Form	990
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** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

					mopeouon
AF	or the	2022 calendar year, or tax year beginning and ending	9		
B c a	heck if pplicable	C Name of organization	D Empl	oyer identific	ation number
	Addres change				
	Name chang	Doing business as	47	-247587	70
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/	suite E Telep	hone number	
	Final return/	1385 S. COLORADO BLVD A-70		0-531-0	
	termin		G Gross r		23,761,288.
	Ameno return			nis a group re	
	Applic			subordinates	
	pendir	⁹ SAME AS C ABOVE		Il subordinates ind	
ΙT	ax-exe	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	· /		list. See instructions
	Vebsit			up exemptior	
					State of legal domicile: CO
	irt I	Summary	i cai ol lottidado		olato of logal dofficing
	1	Briefly describe the organization's mission or most significant activities: OUR MISS	SION IS	TO MAKE	ATHLETE
ce		WELL-BEING THE CENTERPIECE OF OUR NATION'S S			
Activities & Governance		Check this box if the organization discontinued its operations or disposed of r			ets
ver		Number of voting members of the governing body (Part VI, line 1a)		1.1	11
ĝ		Number of independent voting members of the governing body (rait V), into Ta/			 11
8		Total number of individuals employed in calendar year 2022 (Part V, line 2a)			132
tie		Total number of volunteers (estimate if necessary)			12
Ĭ		Total unrelated business revenue from Part VIII, column (C), line 12			0.
Ac		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
	~		Prior		Current Year
	8	Contributions and grants (Part VIII, line 1h)		5,762.	22,397,138.
anı		Program service revenue (Part VIII, line 2g)		7,805.	1,146,844.
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		7,560.	211,206.
Re		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		4,352.	6,100.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		5,479.	23,761,288.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	11.63	2,752.	13,544,934.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		9,622.	77,463.
Den		Total fundraising expenses (Part IX, column (D), line 25) 91, 522.			
Ă		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	9.63	4,698.	7,406,003.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		7,072.	21,028,400.
		Revenue less expenses. Subtract line 18 from line 12	4,00	8,407.	2,732,888.
r Sa			Beginning of (End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		3,616.	12,932,689.
Asse	21	Total liabilities (Part X, line 26)		3,279.	2,029,464.
Net	22	Net assets or fund balances. Subtract line 21 from line 20		0,337.	10,903,225.
Pa	rt II	Signature Block		.,	
Und	er pena	Ities of perjury, I declare that I have examined this return, including accompanying schedules and st	atements, and to	the best of my	knowledge and belief, it is
	-	t, and complete. Declaration of preparer (other than officer) is based on all information of which pre		-	
		M/n C			
Sig	n	Signature of officer	/	Date	
Her		JU'RIESE COLON, CEO			
	-	Type or print name and title			
		Print/Type preparer's name Preparer's signature	Date	Check	PTIN
Paid		DORI J. EGGETT DORI J. EGGETT	07/28/	23 ^{if} self-employe	P00645252
Prep		Firm's name PLANTE & MORAN, PLLC			<u>3-1357951</u>
	Only	Firm's address 8181 E TUFTS AVE, SUITE 600	'		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		DENVER, CO 80237	1	hone no. 303	3-740-9400

No

X Yes

	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: THE CENTER'S MISSION IS TO MAKE ATHLETE WELL-BEING THE CENTERPIECE OF
	OUR NATION'S SPORTS CULTURE THROUGH ABUSE PREVENTION, EDUCATION, AND
	ACCOUNTABILITY.
2	Did the organization undertake any significant program services during the year which were not listed on the
-	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
•	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$11,336,290. including grants of \$) (Revenue \$)
	RESPONSE AND RESOLUTION:
	WE WERE AUTHORIZED BY CONGRESS IN 2018 (SENATE BILL 534) TO "SERVE AS
	THE INDEPENDENT NATIONAL SAFE SPORT ORGANIZATION AND BE RECOGNIZED
	WORLDWIDE AS THE INDEPENDENT NATIONAL SAFE SPORT ORGANIZATION FOR THE
	UNITED STATES." AS SUCH, WE ARE AUTHORIZED BY CONGRESS TO EXERCISE
	JURISDICTION OVER THE USOPC AND EACH NATIONAL SPORT GOVERNING BODY WITH
	REGARD TO SAFEGUARDING AMATEUR ATHLETES AGAINST ABUSE, INCLUDING
	EMOTIONAL, PHYSICAL AND SEXUAL ABUSE, IN SPORTS. WE RESPOND TO ANY
	REPORT OF A POLICY VIOLATION INVOLVING SEXUAL MISCONDUCT WITHIN THE
	OLYMPIC AND PARALYMPIC MOVEMENTS. WE MAY ALSO RESPOND TO REPORTS OF
	OTHER VIOLATIONS INVOLVING PHYSICAL AND EMOTIONAL MISCONDUCT ON A
	DISCRETIONARY BASIS.
4b	(Code:) (Expenses \$3,066,044. including grants of \$) (Revenue \$1,146,844.
	EDUCATION & OUTREACH:
	THIS PROGRAM DEVELOPS COURSES, RESOURCES, AND CONDUCTS TRAININGS FOR
	ATHLETES, PARENTS, COACHES, HEALTH PROFESSIONALS, ADMINISTRATORS, AND
	OTHER SPORT PARTICIPANTS TO PREVENT AND RESPOND TO ABUSE IN SPORT.
	ADDITIONALLY, THIS TEAM DEVELOPS BEST PRACTICES, POLICIES, AND PROGRAMS
	CONSISTENT WITH GUIDANCE FROM EXPERTS AND OTHER LEADING ORGANIZATIONS.
	IT CONVENES ADVISORY GROUPS, CONSULTS WITH SPORT ORGANIZATIONS, AND
	MEETS WITH STAKEHOLDERS TO INCREASE AWARENESS, COLLABORATE, AND SHARE
	STRATEGIES TO PREVENT AND RESPOND TO ABUSE IN SPORT.
4c	(Code:) (Expenses \$1,668,862. including grants of \$) (Revenue \$)
	AUDIT & COMPLIANCE:
	IN ACCORDANCE WITH THE PROTECTING YOUNG VICTIMS FROM SEXUAL ABUSE AND
	SAFE SPORT AUTHORIZATION ACT OF 2017 (S.534) AND THE EMPOWERING
	OLYMPIC, PARALYMPIC, AND AMATEUR ATHLETES ACT OF 2020 (S. 2330), THE
	CENTER HAS BEEN GRANTED AUTHORITY TO COMPLETE REGULAR AND RANDOM AUDITS
	OF THE UNITED STATES OLYMPIC AND PARALYMPIC COMMITTEE, AND NATIONAL
	SPORTS GOVERNING BODIES RECOGNIZED BY THE US OLYMPIC & PARALYMPIC
	COMMITTEE. THE CENTER WILL OBJECTIVELY EVALUATE ADHERENCE AND LEVEL OF
	COMPLIANCE TO ALL REQUIREMENTS AND POLICIES SET FORTH BY THE CENTER FOR
	ALL ORGANIZATIONS UNDER ITS JURISDICTION. THE DEPARTMENT ASSISTS IN
	PREPARING EACH ORGANIZATION UNDER ITS JURISDICTION FOR AN AUDIT BY
	PROVIDING A VARIETY OF SERVICES TO EACH ORGANIZATION, (SEE SCHEDULE O)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 16,071,196.
	Form 990 (202
32002	SEE SCHEDULE O FOR CONTINUATION(S)
	2
07	28 147228 122969 2022.04010 UNITED STATES CENTER FOR 1229
0 /	20 14/220 122/07 ZUZZOVAUTO UNITED DIATED CENTER FOR 1227

