,652.	32,652.		
	g	Total. Add lines 2a-2f		14,483,273.			
	3	Investment income (including dividends, intere	st, and				
		other similar amounts)	>	12,495.			12,495.
	4	Income from investment of tax-exempt bond p	roceeds >				
	5	Royalties		630,106.			630,106.
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c					
	d	Net rental income or (loss)	>				
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
	b	Less: cost or other basis					
<u> </u>		and sales expenses					
Revenue		Gain or (loss)7c					
8	d	Net gain or (loss)					
ther	8 a	Gross income from fundraising events (not					
ਰ∣		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18					
		Less: direct expenses8b					
		Net income or (loss) from fundraising events	D				
	9 a	Gross income from gaming activities. See					
		Part IV, line 199a					
		Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns					
		and allowances 10a					
		Less: cost of goods sold 10b					
\dashv	С	Net income or (loss) from sales of inventory	Business Code				
န္	44 -		Pusitiess Code				
Miscellaneous Revenue	11 a						
ilar	b						
Bess	q	All other revenue					
Ξ		Total. Add lines 11a-11d					
	12	Total revenue. See instructions		28,939,995.	14,483,273.	0.	642,601.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (B) Program service expenses (C) Management and general expenses **(D)** Fundraising (A) Total expenses Do not include amounts reported on lines 6b. expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations 6,007,415. 6,007,415. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors. 625,350. 625,350. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 3,961,735. 2,228,712. 1,733,023. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 545,622. 460,542. 85,080. 10 Payroll taxes Fees for services (nonemployees): Management 81,634. 181,634. 100,000. Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, 466,362. 152,713. column (A) amount, list line 11g expenses on Sch O.) 313,649. 416,000. 382,000. 34,000. Advertising and promotion 12 881,780. 97,706. 784,074. Office expenses 13 377,600. 377,600. Information technology 14 Royalties 15 2,624,270. 230,459. 2,393,811. 16 Occupancy 264,249. 217.058. 47,191. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... Conferences, conventions, and meetings 19 31,071. 31,071. 20 21 Payments to affiliates 387,4<u>48</u>, 363,220. 24,228. Depreciation, depletion, and amortization 22 1,580,644. 862,350. 718,294. 23 Insurance Other expenses. Itemize expenses not covered 24 above (List miscellaneous expenses on line 24e. If line 24è amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 5,012,954. 5,012,954. Sponsorship Fulfillment 1,546,148. Event Production 1,546,148. 522,150. 522,150. Bad Debt Expense 56,244. 56,244. COVID Testing All other expenses 25,488,676. 18,095,121. 7,393,555. 0. Total functional expenses. Add lines 1 through 24e 25 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)

Form 990 (2020)
Part X | Balance Sheet

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	e to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		2,070,667.	1	4,149,325.	
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			14,543,666.	4	15,602,835.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	antia l d	contributor, or 35%			
		controlled entity or family member of any of thes	ons		5		
	6	Loans and other receivables from other disqualif					
		under section 4958(f)(1)), and persons described		6			
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges			2,286,718.	9	1,889,519.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a 10b				
	b	Less: accumulated depreciation	638,228.	10c	598,904.		
	11	Investments - publicly traded securities		11	100		
	12	Investments - other securities. See Part IV, line 1		12	100.		
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets	0	14	01 006		
	15	Other assets. See Part IV, line 11	0.	15	21,086.		
	16	Total assets. Add lines 1 through 15 (must equa		19,539,279.	16	22,261,769.	
	17	Accounts payable and accrued expenses	l l	4,979,325.	17	2,119,430.	
	18	Grants payable	69,389.	18 19	195,304.		
	19	Deferred revenue			09,309.	20	193,304.
	20	Tax-exempt bond liabilities				21	
	21 22	Escrow or custodial account liability. Complete F Loans and other payables to any current or form				21	
Liabilities	22	trustee, key employee, creator or founder, subst					
bili		controlled entity or family member of any of thes				22	
Lia	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated				24	2,005,151.
	25	Other liabilities (including federal income tax, pa					•
		parties, and other liabilities not included on lines	-				
		of Schedule D	•	· I		25	
	26	Total liabilities. Add lines 17 through 25			5,048,714.	26	4,319,885.
		Organizations that follow FASB ASC 958, che	ck her	e ▶ X			
ses		and complete lines 27, 28, 32, and 33.					
and	27	Net assets without donor restrictions			14,490,565.	27	17,941,884.
Ва	28	Net assets with donor restrictions	<u></u>		28		
pur		Organizations that do not follow FASB ASC 9	58, che	eck here 🕨 🗌			
r Fi		and complete lines 29 through 33.					
ts o	29	Capital stock or trust principal, or current funds				29	
sset	30	Paid-in or capital surplus, or land, building, or eq				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in			14 400 555	31	15 044 004
Se	32	Total net assets or fund balances			14,490,565.	32	17,941,884.
	33	Total liabilities and net assets/fund balances			19,539,279.	33	22,261,769.