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/: 2 : 3 [Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	x	
2 : 3 [I
3 [Is the organization required to complete. Schedule R. Schedule of Contributors? See instructions			
		2	X	
r	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect		v	
	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		x
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		
	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6		x
	Did the organization receive or hold a conservation easement, including easements to preserve open space,	0		<u> </u>
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	-		<u> </u>
	Schedule D, Part III	8		x
	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
	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
	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,			
a	as applicable.			
a [Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
F	Part VI	11a	Х	L
	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
	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>
	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		<u> </u>
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	4 4 4		x
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f		
		12a	х	
	Schedule D, Parts XI and XII	120		<u> </u>
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
	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
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	X	<u> </u>
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			v
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"			v
	complete Schedule G, Part III	<u>19</u>		X X
z∪a L	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a 20b		
h 1	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	ZUD		—
	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			1
21 [Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes." complete Schedule I. Parts I and II</i>	21		x

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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
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			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes." complete Schedule L. Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
-	Schedule N. Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	02		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
01		34		x
35 a	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		<u> </u>
5	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		
00	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	50		
57		37		x
38	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	37		- 23
30	Nate: All Form 000 filese are required to complete Schedule O	38	х	
Par		30	21	<u> </u>
	Check if Schedule O contains a response or note to any line in this Part V			
	Check it Schedule O contains a response of note to any line in this Part V		Vaa	
4 -	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	4.	х	
	(gambling) winnings to prize winners?	1c		l (2022)
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Form	990 (2022) UNITED STATES CENTER FOR SAFESPORT		47-2475	870	Р	_{age} 5
Par	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)					
					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	132			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ıs?		2b	Х	
3a				3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthori	ty over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccoun	t)?	4a		X
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 Ac	coun	ts (FBAR).			37
-	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac			5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			•		
	any contributions that were not tax deductible as charitable contributions?			6a		X
D	If "Yes," did the organization include with every solicitation an express statement that such contribution		-	Ch		
7	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).	vicos n	rovidad to the pover?	7a		x
a b	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and sen If "Yes," did the organization notify the donor of the value of the goods or services provided?			7a 7b		- 23
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa		uired	70		
U	to file Form 8282?	-		7c		x
d		7d		10		
e	If "Yes," indicate the number of Forms 8282 filed during the year		?	7e		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		x
g	If the organization received a contribution of qualified intellectual property, did the organization file For			7g		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained					
	sponsoring organization have excess business holdings at any time during the year?	,		8		
9	Sponsoring organizations maintaining donor advised funds.					
а				9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		2	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
-	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
_	organization is licensed to issue qualified health plans	13b				
C	Enter the amount of reserves on hand	13c	<u> </u>	14-		X
14a				14a		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner			15		x
	excess parachute payment(s) during the year?			15		
16	If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment	incor	ne?	16		x
10	If "Yes," complete Form 4720, Schedule O.		ne?	10		
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any act	ivities				
••	erenen eren en gannaarenen. Ere met uter, er ang diegaamed er enter person engage in ang de				1	1

	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			
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Section A. Governing Body and Management

UNITED STATES CENTER FOR SAFESPORT

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

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X

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.

				E		Yes	No
	Enter the number of voting members of the governing body at the end of the tax year	1 a					
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.						
	Enter the number of voting members included on line 1a, above, who are independent	1b		11			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	ny other				
	officer, director, trustee, or key employee?				2		X
3	Did the organization delegate control over management duties customarily performed by or under the						
					3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 was	filed?	L	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass			·····	5		X
	Did the organization have members or stockholders?			L	6		X
	Did the organization have members, stockholders, or other persons who had the power to elect or ap						
	more members of the governing body?			L	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockholo	ders, or				
	persons other than the governing body?			L	7b		X
	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea	r by the	following:				
	The governing body?			L	8a	Х	
b	Each committee with authority to act on behalf of the governing body?			L	8b	Х	
Э	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	hed at	the				
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9		X
ect	ion B. Policies (This Section B requests information about policies not required by the Internal Re	venue (Code.)				
			,	_		Yes	No
Da	Did the organization have local chapters, branches, or affiliates?			L	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such ch						
	and branches to ensure their operations are consistent with the organization's exempt purposes?			L·	10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body				11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.						
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13			L	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? // "Y	'es," de	scribe				
	on Schedule O how this was done	, 		L	12c	Х	
3	Did the organization have a written whistleblower policy?			L	13	Х	
4	Did the organization have a written document retention and destruction policy?			L	14	Х	
5	Did the process for determining compensation of the following persons include a review and approva	l by ind	ependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official			L	15a	Х	
b	Other officers or key employees of the organization			L	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.						
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent wit	th a				
	taxable entity during the year?				16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ization'	s				
	exempt status with respect to such arrangements?				16b		
ect	ion C. Disclosure						
7	List the states with which a copy of this Form 990 is required to be filed NONE						
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	nd 990-	Γ (section 50 ⁻	1(c)(3)s c	nly)	availal	ole
	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 Sch	nedule O)				
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		,	cy, and f	nan	cial	
	statements available to the public during the tax year.						
	State the name, address, and telephone number of the person who possesses the organization's boo	ks and	records				
0	MONICA BURGESON - 720-731-4788						
)	<u>MONICA BURGESON - 720-731-4788</u> 1385 S. COLORADO BLVD, SUITE A-706, DENVER, CO 802	22					

Part VII	Compensation of Officers	, Directors, Trus	tees, Key Employee	s, Highest Compensate	d
	Employees, and Independ	ent Contractors			

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.
List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

- List all of the organization of complete the heaves and the base of the heaves of the organization of the organization of the heaves and the second of the heaves of theaves of the he