Pai	TXI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	28	, 93	9,9	<u>95.</u>	
2	Total expenses (must equal Part IX, column (A), line 25)	2	<u> 25</u>	48	8,6	<u>76.</u>	
3	Revenue less expenses. Subtract line 2 from line 1	3	3	45	1,3	19.	
4							
5	Net unrealized gains (losses) on investments	5					
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)						
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	17	, 94	1,8	84.	
Pai	t XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
					Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_ [
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.						
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?						
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?			2b	X	<u> </u>	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,					
	consolidated basis, or both:						
	Separate basis X Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,					
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	dule O.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single	gle Audit					
	Act and OMB Circular A-133?		[За		X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b			
				Form	990	(2020)	

SCHEDULE A

Department of the Treasury Internal Revenue Service

Total

(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.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

United States Ski Association

Employer identification number 87-0480724

Par	t I	Reason for Public (Charity Status. ((All organizations must c	omplete th	nis part.) S	ee instructions.	
The o	rgani	zation is not a private found						
1 [Ť	A church, convention of ch	,	•	•	•)(A)(i).	
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)						
	=	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).						
3 L	=	A moderal of a cooperative hospital service organization described in section 170(b)(1)(A)(iii). Enter the hospital's name,						
4 [-	ation operated in cor	ijunction with a nospita	described	III Sectio	II 170(b)(I)(A)(III). □II(ei	the hospital's hame,
		city, and state:				1.1		1.
5 L		An organization operated for		lege or university owned	or operat	ed by a go	vernmental unit describ	ed in
_		section 170(b)(1)(A)(iv). (C						
6 L	_	A federal, state, or local gov	=					
7		An organization that norma	lly receives a substar	ntial part of its support fr	om a gove	ernmental ı	unit or from the general	pub l ic described in
_		section 170(b)(1)(A)(vi). (C						
8		A community trust describe	d in section 170(b)(1)(A)(vi). (Complete Part	: II.)			
9		An agricultural research org	anization described	in section 170(b)(1)(A)(i	x) operate	ed in conju	nction with a land-grant	college
		or university or a non-land-g	rant college of agricu	ulture (see instructions).	Enter the	name, city,	and state of the college	e or
		university:						
10	X	An organization that norma	lly receives (1) more t	than 33 1/3% of its supp	ort from c	ontribution	s, membership fees, an	d gross receipts from
		activities related to its exem	pt functions, subject	t to certain exceptions; a	and (2) no	more than	33 1/3% of its support f	rom gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	m busines	ses acquir	red by the organization a	after June 30, 1975.
		See section 509(a)(2). (Cor		,		•	, ,	,
11 [An organization organized a		vely to test for public saf	etv. See	section 50)9(a)(4).	
12	一	An organization organized a	•		-			purposes of one or
-		more publicly supported or		=	-			
		lines 12a through 12d that	-	` , , ,				
а		Type I. A supporting orga					-	aivina
a		the supported organization	•	•		_		
					majority C	n trie direc	tors or trustees or trie si	арроппід
		organization. You must o			رعا جاهارات جاجا		al avaranimatian/a) lav lav	
b								=
		control or management o			ame perso	ns that coi	ntrol or manage the sup	ported
		organization(s) You mus	· ·					
С		Type III functionally inte	-				· -	ed with,
		its supported organization						
d			-					
		that is not functionally int	egrated. The organiz	ation generally must sati	sfy a distr	ibution req	uirement and an attenti	veness
		requirement (see instructi	ons). You must con	nplete Part IV, Sections	A and D,	and Part	V.	
е		Check this box if the orga	inization received a v	vritten determination froi	m the IRS	that it is a	Type I, Type II, Type III	
		functionally integrated, or	Type III non-function	nally integrated supportir	ng organiz	ation.		
f	Ente	r the number of supported o	rganizations					
g		ride the following information			(i.) I- th			
	(i	Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	ng document?	(v) Amount of monetary	(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
								

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
_	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
Ū	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
	The portion of total contributions						
J	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.						<u> </u>
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4	(a) 2010	(b) 2017	(6) 2018	(u) 2019	(e) 2020	(I) TOTAL
8	Gross income from interest,						
0	dividends, payments received on						
	· · ·						
	securities loans, rents, royalties, and income from similar sources						
_							
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. Add lines 7 through 10		<u> </u>			40	
	Gross receipts from related activities,	`	,	£		12	
13	First 5 years. If the Form 990 is for the	=			=		_
Sec	organization, check this box and store ction C. Computation of Publi					·····	
	Public support percentage for 2020 (li			column (fl)		14	%
	Public support percentage from 2019		-			15	
	33 1/3% support test - 2020. If the c						
	stop here. The organization qualifies						▶ □
h	33 1/3% support test - 2019. If the o		-				
-	and stop here. The organization qual	=					▶ □
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts	_					
	meets the facts-and-circumstances te			•		<u>-</u>	
h	10% -facts-and-circumstances test	•	•			 17a, and line 15 is :	
D	more, and if the organization meets the	_				*	10/0 01
	organization meets the facts-and-circu				•		ightharpoonup
10	•						
10	Private foundation. If the organization	in did flot Check a	DON OF HITE 13, 10	a, 100, 11a, 01 11k	o, chiech this box a	na see mstructions	·

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

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

Sec	ction A. Public Support	ciow, picase comp	note i art ii.j				
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	14780337.	14309222.	14757990.	16361905.	13814121.	74023575.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the						
		<u> 10773970.</u>	11270006.	9930924.	10395736.	14483273.	56853909.
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	<u> 25554307.</u>	25579228.	24688914.	267576 41.	2829739 4.	130877484
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	481,752.	417,720.	414,124.	431,594.	372,191.	2117381.
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.
c	Add lines 7a and 7b	481,752.	417,720.	414,124.	431,594.	372,191.	2117381.
	Public support. (Subtract line 7c from line 6.)	,	,	,	,		128760103
	ction B. Total Support						•
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6	25554307.	25579228.	24688914.	26757641.	28297394.	130877484
	Gross income from interest, dividends, payments received on securities loans, rents, royalties,	1360152	1501771	926,823.	108 236	642 601	5031586
h	and income from similar sources Unrelated business taxable income	1309132.	1334114.	920,023.	490,230.	042,001.	3031300.
L	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b	1369152.	1594774.	926,823.	498,236.	642,601.	5031586.
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	13031321	1331771	320,023	190,1900	012,001	30313001
12	Other income. Do not include gain or loss from the sale of capital	F 4.1	610	20 629	17 507		40 266
	assets (Explain in Part VI.)	541.	610.	29,628.	17,587.	2002005	48,366.
	· · · · · · · · · · · · · · · · · · ·			25645365.			
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax y	ear as a section 5	01(c)(3) organization	on,
							>
	ction C. Computation of Publi					<u> </u>	04 71
	Public support percentage for 2020 (I		· ·	column (f))		15	94.71 %
	Public support percentage from 2019					16	94.08 %
	ction D. Computation of Inves					<u> </u>	2.70
	Investment income percentage for 20			ne 13, column (f))		17	3.70 %
	Investment income percentage from					18	4.08 %
19a	33 1/3% support tests - 2020. If the						
b	more than 33 1/3%, check this box ar 33 1/3% support tests - 2019. If the	•	• .				
_	line 18 is not more than 33 1/3%, che	•					
20	Private foundation. If the organization			•		•	

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
	1		
	2		
	3a		
	3b		
	3c		
	40		
	4a		
	4b		
	4c		
	5a		
	- Ju		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	Ja		
	9b		
	9c		
	10a		
	10b		
ո 9	90 or 99	0-EZ)	2020

Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	_		
_	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	2		
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations			
	or 13pc in outper and 0.13mm=aucone		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		100	140
-	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
' a	The organization satisfied the Activities Test. Complete line 2 below.	1		
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i>			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instance).	struction	s)	
2	Activities Test. Answer lines 2a and 2b below.	7.1.40.1.01.	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
1_	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		
	or to dapported organizations: If Tes, describe iii Fait 🕶 the fole diaved by the organization in this regard.	ຸ່ບບໍ່		ı

Par	t V Type III Non-Functionally Integrated 509(a)(3) Support	ting Organi	zations			
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.					
	All other Type III non-functionally integrated supporting organizations m					
Secti	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)		
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3.	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or					
	collection of gross income or for management, conservation, or					
	maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
Secti	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see					
	instructions for short tax year or assets held for part of year):					
а	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
С	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
e	Discount claimed for blockage or other factors					
	(explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
3	Subtract line 2 from line 1d.	3				
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,					
	see instructions).	4				
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6	Multiply line 5 by 0.035.	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Secti	on C - Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, column A)	1				
2	Enter 0.85 of line 1.	2				
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3				
4	Enter greater of line 2 or line 3.	4				
5	Income tax imposed in prior year	5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to					
	emergency temporary reduction (see instructions).	6				
7	Check here if the current year is the organization's first as a non-functio	nally integrated	Type III supporting orga	ınization (see		

Schedule A (Form 990 or 990-EZ) 2020

instructions).