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

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

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

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

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

	T	I	mzu			iper	Jour		, ,	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do			sition k more than one		one	Reportable	Reportable	Estimated
	hours per	box, unless p officer and a		ss per	rson i	s both	n an	compensation	compensation	amount of
	week		cer an	ia a a	Irecto	r/trus	lee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related	ustee	trust		e	bens		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tr	ional		ploye	t com		1099-NEC)		and related
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) JU'RIESE COLON	40.00		=	5	7	도능	5 E			
CHIEF EXECUTIVE OFFICER	40.00			x				417,730.	0.	20,509.
(2) HEATHER O'BRIEN	40.00			~				417,750.	0.	20,309.
SENIOR LEGAL COUNSEL, R&R	40.00				x			242 061	0.	10 1/2
(3) FRED ROSELLI	40.00					-		242,961.	0.	18,143.
FORMER VP, STRATEGIC ALIGNMENT	40.00					x		222,702.	0.	11,870.
(4) BOBBY CLICK	40.00							222,702.	0.	11,070.
VP, RESPONSE & RESOLUTION	40.00				x			219,424.	0.	12,005.
(5) MARTHA VAN GELDER	40.00									12,005.
VP, MARKETING, EDUCATION & PARTNERSH	10000	1			x			208,662.	0.	21,252.
(6) HANNAH HINTON	40.00							200,0021		
VP ORGANIZATIONAL DEVELOPMENT & COM					x			190,739.	Ο.	15,486.
(7) JENNIFER COPE	40.00									
FORMER CHIEF OPERATING & FINANCIAL O		1		x				190,203.	Ο.	15,847.
(8) JEE GROVER	40.00									
SENIOR DIRECTOR OF TECHNOLOGY						x		193,526.	Ο.	9,927.
(9) BRIAN TOMLINSON	40.00									
DIRECTOR OF INVESTIGATIONS						Х		164,136.	0.	26,083.
(10) ERIC WILLIAMS	40.00									
DIRECTOR OF INVESTIGATIONS						X		158,471.	0.	21,358.
(11) HEATH PHILLIPS	40.00									
SENIOR LEGAL COUNSEL						X		149,213.	0.	22,313.
(12) JESSICA HERRERA-FLANIGAN	1.00									
BOARD CHAIR		Х		Х				0.	0.	0.
(13) CONNIE SMOTEK	1.00									
TREASURER		Х		Х				0.	0.	0.
(14) AUTUMN ASCANO	1.00									
SECRETARY		Х		Х				0.	0.	0.
(15) APRIL HOLMES	1.00									
DIRECTOR		Х						0.	0.	0.
(16) CHICKA ELLOY	1.00									
DIRECTOR		Х						0.	0.	0.
(17) SAM DORMAN	1.00									
DIRECTOR		Х						0.	0.	0.
232007 12-13-22										Form 990 (2022)

7

232007 12-13-22

Form 990 (2022)

Form 990 (2022) UNITED S'	FATES CE	INT	ER	F	'OR	S.	AF	FESPORT	47-24	758	370	Pa	age 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloye	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)				
(A)	(B)			(0	C)			(D)	(E)			(F)	
Name and title	Average	(10			ition			Reportable	Reportable			imate	ed
	hours per	box,	unles	ss per	rson is	than o s both	an	compensation	compensatior	1	amo	ount o	of
	week	- 1	cer an	d a di	irector	r/trust	ee)	from	from related		0	other	
	(list any	director						the	organizations		comp		
	hours for related	or di	ee			ated		organization	(W-2/1099-MIS	C/		m the	
	organizations	ustee	trust		96	npens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)		-	nizati relate	
	below	lual tr	tional		ploy6	st con yee	_	1099-NEC)			orgar		
	line)	Individual trustee or	Institutional trustee	Officer	ey em	Highest compensated employee	Former				orgai	nzan	5113
(18) KIMBERLY FIELDS	1.00	_	_	0	×	<u> </u>				-			
DIRECTOR		x						0.		0.			Ο.
(19) PAT HARNED	1.00												
DIRECTOR		x						0.		0.			0.
(20) JULIE NOVAK	1.00									-			
DIRECTOR		x						0.		0.			Ο.
(21) PAMELA WHEELER	1.00												
DIRECTOR		x						0.		0.			Ο.
(22) ANGELO GIARDINO	1.00												
DIRECTOR		x						0.		0.			Ο.
(23) MEGAN RYTHER	1.00									-			
FORMER-SECRETARY		x		х				0.		0.			Ο.
		1											
		1											
1b Subtotal								2,357,767.		0.	194	,79	93.
c Total from continuation sheets to Part V	I, Section A							0.		0.			0.
d Total (add lines 1b and 1c)				<u></u>		<u></u>		2,357,767.		0.	194	,79) 3.
2 Total number of individuals (including but r	ot limited to th	ose	liste	d ab	ove)) who	o re	eceived more than \$100,	000 of reportable				
compensation from the organization													38
												Yes	No
3 Did the organization list any former officer	director, truste	ee, k	ey e	mpl	oyee	e, or	hig	hest compensated emp	loyee on				
line 1a? If "Yes," complete Schedule J for s											3		X
4 For any individual listed on line 1a, is the su	um of reportabl	e co	mpe	ensa	tion	and	oth	ner compensation from t	he organization				
and related organizations greater than \$15											4	X	
5 Did any person listed on line 1a receive or a									lual for services				
rendered to the organization? If "Yes," con	nplete Schedule	e J fo	or su	ich r	oerso	on .				<u></u>	5		Х
Section B. Independent Contractors													
1 Complete this table for your five highest co	-									ensati	ion fror	n	
the organization. Report compensation for	the calendar ye	ear e	ndin	ig w	ith o	or wit	hin:		ear.				
(A) Name and business	address							(B) Description of s	envices	C	(C) mpens		n
	2001033						_	Description of a			Sinpen	34101	<u> </u>
CONIES LAW LLC								LEGAL		1	,110	0	21
1700 LINCOLN ST STE 2400, DENVER, CO 80203								DEGAL		<u> </u>	, 0	, 00	<u>) T •</u>
BERNSTEIN, SHUR, SAWYER & NELSON, P.A.,								INVESTIGATIO	πe		605	0	22
100 MIDDLE STREET PO BOX 9729, PORTLAND,							-	INVESTIGATIO.	10		005	, 90	55.
BOTELLO & ASSOCIATES LLC, 24820 ORCHARD								INVESTIGATIO			501	7	11
VILLAGE RD #145, SANTA CLARITA, CA 91355 ABSORB SOFTWARE INC, 685 CENTRE ST S, STE							_	LEARNING MAN			581	, 14	±4•
2500, CALGARY, AB, CANADA, CANADA T2G 1								SYSTEM			285	2	38
											200	, 4.	
HILL IMPACT, 3033 WILSON BLVD, STE E-617, ARLINGTON, VA 22201								COMMUNICATIONS 192,500.				00.	

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 10

Form **990** (2022)