. u	Type in item i diletionally integrated cook	(d)(d) Supporting Grad	meations (continu	ieu)	
Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	6	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2020	าร	(iii) Distributable Amount for 2020
	Distributable amount for 2020 from Section C. line 6				
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reasonable agus required				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
	From 2015				
	From 2016				
	From 2017				
	From 2018				
	From 2019				
	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
_ <u>n</u>	Applied to 2020 distributable amount				
<u>-</u>	Carryover from 2015 not applied (see instructions)				
_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
	Applied to underdistributions of prior years				
	Applied to 2020 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
e	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 United States Ski Association

87-048<u>0724 Page 8</u>

Schedule A

Payments from Disqualified Persons Included on Part III, Line 7a

2020

** Do Not File **

*** Not Open to Public Inspection ***

Payer's Name	2016 Amount	2017 Amount	2018 Amount	2019 Amount	2020 Amount
FIS Support	481,752.	417,720.	414,124.	431,594.	372,191.
Fotal to Schedule A, Part III, Line 7a	481,752.	417,720.	414,124.	431,594.	372,191.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

United States Ski Association

Employer identification number 87-0480724

Pai	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		intai Fullus Ol	Complete if the	₹
		(a) Donor advised	funds	(b) Funds and other accoun	nts
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in w	vriting that the assets he l d	in donor advised	funds	
	are the organization's property, subject to the organization's e	exclusive legal control?		Yes	No
6	Did the organization inform all grantees, donors, and donor ac	dvisors in writing that gran	t funds can be us	ed only	
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any	other purpose co	nferring	
	impermissible private benefit?				No
Pai	t II Conservation Easements. Complete if the org	anization answered "Yes"	on Form 990, Pa	t IV, line 7.	
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).			
	Preservation of land for public use (for example, recreat	ion or education)	Preservation of a	historically important land area	
	Protection of natural habitat		Preservation of a	certified historic structure	
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contributi	on in the form of	a conservation easement on the	e 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			2b	
С	Number of conservation easements on a certified historic stru	ıcture inc l uded in (a)		2c	
d	Number of conservation easements included in (c) acquired a	fter 7/25/06, and not on a	historic structure		
	listed in the National Register			2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or ten	minated by the or	ganization during the tax	
	year ▶				
4	Number of states where property subject to conservation ease	ement is located 🕨 _			
5	Does the organization have a written policy regarding the peri	odic monitoring, inspectio	n, hand l ing of		
	violations, and enforcement of the conservation easements it			Yes	No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and	enforcing conser	ation easements during the yea	ar
					
7	Amount of expenses incurred in monitoring, inspecting, handle	ling of violations, and enfo	rcing conservation	n easements during the year	
	\$				
8	Does each conservation easement reported on line 2(d) above				
	and section 170(h)(4)(B)(ii)?				No
9	In Part XIII, describe how the organization reports conservation		•		
	balance sheet, and include, if applicable, the text of the footne	ote to the organization's fi	nancial statement	s that describes the	
Dai	organization's accounting for conservation easements. † III Organizations Maintaining Collections of	Art Historical Trees	sures or Othe	or Similar Assats	
rai	Complete if the organization answered "Yes" on Form	•	sures, or othe	o ominiai Assets.	
12	If the organization elected, as permitted under FASB ASC 958		ue statement and	halance sheet works	
ıa	of art, historical treasures, or other similar assets held for pub	·			
	service, provide in Part XIII the text of the footnote to its finan-			crance of public	
h	If the organization elected, as permitted under FASB ASC 958			ance sheet works of	
b	art, historical treasures, or other similar assets held for public				
	provide the following amounts relating to these items:	canbinon, cadation, or n	oscaron in farther	arice of public service,	
	(i) Revenue included on Form 990, Part VIII, line 1			> \$	
				. .	
2	If the organization received or held works of art, historical trea	asures or other similar ass			
~	the following amounts required to be reported under FASB AS		_	ani, provide	
9	Revenue included on Form 990, Part VIII, line 1	-		> \$	
a	Assets included in Form 990, Part Y			Ψ	

Par	rt III Organizations Maintaining C	ollections of Art,	, Historica l Tre	asures, or O	ther S	Similar	Assets	(continued	1)
3	Using the organization's acquisition, accession	on, and other records	, check any of the fo	ollowing that ma	ke sign	ificant us	e of its	•	
	collection items (check all that apply):								
а	Public exhibition	d	Loan or exch	nange program					
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	how they further the	e organization's	exemp [.]	t purpose	e in Part)	XIII.	
5	During the year, did the organization solicit o	r receive donations of	f art, historical treas	ures, or other sir	nilar as	sets			
	to be sold to raise funds rather than to be ma							Yes	No
Par	rt IV Escrow and Custodial Arran							ne 9, or	
	reported an amount on Form 990, Par		· ·						
1a	Is the organization an agent, trustee, custodi	an or other intermedia	ary for contributions	or other assets	not inc	luded			
	on Form 990, Part X?							Yes	No
b	If "Yes," explain the arrangement in Part XIII								
								Amount	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on Fo				liabi l ity'	?		Yes	No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the exp	lanation has been p	provided on Part	XIII .				
Par	rt V Endowment Funds. Complete i	f the organization ans	wered "Yes" on Fo	rm 990, Part I V, I	ine 10.				
		(a) Current year	(b) Prior year	(c) Two years ba	ick (d) Three ye	ars back	(e) Four yea	rs back
1a	Beginning of year balance	47,519,037.	46,559,882.	42,413,96			2,780.	36,037	
b	0	3,215,603.	5,253,552.	3,492,20	09.	2,63	6,825.	2,080	0,200.
С	Net investment earnings, gains, and losses	13,178,244.	-2,455,337.	2,406,09	99.	2,63	7,833.	2,898	3,380.
d	Grants or scholarships	2,159,532.	1,839,060.	1,752,38	37.	1,85	3,477.	2,02	3,152.
е	0.1								
	and programs								
f	Administrative expenses								
g	End of year balance	61,753,442.	47,519,037.	46,559,88	32.	42,41	3,961.	38,992	2,780.
2	Provide the estimated percentage of the curr	ent year end balance	(line 1g, column (a))) held as:					
а	Board designated or quasi-endowment	3.2700	%						
b		%	_						
С		%							
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.							
За	Are there endowment funds not in the posse	ssion of the organizat	ion that are he l d an	d administered f	or the o	organizat	ion		
	by:							Yes	s No
	(i) Unrelated organizations							3a(i)	X
	(ii) Related organizations							3a(ii) X	
b	If "Yes" on line 3a(ii), are the related organiza							3b X	
4	Describe in Part XIII the intended uses of the	organization's endow	ment funds.						
Par	rt VI Land, Buildings, and Equipm	ent.							
	Complete if the organization answered	d "Yes" on Form 990,	Part IV, line 11a. Se	ee Form 990, Pa	rt X, lin	e 10.			
	Description of property	(a) Cost or ot	her (b) Cost	or other	(c) Acc	umu l ated	t	(d) Book va	lue
		basis (investm	ent) basis (other)	depre	eciation			
1a	Land								
	Buildings								
	Leasehold improvements		2,39			9,80		189,	400.
	Equipment		4,25	3,763.	3,84	14,25	9.	409,	504.
	Other								
	Add lines 1a through 1e (Column (d) must o		column (D) line 10)o l				598.	904

(a) Description of security or category (including name of security)	(b) Book value	1b. See Form 990, Part X, line 12.(c) Method of valuation: Cost or end	l-of-year market value
I) Financial derivatives			-
) Closely held equity interests			
Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 990 Part IV line 1	I 1 a Soo Form 990 Part V line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	l-of-vear market value
` ' '	(4) = 1 111 11111	(0)	, ,
(1) (2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Complete if the organization answered "Yes" (a)	on Form 990, Part IV, line 1 Description	11d. See Form 990, Part X, line 15.	(b) Book value
(1)			
(2)			
(3)			
(4)			
(4) (5)			
(5)			
(5) (6)			
(5) (6) (7)			
(5) (6)			
(5) (6) (7) (8) (9) Otal. (Colymn (b) must equal Form 990. Part X. col. (B) line	15.)	>	
(5) (6) (7) (8) (9) Otal. (Colymn (b) must equal Form 990. Part X. col. (B) line			
(5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990. Part X. col. (B) line Part X Other Liabilities.			(b) Book value
(5) (6) (7) (8) (9) Ptal. (Column (b) must equal Form 990. Part X. col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of			(b) Book value
(5) (6) (7) (8) (9) Ital. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability			(b) Book value
(5) (6) (7) (8) (9) Ital. (Column (b) must equal Form 990. Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes			(b) Book value
(5) (6) (7) (8) (9) Patal. (Column (b) must equal Form 990. Part X. col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2)			(b) Book value
(5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3)			(b) Book value
(5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X. col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4)			(b) Book value
(5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990. Part X. col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)			(b) Book value
(5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)			(b) Book value
(5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990. Part X. col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)			(b) Book value

	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	24,666,066.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	-4,273,929.		_
е	Add lines 2a through 2d			2e	-4,273,929.
3	Subtract line 2e from line 1			3	28,939,995.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	$\overline{}$			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	28,939,995.
Pa	t XII Reconciliation of Expenses per Audited Financial Statemer	nts wi	in Expenses per F	tetur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				01 014 747
1	Total expenses and losses per audited financial statements			1	21,214,747.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 - 1			
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
C	Other losses	2c			
d	Other (Describe in Part XIII.)			0-	0.
e	Add lines 2a through 2d			2e	21,214,747.
3	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:			3	21,211,111
4	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIII.)		4,273,929.		
	Add lines 4a and 4b			4c	4,273,929.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18.)			5	25,488,676.
_	t XIII Supplemental Information.				
Prov	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV	/, lines 1	b and 2b; Part V, line 4	; Part :	X, line 2; Part XI,
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addition				
<u>Paı</u>	t V, line 4:				
<u>The</u>	ese funds are used as grants to the United S	State	es Ski and S	now	board for
<u>the</u>	e benefit of amateur athletes.				
_					
Pai	ct X, Line 2:				
TT (1	72 HGG2TH GGHGH 4-4		д т		1 D
088	SA, USSAIF, COEPF, and the Foundation are ex	kempi	under inte	rna	<u> </u>
	lo Costion FO1/s//2/ from insome torres on or		naa fuom mol	a t a	a a
Coc	de Section $501(c)(3)$ from income taxes on ea	arnıı	ngs from rei	ate	<u>a</u>
_ ~ +	·i··ition Aggordingly income tower one only				uaa fram
<u>acı</u>	civities. Accordingly, income taxes are only	/ pro	ovided on re	ven	ues irom
nor	nexempt activities and are included in admir	nie+:	rative evnen	929	IIGGT is
1101	revembe accivities and are incinded in admit	TTPCI	acive expen	ಎ೯೫	• 0001 TR
a t	axable corporation and is responsible for f	Filir	na separate	inc	ome tax
<u>. (</u>	diable corporation and is responsible for i		-9 Deparace	<u> </u>	ome cun
ret	curns.				