232008 12-13-22

Bit of Federated campaigns 1a 1a 1a b Membership dues 1a 1a 1a 1a c Fedratising events 1a 1a 1a 1a c Fedratising events 1a 1a 1a 1a c Fedratising events 1a 1a 2a, 388, 709. 1a c Fedratising events 1a 1a 2a, 388, 709. 1a 2a, 375, 138. e Government grants (contributions) triat 2a, 987, 138. 1a 1a 1a 2a, 375, 138. 1a	Pa	rt VII	Statement of Rev	venue						
Total revonue Prediction or exempt function or exempt function or exempt function revenue Prediction of exempt function revenue Prediction revenue Predicititititititititititititititititititi			Check if Schedule O c	contains a res	sponse	or note to any lin				
Box Membership dues Ib c								Related or exempt	Unrelated	Revenue excluded
Business Code Image: Code Service Revenue Service Revenue 0 00099 1,146,844. 1,146,844. 1 140 other program service revenue 1 1 1 146,844. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1<	ts	1 a	Federated campaigns	1	a					
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Business Code Image: Code Service Revenue Service Revenue 0 00099 1,146,844. 1,146,844. 1 140 other program service revenue 1 1 1 146,844. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1<	ibu		similar amounts not included			20,008,429.				
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Base Pace Point Pace Point <th><u>a Č</u></th> <td>h</td> <td>Total. Add lines 1a-1f</td> <td><u></u></td> <td></td> <td></td> <td>22,397,138.</td> <td></td> <td></td> <td></td>	<u>a Č</u>	h	Total. Add lines 1a-1f	<u></u>			22,397,138.			
Served							1 146 044	1.116.014		
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G a Gross rents Ga (i) Real (ii) Personal b Less: rental expenses Gb		5	Royalties	· · · · ·						
b Less: rental expenses 6b			-							
c Rental income or (loss) Bc Image: constraint of the second secon		6 a	Gross rents	6a						
d Net rental income or (loss) iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii		b	Less: rental expenses	6b						
7 a Gross amount from sales of assets other than inventory 7a (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory 7a iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii		с	Rental income or (loss)	6c						
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Gain or (loss) Tc Tc d Net gain or (loss)		b								
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c Net income or (loss) from fundraising events		h								
9 a Gross income from gaming activities. See Part IV, line 19 9a 9b 9c <										
Part IV, line 19 9a 9b 9c 9c<										
b Less: direct expenses 9b Image: set of the		• •								
c Net income or (loss) from gaming activities Image: state of inventory, less returns and allowances Image: state of inventory, less returns and allow		b				1				
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b Less: cost of goods sold10b C Net income or (loss) from sales of inventory Business Code C Business Code 00099 6,1006,100			and allowances		10a					
Business Code Image: Code state		b								
11 a OTHER MISCELLANEOUS REVENUE 900099 6,100. 6,100. b		с	Net income or (loss) from s	sales of inver	ntory					
e Total. Add lines 11a-11d 6,100. 12 Total revenue. See instructions 23,761,288. 1,146,844. 0. 217,306.	s									
e Total. Add lines 11a-11d 6,100. 12 Total revenue. See instructions 23,761,288. 1,146,844. 0. 217,306.	e sou	11 a	OTHER MISCELLANEOUS	REVENUE		900099	6,100.	ļ		6,100.
e Total. Add lines 11a-11d 6,100. 12 Total revenue. See instructions 23,761,288. 1,146,844. 0. 217,306.	ane enu	b								
e Total. Add lines 11a-11d 6,100. 12 Total revenue. See instructions 23,761,288. 1,146,844. 0. 217,306.	cell Seve	с								
e Total. Add lines 11a-11d 6,100. 12 Total revenue. See instructions 23,761,288. 1,146,844. 0. 217,306.	Mis	d				L				
								1 140 044		017 200
				ris			23,/01,208.	1,140,844.	I ⁰ .	Form 990 (2022)

UNITED STATES CENTER FOR SAFESPORT

Form 990 (2022)

Page **9**

47-2475870

UNITED STATES CENTER FOR SAFESPORT Part IX Statement of Functional Expenses

Doi	Check if Schedule O contains a respons not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	1 816 000		006 404	10 010
	trustees, and key employees	1,716,828.	776,586.	926,424.	13,818
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	9,746,325.	7 005 107	1 051 120	
7	Other salaries and wages	7,140,343.	7,895,187.	1,851,138.	
8	Pension plan accruals and contributions (include	392,220.	326,209.	66 011	
•	section 401(k) and 403(b) employer contributions)	847,679.	693,238.	66,011. 154,441.	
9	Other employee benefits	841,882.	656,036.	185,846.	
10	Payroll taxes	041,002.	030,030.	105,040.	
11	Fees for services (nonemployees):				
a h	Management	1,491,638.	1,321,968.	169,670.	
b		51,781.		51,781.	
d	AccountingLobbying	178,652.		178,652.	
e e	Professional fundraising services. See Part IV, line 17	77,463.		1/0/0021	77,463
f	Investment management fees	,2001			,100
g					
3	column (A), amount, list line 11g expenses on Sch 0.)	2,582,500.	1,839,460.	743,040.	
12	Advertising and promotion	12,568.			
13	Office expenses	97,260.	71,020.	26,202.	38
14	Information technology	1,511,334.	1,318,605.	192,729.	
15	Royalties				
16	Occupancy	201,712.	153,940.	47,772.	
17	Travel	399,887.	339,749.	60,138.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	101,893.	71,521.	30,372.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	134,150.	127,065.	7,085.	
23	Insurance	455,663.	354,125.	101,538.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	PROFESSIONAL EDUCATION	104,119.	63,331.	40,788.	
b	DUES & SUBSCRIPTIONS	49,163.	28,501.	20,643.	19
c	BANK & CREDIT CARD FEES	33,683.	22,087.	11,412.	184
d			,	,	
	All other expenses				
.5	Total functional expenses. Add lines 1 through 24e	21,028,400.	16,071,196.	4,865,682.	91,522
26	Joint costs. Complete this line only if the organization				•
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

10

232010 12-13-22

Form 990 (2022)

Par	rt X	Balance Sheet					
		Check if Schedule O contains a response or n	ote to any	/ line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	8,070,896.	1	11,116,736.		
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net	363,707.	3	249,753.		
	4	Accounts receivable, net			254,199.	4	23,066.
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub					
		controlled entity or family member of any of th				5	
	6	Loans and other receivables from other disqua	alified per				
		under section 4958(f)(1)), and persons describ	•		6		
s	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	Description of the second state for an effective state of the second			481,241.	9	375,979.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		201,349.			
	b	Less: accumulated depreciation		201,349. 111,592.	121,789.	10c	89,757.
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, lin		13			
	14	Intangible assets	476,178.	14	1,071,792.		
	15	Other assets. See Part IV, line 11	Γ	5,606.	15	5,606.	
	16	Total assets. Add lines 1 through 15 (must ed			9,773,616.	16	12,932,689.
	17	Accounts payable and accrued expenses			1,464,360.	17	1,292,007.
	18	Grants payable				18	
	19	Deferred revenue	138,919.	19	163,843.		
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complet				21	
ŝ	22	Loans and other payables to any current or fo	rmer offic	er, director,			
Liabilities		trustee, key employee, creator or founder, sub	ostantial c	ontributor, or 35%			
abil		controlled entity or family member of any of th	iese perso	ons		22	
Ë	23	Secured mortgages and notes payable to unre	elated thir			23	
	24	Unsecured notes and loans payable to unrelat	ted third p	parties		24	573,614.
	25	Other liabilities (including federal income tax,)	payables t	to related third			
		parties, and other liabilities not included on lin	es 17-24).	. Complete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			1,603,279.	26	2,029,464.
		Organizations that follow FASB ASC 958, cl	heck here	e X			
ces		and complete lines 27, 28, 32, and 33.					
lan	27	Net assets without donor restrictions			8,170,337.	27	10,903,225.
Ba	28	Net assets with donor restrictions		<u></u>		28	
pur		Organizations that do not follow FASB ASC	958, che	ck here			
г F		and complete lines 29 through 33.					
S O	29	Capital stock or trust principal, or current func				29	
set	30	Paid-in or capital surplus, or land, building, or	equipmer	nt fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated				31	
Net	32	Total net assets or fund balances			8,170,337.	32	10,903,225.
	33	Total liabilities and net assets/fund balances			9,773,616.	33	12,932,689.