USST accounts for income taxes using the asset and liability method. Income taxes are provided for the tax effects of transactions reporting in the combined/consolidated financial statements and consist of taxes currently due plus deferred taxes related primarily to differences between the basis of receivables, inventory, property and equipment, intangible assets, and accrued expenses for financial and income tax reporting. The deferred tax assets and liabilities represent the future tax return consequences of those differences, which will either be taxable or deductible when the assets and liabilities are recovered or settled. Deferred tax assets are reduced by a valuation allowance when, in the opinion of management, it is more likely than not that some portion or all of the deferred tax assets will not be realized.

Management believes that each entity has appropriate support for any tax positions taken affecting its annual filing requirements and, as such, does not have any uncertain tax positions that are material to the combined/consolidated financial statements. Management would recognize future accrued interest and penalties related to unrecognized tax benefits and liabilities in income tax expense if such interest and penalties are incurred.

Part XI, Line 2d - Other Adjustments:

Fulfillment Expense included in Revenues -4,273,929.

Part XII, Line 4b - Other Adjustments:

Fulfillment Expense included in Revenues 4,273,929.

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22, Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Employer identification number

Inspection

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

Open to Public OMB No. 1545-0047

Name of the organization

≗ □ 87-0480724 X Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Bart II can be duplicated if additional space is needed Association United States Ski General Information on Grants and Assistance criteria used to award the grants or assistance? Part Part II

recipient that received more than \$5,000. Part II can be duplicated it additional space is needed	55,000. Part II can	be duplicated it additic	nal space is neede	ðd.				
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
United States Ski Team, Inc.								
Park City, UT 84060	84-6030639	N/A	6,007,415.	0.			Athletic Development	
	nd government org	lanizations listed in the	line 1 table					0 -
	s listed in the line 1	table					A	-
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	, see the Instruction	ons for Form 990.					Schedule I (Form 990) 2020	020

87-0480724

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information required in		e 2; Part III, column	Part I, line 2; Part III, column (b); and any other additional information.	ditional information.	
Part I, Line 2:					
All grant funds are issued to the United		States Ski T	Team to fun	fund athletic	
programs and scholarships to outstanding athletes to	anding at	hletes to	assist with school	h school	
. On a monthly basis	ement mon	management monitors budgets	and	spending to	
ensure the funds are being used app	appropriately.	1y.			

SCHEDULE J (Form 990)

Compensation Information

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

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

► Attach to Form 990.

Open to Public

87-0480724

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service
Name of the organization

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

Inspection
Employer identification number

United States Ski Association

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

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

Schedule J (Form 990) 2020

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

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

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

		(B) Breakdown of W-2		and/or 1099-MISC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
					other deferred		(B)(I)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) Tiger Shaw	Ξ	145,479.	0	0.	2,296.	3,952.	151,727.	0
CEO	<u> </u>	209,346.	0	0	3,304.	5,688.	218,338.	0
(2) Brooke Mcaffee	≘	80,	0	0	1,481.	0.	81,691.	0
CFO	(ii)	170,447.	0 •	• 0	3,146.	0 •	173,593.	• 0
(3) Trisha Worthington	≘	0	0	0	•0	0	0	0
Chief Development Officer	<u> </u>	225,	0	0	4,490.	9,117.	-	0
(4) Michael O'Conor	Θ	200,637.	0	• 0	* 000 * 7	9,848.	214,485.	• 0
Chief Marketing Officer	(ii)	0.	0.	• 0	• 0	0 •	• 0	• 0
(5) Mark Schneider	Θ	195,320.	0	• 0	7,696	9,131.	207,147.	• 0
Chief Technology Officer	€	•0	0	• 0	• 0	• 0	• 0	•0
(6) Troy Taylor	E	• 0	0	• 0	• 0	•0	0	0
Director, High Performance	(ii)	175,850.	0	0	3,506.	0.	179,356.	0
(7) Jesse Hunt	E	• 0	0	• 0	• 0	•0	0	0
Alpine Director	(E)	163,720.	0.	0	3,264.	7,923.	174,907.	0.
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Schedule J (Form 990) 2020

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Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
Part I, Line 1a:
Certain travel is provided for key events.
Part I, Line 3:
The Board appoints a compensation committee, comprised solely of

reasonable compensation packages for each officer or key employee. The

compensation committee reviews the compensation each year and a

compensation study is performed as needed.

respect to the compensation arrangement, to be accountable for setting

independent directors, none of whom have a conflict of interest with

Schedule J (Form 990) 2020

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Inspection

OMB No. 1545-0047

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

Name of the organization

Employer identification number

United States Ski Association	87-0480724									
Form 990, Part I, Doing Business As:										
United States Ski and Snowboard Association										
Form 990, Part III, Line 1, Description of Organization Mi	ssion:									
are, or aspire to become, members of the United States ski	and									
snowboard teams.										
Form 990, Part III, Line 4d, Other Program Services:										
Athletic events production: organize, site, and conduct el	ite ski and									
snowboard competitions.										
Expenses \$ 2,731,266. including grants of \$ 0. Revenue \$ 0.										
Form 990, Part VI, Section A, line 1:										
The Board shall form, from among its members, an Executive	Committee which									
shall be empowered to act upon all matters requiring Board	attention									
between meetings of the full Board. The Executive Committee	e shall have									
authority to act for the Board only in meetings in which a	11 voting									
Executive Committee members are participating (either pers	onally or via									
teleconference), and during such times the Executive Commi	ttee shall									
possess the same powers, authority and responsibilities as	the Board. The									
Executive Committee shall be a permanent standing committee	e, and shall									
discharge its responsibilities in accordance with the foll	owing provisions:									
The Executive Committee shall consist of five voting member	rs, including the									
Chair, the Vice Chair; one eligible athlete selected by th	e Athletes'									
Council and two additional members chosen by the Chair who	shall consult									

with the Nomination and Governance Committee in selecting

those two

Name of the organization
United States Ski Association

Employer identification number 87-0480724

members. The Chair shall chair the committee. The CEO shall be a non-voting ex officio member of the Executive Committee, and shall participate in all meetings. With the exception of the Chair, Vice-Chair, and CEO, who shall serve on the Executive Committee as long as they hold their respective positions, members of the Executive Committee shall be considered for re-appointment every two (2) years.

Form 990, Part VI, Section A, line 6:

United States Ski Association has members that participate in the Association. The United States Ski Association has no stockholders.

Form 990, Part VI, Section A, line 7a:

Athlete members appoint one eligible athlete representative for each

discipline representated by the Associations. The athlete representatives

must make up at least twenty percent of the board members.

Form 990, Part VI, Section B, line 11b:

The Board of Directors has delegated the review of the Form 990 to the CEO and CFO of the United States Ski Association. The CFO and Controller of the United States Ski Association work closely with the outside accounting firm engaged to prepare the return which includes their review of the draft Form 990. The Audit Committee of the Board reviews the finalized drafts prior to providing a final copy to the Board of Directors.

Form 990, Part VI, Section B, Line 12c:

The Executive Committee is charged with monitoring proposed or ongoing transactions for conflicts of interest and addressing any potential or actual conflicts. Pursuant to the conflicts of interest policy, an annual

Schedule O (Form 990 or 990-EZ) 2020 Page 2 Name of the organization Employer identification number United States Ski Association 87-0480724 conflict of interest questionnaire, aimed at determining any family and business relationships and transactions or other transactions that may pose a potential conflict, is distributed to all covered persons. The conflict of interest policy is reviewed and signed each year by all members of the board. If a conflict does arise, the individual who has to conflict will recuse himself from the meeting and the vote on the matter. Form 990, Part VI, Section B, Line 15: The Board appoints a compensation committee, comprised solely of independent directors, none of whom have a conflict of interest with respect to the compensation arrangement, to be accountable for setting reasonable compensation packages for each officer or key employee. The compensation committee reviews the compensation each year and a compensation study is performed as needed. Form 990, Part VI, Section C, Line 19: The Organization's governing documents, conflict of interest policy, and financial statements are available for public inspection upon request. These documents are also available for inspection from the Organization's website. Form 990, Part VII: All compensation is paid through this organization. The total compensation is then allocated to the various entities based upon the

percent of time the officers spend on each of the entities.

SCHEDULE R (Form 990)

Name of the organization

Department of the Treasury Internal Revenue Service

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

► Attach to Form 990.