Form **990** (2022)

Form 990 (2022)
Part X Balance Sheet UNITED STATES CENTER FOR SAFESPORT

Form	990 (2022) UNITED STATES CENTER FOR SAFESPORT	47-2	2475870	Pa	.ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	23,76		
2	Total expenses (must equal Part IX, column (A), line 25)	2	21,02		
3	Revenue less expenses. Subtract line 2 from line 1	3	2,73		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	8,17	<u>0,3</u>	<u>37.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	10,90	<u>3,2</u>	25.
Pa	rt 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 on Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		<u>2c</u>	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		<u>3a</u>	Х	\vdash
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	X	

Form **990** (2022)

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2022
Open to Public Inspection

Name of the	organization
-------------	--------------

Nan	ne o	of ti	he organization							identification number				
_		_			CENTER FOR SA					7-2475870				
Ра	nrt	I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.					
The	org	ani	zation is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only o	one box.)							
1			A church, convention of ch	urches, or associatio	n of churches described	l in sectio	n 170(b)(1	I)(A)(i).						
2			A school described in sect	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	า 990).)								
3			A hospital or a cooperative	hospital service orga	anization described in so	ection 170	(b)(1)(A)(ii	ii).						
4		_	A medical research organiz						(iii). Enter	the hospital's name,				
			city, and state:											
5		٦	An organization operated for	or the benefit of a col	lege or university owned	l or operate	ed by a go	vernmental u	nit describe	ed in				
		_	section 170(b)(1)(A)(iv). (C		0 ,	·	, 0							
6		٦	A federal, state, or local gov		nental unit described in	section 17	70(b)(1)(A)	(v).						
	X	_	· · · · · · · · · · · · · · · · · · ·	-					e deneral r	oublic described in				
•														
8		section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)												
9		╡	An agricultural research org			-	nd in coni	unction with a	land grant	collogo				
9			or university or a non-land-g											
				frant college of agrici			lame, city	, and state of	the college					
40			university:	Illy reacives (1) mare	than 22 1/20/ of its sum	out from a	ontribution		in face and	d areas ressints from				
10	L		An organization that norma	•					-					
			activities related to its exem											
			income and unrelated busin		(less section 511 tax) fro	om busines	ses acqui	rea by the org	anization a	iπer June 30, 1975.				
	_	-	See section 509(a)(2). (Con											
11		╡	An organization organized a		•	-								
12			An organization organized a											
			more publicly supported or							Check the box on				
	г		lines 12a through 12d that											
а	I L		Type I. A supporting orga	-	-	• • •	-							
			the supported organization			majority o	f the direc	tors or trustee	es of the su	ipporting				
	-		organization. You must o	-										
b			Type II. A supporting org	anization supervised	or controlled in connect	tion with its	s supporte	ed organization	n(s), by hav	ving				
			control or management o			ame perso	ns that co	ntrol or manaç	ge the supp	ported				
	_		organization(s). You mus	t complete Part IV,	Sections A and C.									
С	: [Type III functionally inte	grated. A supporting	g organization operated	in connect	ion with, a	and functional	ly integrate	d with,				
	_		its supported organization	n(s) (see instructions)). You must complete l	Part IV, Se	ctions A,	D, and E.						
d	ιL		J Type III non-functionally	v integrated. A supp	orting organization oper	ated in cor	nnection v	vith its suppor	ted organiz	zation(s)				
			that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution red	quirement and	an attentiv	/eness				
			requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	v .						
е	, [Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Type I, Type I	I, Type III					
			functionally integrated, or	Type III non-functior	nally integrated supporti	ng organiz	ation.							
f	Е	nte	r the number of supported o	organizations										
g	ΙP	rov	ide the following informatior	about the supporte	d organization(s).									
		(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	inization listed ng document?	(v) Amount of	-	(vi) Amount of other				
			organization		above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)				
-	-1													
Tota	al									1				

	port Schedule for				-		nd 1
Schedule A (Form	990) 2022	UNITED	STATES	CENTER	FOR	SAFESPORT	

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

<u>Sec</u>	ction A. Public Support				_						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total				
1	Gifts, grants, contributions, and										
	membership fees received. (Do not										
	include any "unusual grants.")	4951095.	8386454.	13535336.	24185762.	22397138.	73455785.				
2	Tax revenues levied for the organ-										
	ization's benefit and either paid to										
	or expended on its behalf										
3	The value of services or facilities										
	furnished by a governmental unit to										
	the organization without charge										
4	Total. Add lines 1 through 3	4951095.	8386454.	13535336.	24185762.	22397138.	73455785.				
5	The portion of total contributions										
	by each person (other than a										
	governmental unit or publicly										
	supported organization) included										
	on line 1 that exceeds 2% of the										
	amount shown on line 11,										
	column (f)										
	Public support. Subtract line 5 from line 4.						73455785.				
Sec	ction B. Total Support										
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total				
7	Amounts from line 4	4951095.	8386454.	13535336.	24185762.	<u>22397138.</u>	73455785.				
8	Gross income from interest,										
	dividends, payments received on										
	securities loans, rents, royalties,										
	and income from similar sources \dots	1,957.	14,335.	15,702.	97,560.	211,206.	340,760.				
9	Net income from unrelated business										
	activities, whether or not the										
	business is regularly carried on										
10	Other income. Do not include gain										
	or loss from the sale of capital										
	assets (Explain in Part VI.)	12,147.	13,237.	2,766.	4,352.	6,100.					
11	Total support. Add lines 7 through 10						73835147.				
12	Gross receipts from related activities,	etc. (see instructio	ons)			12 8	<u>,985,909.</u>				
13	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3)					
_	organization, check this box and stop										
Sec	ction C. Computation of Publi	ic Support Per	centage								
	Public support percentage for 2022 (I		•			14	99.49 %				
	Public support percentage from 2021					15	99.69 %				
1 6a	33 1/3% support test - 2022. If the o	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or m	ore, check this bo					
	stop here. The organization qualifies		-								
b	33 1/3% support test - 2021. If the o										
	and stop here. The organization qual										
17a	10% -facts-and-circumstances test	-									
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization										
	meets the facts-and-circumstances te	-		• • • •							
b	b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or										
	more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the										
	organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization										
18	Private foundation. If the organization	on did not check a l	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a						
						Schedule A	(Form 990) 2022				

232022 12-09-22

(Complete only if you checked the qualify under the tests listed bel			organization failed	to quality under Pa	art II. If the organiza	ation fails to
Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 						
 2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 						
3 Gross receipts from activities that are not an unrelated trade or 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						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support		1	1			

Schedule A (Form 990) 2022	UNITED	STATES	CENTER	FOR	SAFESPORT	47-2475870	Page 3
Part III Support Schedule for	r Organizat	tions Desc	ribed in Se	ction {	509(a)(2)		

Caler	idar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
11	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) organizatio	on,
	check this box and stop here						
Sec	tion C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2022 (li	ne 8, column (f), d	livided by line 13, o	column (f))		15	%
	Public support percentage from 2021					16	%
Sec	tion D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20	22 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
18	Investment income percentage from	2021 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2022. If the	organization did r	not check the box	on line 14, and line	15 is more than 3	3 1/3%, and line 17	7 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization quali	fies as a publicly s	upported organiza	tion	
b	33 1/3% support tests - 2021. If the	organization did r	not check a box on	line 14 or line 19a	, and line 16 is mo	re than 33 1/3%, a	nd
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	nization qualifies a	as a publicly suppo	rted organization	
20	Private foundation. If the organizatio	n did not check a	box on line 14, 19	a, or 19b, check th	is box and see ins	tructions	
23202	3 12-09-22					Schedule A	(Form 990) 2022
			15				