Open to Public Inspection

2020

OMB No. 1545-0047

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

Employer identification number 87-0480724

Direct controlling End-of-year assets Total income ੁ Legal domicile (state or Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. foreign country) United States Ski Association Primary activity Name, address, and EIN (if applicable) of disregarded entity Part I

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

	3	[3]	5	(3)	4)	[2]
(a)	(a)	(c)	(b)	(e)	E	(g) Section 512/h)/13)
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	controlled
of related organization		foreign country)	section	status (if section	entity	entity?
				501(c)(3))		Yes No
Center of Excellence Properties Fund -					United States Ski	
26-1302567, PO Box 100, Park City, UT 84060	Support athletics	Utah	501(c)(3)	Line 12a, I	Association	×
United States Ski Team Foundation -					United States Ski	
84-6030639, PO Box 100, Park City, UT 84060	Support athletics	Colorado	501(c)(3)	Line 7	Association	×
USSA Investment Fund - 20-3899237						
PO Box 100					United States Ski	
Park City, UT 84060	Support athletics	Utah	501(c)(3)	Line 12b, II	Association	×

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

Schedule R (Form 990) 2020

87-0480724

Page 2

Schedule R (Form 990) 2020 United States Ski Association

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

(k)	General or Percentage managing ownership									
()	eneral or anaging artner?	Yes No								
()	Code V-UBI Ge amount in box m 20 of Schedule P	K 1 (Form 1065) Y								
		Ñ								
(F)	Disproportionate allocations?	Yes								
(6)	Share of end-of-year	200010								
()	Share of total income									
(e)	Predominant income (related, unrelated, excluded from tax under	sections 512-514)								
(p)	Direct controlling entity									
(c)	Legal domicile (state or	country)								
(q)	Primary activity									
(a)	Name, address, and EIN of related organization									

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

(a)	(a)	<u> ၁</u>	(g)	(e)	£	(B)	Ξ		,
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp,	Share of total income	Share of end-of-year	Percentage ownership	Section 512(b)(13) controlled entity?	13) - -
		country)		or it day		assers		Yes	No
United States Ski Team, Inc 84-0678334			United States						
PO Box 100			ski						
Park City, UT 84060	Support athletes	CO	Association	C CORP	17,246,059.	1,771,670.	100%	×	

Schedule R (Form 990) 2020

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				É	Yes	2
1 During the tax year, did the organization engage in any of the following transactions	s with one or more re	transactions with one or more related organizations listed in Parts II-IV?	n Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		×
b Gift, grant, or capital contribution to related organization(s)				1b	×	
c Gift, grant, or capital contribution from related organization(s)				1c	X	
d Loans or loan guarantees to or for related organization(s)				1d	×	
				1e		×
f Dividends from related organization(s)				#	Н	×
· ~				10		×
Purchase of assets from related organization(s)				£		×
				;		×
i Lease of facilities equipment or other assets to related organization(s)				=		×
בספס כן נפסודונס, סקמינונונין כן סניס מספס כן סמפס כן פעונים (סיים במונים במונים (סיים במונים במונים (סיים במונים במונים במונים (סיים במונים במונ						
k Lease of facilities, equipment, or other assets from related organization(s)				*	×	
Performance of services or membership or fundraising solicitations for related organization(s)	nization(s)			11		×
m Performance of services or membership or fundraising solicitations by related organization(s)	nization(s)			1 E		×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	on(s)			4		×
				10	×	
				}		
p Reimbursement paid to related organization(s) for expenses				1p		×
				19		×
r Other transfer of cash or property to related organization(s)				1		×
s Other transfer of cash or property from related organization(s)				18		×
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	ho must complete thi	s line, including covered r	elationships and transaction thresholds.			
(a) Name of re l ated organization	(b) Transaction type (a-s)	(c) Amount invo l ved	(d) Method of determining amount involved	pevlo		
(1) USSA Investment Fund	υ	2,087,672.	General Ledger			
(2) Center of Excellence Properties Fund	υ	950,000. General				
(3) Center of Excellence Properties Fund	X	2,196,000.General	General Ledger			
(4) United States Ski Team, Inc.	В	6,007,415.	General Ledger			
(5)						
10) 033483 11.28.20			Ococ (000 mag) a chibades	(Eorm	900) 2	000

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

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

g de		1						20
(k) ercenta wnersh								990) 20
(j) General or P managing partner? Ves No								orm (
Gene Dant Dart Yes								le R (F
(h) (i) (j) (k) Disproportional propertions to partners Code V-UBI ceneral or Percentage managing amount in box 20 partners partners ownership Yes No (Form 1065) Yes No								Schedule R (Form 990) 2020
(h) Disproportionate allocations? Yes No								
_								
(g) Share of end-of-year assets								
(f) Share of total income								
(e) Are all partners sec. 501(c)(3) Gr Yes No								
partir 501 Yes								Ī
(d) Predominant income prelated, unrelated, excluded from tax under sections 512-514)								
(c) Legal domicile (state or foreign e								
								Ì
(b) Primary activity								
(I								Ì
Δ.								
								İ
<u> </u>	$ \ \ \ $						$ \ \ \ \ $	İ
and E								Ì
(a) dress, f entit)								Ì
(a) Name, address, and EIN of entity	$ \ \ \ $						$ \ \ \ \ $	ĺ
Nan	$ \ \ \ $						$ \ \ \ \ $	ĺ
	$ \ \ \ $						$ \ \ \ \ $	ĺ
1		1 1 1		1 1 1	 		 	

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