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1

Yes No

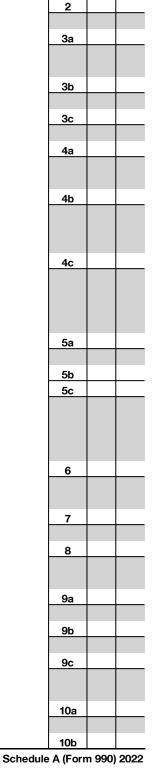
Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

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Schedule A (Form 990) 2022 UNITED STATES CENTER FOR SAFESPORT

Pa	Int 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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	ction 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 more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officer 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 support organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	ers, ted		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	ction C. Type II Supporting Organizations			-
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	ction 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		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).
- **3** By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If* "Yes," *describe in* **Part VI** *the role the organization*'s

supported organizations played in this regard. Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c 🗌	The organization supported a governmental entity	Describe in Part VI how you supp	orted a governmental entity (see instruction <u>s).</u>
-----	--	----------------------------------	---

- 2 Activities Test. Answer lines 2a and 2b below.
- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" *provide details in* **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.* 232025 12-09-22

3b | | Schedule A (Form 990) 2022

2

3

2a

2b

3a

Yes No

10540728 147228 122969

2022.04010 UNITED STATES CENTER FOR 122969_1

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Sche	dule A (Form 990) 2022 UNITED STATES CENTER FOR			47-2475870 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust or	n Nov. 20, 1970 (<i>explain</i>)	in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	complet	e Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
_7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 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		
Sect	ion 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-functionally	/ integra	ted Type III supporting or	ganization (see

instructions).

Schedule A (Form 990) 2022

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UNITED	STATES	CENTER	FOR	SAFESPORT
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		CENTER FOR SAL		4	7-2475870	Page 7
Par		a)(3) Supporting Orga	nizations (continu	ued)	1	
Secti	on D - Distributions				Current Ye	ar
_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 (<i>describe in</i> Part VI). See instructions.			6		
_7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	e organization is responsive				
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2022 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	ıs	(iii) Distributab Amount for 2	
1	Distributable amount for 2022 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2022 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2022					
а	From 2017					
b	From 2018					
с	From 2019					
d	From 2020					
е	From 2021					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2022 distributable amount					
i	Carryover from 2017 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2022 from Section D,					
	line 7: \$					
а	Applied to underdistributions of prior years					
b	Applied to 2022 distributable amount					
C	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2022, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2022. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2023. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
	Excess from 2018					
	Excess from 2019					
	Excess from 2020					
d	Excess from 2021					
e	Excess from 2022					

Schedule A (Form 990) 2022

232027 12-09-22

Schedule A	(Form 990) 2022	UNITED	STATES	CENTER	FOR	SAFESPORT	47-2475870 Page 8
Part VI	line 1; Part IV, Section	on D, lines 2 and 3; F	Part IV, Sectio	n E, lines 1c, 2	2a, 2b, 3a	, and 3b; Part V, line	ne 17a or 17b; Part III, line 12; 3, lines 1 and 2; Part IV, Section C, 1; Part V, Section B, line 1e; Part V, y additional information.
	· · · · · ·						
232028 12-09-2	2						Schedule A (Form 990) 2022
				20			

223451 11-15-22

Schedule B	Schedule	of Cont

Schedule of Contributors

** PUBLIC DISCLOSURE COPY

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

2022

Employer identification number

τ	INITED STATES CENTER FOR SAFESPORT	47-2475870
Organization type (check	c one):	
Filers of:	Section:	
Form 990 or 990-EZ	\fbox 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
, ,	n is covered by the General Rule or a Special Rule. (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule	». See instructions.
General Rule		
For an organizat	ion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling	\$5,000 or more (in mon

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

Special Rules

(Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set in the set of the parts unless the set of the parts unless the set of the parts unless to this organization because it received *nonexclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless total set of the parts unless the set of the parts unless total set of the parts unless the set of the parts unless the

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2022)

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

UNITED STATES CENTER FOR SAFESPORT

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 1 X Person Payroll 20,000,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 2 X Person Payroll 2,388,709. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

223452 11-15-22

10540728 147228 122969

Employer identification number

47-2475870

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
223453 11-15-22			Schedule B (Form 990) (2022)

UNITED STATES CENTER FOR SAFESPORT

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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Schedule B (Form 990) (2022)

(a) Page 3

Employer identification number

47-2475870

	3 (Form 990) (2022)		Page 4
Name of or	rganization		Employer identification number
	O STATES CENTER FOR SAFE		47-2475870
Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, or Use duplicate copies of Part III if additional s	through (e) and the following line entry haritable, etc., contributions of \$1,000 or less	ion 501(c)(7), (8), or (10) that total more than \$1,000 for the year For organizations s for the year. (Enter this info. once.) \$
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gift	
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
(a) No.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_	Transferee's name, address, ar	(e) Transfer of gift	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gift	
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
223454 11-15	-22		Schedule B (Form 990) (2022)

10540728 147228 122969

24 2022.04010 UNITED STATES CENTER FOR 122969_1

SCHEDULE C	Po	litical Campaign a	and Lobbyin	ng Activities		OMB No. 1545-0047
(Form 990)	For Org	anizations Exempt From Incom	e Tax Under section	- 501(c) and section 5	97	2022
	-	if the organization is described		.,		
Department of the Treasury Internal Revenue Service	-	to www.irs.gov/Form990 for ir				Open to Public Inspection
-		Form 990, Part IV, line 3, or Fo plete Parts I-A and B. Do not con		ne 46 (Political Cam	baign Act	tivities), then
 Section 501(c) (othe 	r than section 50	1(c)(3)) organizations: Complete I	Parts I-A and C below	. Do not complete Pa	t I-B.	
 Section 527 organiz 	ations: Complete	Part I-A only.				
		Form 990, Part IV, line 4, or Fo				
	•	nave filed Form 5768 (election un		•		
	•	nave NOT filed Form 5768 (election Form 990, Part IV, line 5 (Proxy	•			
Tax) (See separate inst		Form 550, Fart IV, line 5 (Frox)	(Tax) (See Separate		1990-22	, Fait V, ine SSC (Floxy
		ions: Complete Part III.				
Name of organization					Employ	er identification number
		STATES CENTER FOR				47-2475870
Part I-A Compl	ete if the org	anization is exempt unde	er section 501(c)	or is a section 5	27 orga	nization.
		ation's direct and indirect politica				
2 Political campaign						
3 Volunteer hours for	political campai	gn activities			···· <u> </u>	
Part I-B Compl	ete if the org	anization is exempt unde	r section 501(c)(3).		
-		incurred by the organization unde			\$	
		incurred by organization manage				
		n 4955 tax, did it file Form 4720 f				
4a Was a correction m	ade?					Yes No
b If "Yes," describe ir	n Part IV.					
-		anization is exempt unde		-	. , .	3).
		by the filing organization for sec			\$ _	
		ization's funds contributed to oth	U U		•	
exempt function ac		Add lines 1 and 0. Enter have an			\$_	
-	-	. Add lines 1 and 2. Enter here ar			¢	
						Yes No
00		ployer identification number (EIN				
,		tion listed, enter the amount paid	, ,	0		0 0
		omptly and directly delivered to a			eparate s	egregated fund or a
political action com	mittee (PAC). If a	additional space is needed, provi	de information in Part	IV.		
(a) Name	9	(b) Address	(c) EIN	(d) Amount paid filing organizatio funds. If none, en	on's C	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
					—	
For Paperwork Reduct	ion Act Notice.	see the Instructions for Form 99	JU OR 990-EZ.		Sch	nedule C (Form 990) 2022

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

Schedule C (Form 990) 2022

232041 11-08-22

			OR SAFESPORT		2475870 Page 2
Part II-A Complete if the organ section 501(h)).	ization is exe	mpt under section	n 501(c)(3) and file	d Form 5768 (el	ection under
	bolongs to an aff	filiatod group (and list i	n Part IV each affiliated g	roup mombor's par	
expenses, and share o			r Part IV each annialeu (group member s han	ie, address, Elin,
B Check if the filing organization	, ,	• •	ovisions apply		
Limits	on Lobbying Expe			(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influen	ce public opinion	(grassroots lobbying)			
b Total lobbying expenditures to influen					
c Total lobbying expenditures (add lines					
d Other exempt purpose expenditures					
e Total exempt purpose expenditures (a			F		
f Lobbying nontaxable amount. Enter th					
If the amount on line 1e, column (a) or (b		bbying nontaxable arr			
Not over \$500,000		the amount on line 1e			
Over \$500,000 but not over \$1,000,00		00 plus 15% of the exc			
Over \$1,000,000 but not over \$1,500,	000 \$175,0	00 plus 10% of the exc	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000	0,000 \$225,0	00 plus 5% of the exce	ess over \$1,500,000.		
Over \$17,000,000	\$1,000	,000.			
g Grassroots nontaxable amount (enter	25% of line 1f)				
h Subtract line 1g from line 1a. If zero o	r less, enter -0-				
i Subtract line 1f from line 1c. If zero or	less, enter -0				
j If there is an amount other than zero o	on either line 1h or	line 1i, did the organiz	ation file Form 4720		
reporting section 4911 tax for this yea	ır?				Yes No
		eraging Period Under	• •		
(Some organizations that		501(h) election do not rate instructions for li	•	f the five columns b	elow.
	Lobbying Expe	enditures During 4-Ye	ar Averaging Period		-
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount					
(150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount					
(150% of line 2d, column (e))					
f Grassroots lobbying expenditures					hula O (Farma 000) 0000

Schedule C (Form 990) 2022

232042 11-08-22

UNITED STATES CENTER FOR SAFESPORT

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)	(k)
of the lobbying activity.	Yes	No	Amo	ount
1 During the year, did the filing organization attempt to influence foreign, national, state, or				
local legislation, including any attempt to influence public opinion on a legislative matter				
or referendum, through the use of:				
a Volunteers?		X		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X	v		
c Media advertisements?		X X		
d Mailings to members, legislators, or the public?		X		
Publications, or published or broadcast statements?		X		
f Grants to other organizations for lobbying purposes?g Direct contact with legislators, their staffs, government officials, or a legislative body?	x		178	3,652.
 g Direct contact with legislators, their stars, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? 		X	1/0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
i Other activities?		X		
j Total. Add lines 1c through 1i			178	8,652.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Х		
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Part III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5	b), or sec	tion	
501(c)(6).			X	
			Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?				
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from th Part III-B Complete if the organization is exempt under section 501(c)(4), section			tion	
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered				3, is
answered "Yes."			-	
1 Dues, assessments and similar amounts from members		1		
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic				
expenses for which the section 527(f) tax was paid).				
a Current year		2a		
b Carryover from last year		2b		
c Total		2 c		
		3		
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce				
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po	olitical			
expenditures next year?		4		
5 Taxable amount of lobbying and political expenditures. See instructions Part IV Supplemental Information		5		
Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list): Dart II./	A lines 1 a	nd 2 (See	
instructions); and Part II-B, line 1. Also, complete this part for any additional information.	113t), 1 alt 11-7	ч, штез т а		
PART II-B, LINE 1, LOBBYING ACTIVITIES:				
AMOUNT REPORTED INCLUDES RETAINER PAID TO OUTSIDE LOBE	YIST I	O PER	FORM	
GOVERNMENT AFFAIRS AS WELL AS STAFF TIME AND TRAVEL TO	SUPPC	RT TH	ESE	
ACTIVITIES.				

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Schedule C (Form 990) 2022

232043 11-08-22

SCHEDULE	Đ
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(Form	990)
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SC	HEDULE D	Supplementa	al Financial Statements		OMB No. 1545-0047
	n 990)		nization answered "Yes" on Form 990,		2022
(1 011		Part IV, line 6, 7, 8, 9, 10	, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.		
	ment of the Treasury I Revenue Service		.ttach to Form 990. 0 for instructions and the latest information	on.	Open to Public Inspection
	e of the organizati				ployer identification number
	o or the organizati	UNITED STATES CENT	ER FOR SAFESPORT		47-2475870
Pa	rt I Organiza	ations Maintaining Donor Advise	d Funds or Other Similar Funds o	r Accour	Its. Complete if the
	organizatio	n answered "Yes" on Form 990, Part IV, lin	e 6.		·
			(a) Donor advised funds	(b) Fur	nds and other accounts
1	Total number at er	nd of year			
2		f contributions to (during year)			
3		f grants from (during year)			
4		t end of year			
5			writing that the assets held in donor advised	funds	
	are the organizatio	on's property, subject to the organization's	exclusive legal control?		Yes 📃 No
6			dvisors in writing that grant funds can be us		
	for charitable purp	ooses and not for the benefit of the donor o	r donor advisor, or for any other purpose co	nferring	
	impermissible priv				
Pa	rt II Conserv	ation Easements. Complete if the org	ganization answered "Yes" on Form 990, Pa	rt IV, line 7	
1	Purpose(s) of cons	servation easements held by the organization	on (check all that apply).		
	Preservation	n of land for public use (for example, recrea	tion or education) Preservation of a	historically	important land area
	Protection of	of natural habitat	Preservation of a	certified hi	storic structure
	Preservation	n of open space			
2	Complete lines 2a	through 2d if the organization held a qualif	ied conservation contribution in the form of	a conserva	tion easement on the last
	day of the tax yea	r.			Held at the End of the Tax Year
а	Total number of co	onservation easements		2a	
b	Total acreage rest	ricted by conservation easements		2b	
с	Number of conser	vation easements on a certified historic stru	ucture included in (a)	2c	
d	Number of conser	vation easements included in (c) acquired a	after July 25,2006, and not on a		
	historic structure I	isted in the National Register		2d	
3	Number of conser	vation easements modified, transferred, rel	eased, extinguished, or terminated by the or	ganization	during the tax
	year				
4	Number of states	where property subject to conservation eas	sement is located		
5	Does the organiza	tion have a written policy regarding the per	iodic monitoring, inspection, handling of		
	violations, and enf	forcement of the conservation easements it	holds?		Yes 🔄 No
6	Staff and voluntee	er hours devoted to monitoring, inspecting,	handling of violations, and enforcing conser	vation ease	ements during the year
7	Amount of expense	ses incurred in monitoring, inspecting, hanc	lling of violations, and enforcing conservatio	n easemen	ts during the year
8	Does each conser	vation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, descril	be how the organization reports conservation	on easements in its revenue and expense sta	atement an	ld
	balance sheet, and	d include, if applicable, the text of the footr	note to the organization's financial statement	s that desc	cribes the
		ounting for conservation easements.		-	
Pa	rt III Organiza	ations Maintaining Collections of	[•] Art, Historical Treasures, or Othe	er Simila	r Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2022
b	Assets included in Form 990, Part X	\$
а	Revenue included on Form 990, Part VIII, line 1	\$
	the following amounts required to be reported under FASB ASC 958 relating to these items:	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide	le
	(ii) Assets included in Form 990, Part X	\$
	(I) Revenue included on Form 990, Part VIII, line 1	\$

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Sche		STATES CEN						47-24			age 2
Pa	rt III Organizations Maintaining C	collections of Ar	t, Histori	cal Tre	asures, or	[·] Othe	r Simila	r Assets	(contir	ued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check an	, of the f	ollowing that	make si	ignificant ι	use of its			
	collection items (check all that apply):										
а	Public exhibition	d	I 🗌 Loa	n or exc	hange progra	ım					
b	Scholarly research	е	e 🗌 Oth	er							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explair	n how they f	urther th	ne organizatio	n's exer	npt purpo	se in Part	XIII.		
5	During the year, did the organization solicit of	or receive donations of	of art, histor	ical treas	sures, or othe	r similar	assets		_		_
	to be sold to raise funds rather than to be ma								Yes		No
Pa	t IV Escrow and Custodial Arran		ete if the org	ganizatio	n answered "	Yes" on	Form 990	, Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custod								-		-
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table	e:					A		
									Amoun		
C	Beginning balance										
a	Additions during the year										
e f	Distributions during the year										
20	Ending balance Did the organization include an amount on F								Yes		No
	If "Yes," explain the arrangement in Part XIII.							····· ∟			
	rt V Endowment Funds. Complete						10.				_
	Compose	(a) Current year	(b) Prior		(c) Two year		(d) Three y	ears back	(e) Four	vears	back
1a	Beginning of year balance		. ,	<u>,</u>						<u> </u>	
b	Contributions										
c	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur	rent year end balance	e (line 1g, co	olumn (a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	•									
3a	Are there endowment funds not in the posse	ession of the organiza	tion that are	e held ar	nd administer	ed for th	e		r		
	organization by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza								3b		
4 Da	Describe in Part XIII the intended uses of the rt VI Land, Buildings, and Equipm		wment fund	S.							
га	Complete if the organization answere) Dort IV lin	0110 0	oo Eorm 000	Dort V	lino 10				
	· · ·										
	Description of property	(a) Cost or o basis (investr		• •	or other (other)	• • •	ccumulate preciation	d	(d) Boo	< value	9
1 a	Land										
b	Buildings										
с	Leasehold improvements				7,090.		94,74			2,34	
d	Equipment			2	4,259.		16,84	47.		7,41	12.
	Other									-	
<u>Tota</u>	I. Add lines 1a through 1e. <i>(Column (d) must</i> e	equal Form 990, Part .	X. column (l	3) <u>, line 1</u>	0c.)				8	9,7	57.

Schedule D (Form 990) 2022

Comp	lete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of s	ecurity or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or er	nd-of-year market value
1) Financial deriva	atives			
2) Closely held ec	uity interests			
3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must	equal Form 990, Part X, col. (B) line 12.)			
Part VIII Inve	stments - Program Related.		•	
Comp	lete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) [Description of investment	(b) Book value	(c) Method of valuation: Cost or er	nd-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	equal Form 990, Part X, col. (B) line 13.)			
Part IX Othe	er Assets.			
Comp	lete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
	(a)	Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	must equal Form 990, Part X, col. (B) line	15)		
Part X Othe	er Liabilities.	, 10.)		
	lete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 2	5.
1.	(a) Description of liability	,	, , ,	(b) Book value
(1) Federal inc				
(1) Federal Inc (2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	<u>must equal Form 990, Part X, col. (B) line</u> ertain tax positions. In Part XIII, provide			

UNITED STATES CENTER FOR SAFESPORT

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Schedule D (Form 990) 2022

Sche	edule D (Form 990) 2022 UNITED STATES CENTER FOR	SAFESPORT	47-	2475870 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statem	nents With Revenue		<u>u</u>
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1:	2a.		
1	Total revenue, gains, and other support per audited financial statements		1	23,761,288.
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			
с	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			23,761,288.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b			0.
-			5	23,761,288.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			23,701,200 .
	rt XII Reconciliation of Expenses per Audited Financial State	ments With Expense		n.
	Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1:	ments With Expense 2a.	es per Retur	n.
	rt XII Reconciliation of Expenses per Audited Financial State	ments With Expense 2a.	es per Retur	21,028,400.
Pa	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	2a.	es per Retur	n.
Pa 1	Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements	2a.	es per Retur	n.
Pa 1 2	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	ments With Expense	es per Retur	n.
Pa 1 2 a	Image: Second liable of the organization of the organization answered "Yes" on Form 990, Part IV, line 12: Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a. 2a 2a 2a	es per Retur	n.
Pa 1 2 a b	Image: Second liable of the organization of Expenses per Audited Financial States Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a. 2a 2a 2a 2b 2c	es per Retur	n.
Pa 1 2 b c d	Image: Second liable of the organization of the organization answered "Yes" on Form 990, Part IV, line 12 Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a. 2a 2a 2b 2c 2d	25 per Retur	n. 21,028,400. 0.
Pa 1 2 b c d	Image: Second liable of the organization of Expenses per Audited Financial States Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a. 2a 2a 2b 2c 2d	2e	n.
Pa 1 2 a b c d e	Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a. 2a 2a 2b 2c 2d	2e	n. 21,028,400. 0.
Pa 1 2 a b c d e 3	Reconciliation of Expenses per Audited Financial States Complete if the organization answered "Yes" on Form 990, Part IV, line 13 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a. 2a 2b 2b 2c 2d	2e	n. 21,028,400. 0.
Pa 1 2 a b c d e 3 4	Reconciliation of Expenses per Audited Financial States Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a. 2a 2a 2b 2c 2d	2e	n. 21,028,400. 0.
Pa 1 2 a b c d e 3 4 a b	Reconciliation of Expenses per Audited Financial States Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a. 2a 2b 2b 2c 2d 2d 2d	2e 3	n. <u>21,028,400.</u> <u>0.</u> <u>21,028,400.</u> 0.
Pa 1 2 a b c d a b c 3 4 b c 5	Reconciliation of Expenses per Audited Financial States Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a. 2a 2b 2b 2c 2d 2d 2d	2e 3	n. 21,028,400. 0.

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

232054 09-01-22

SCHEDULE G	Suppleme	ental Information Regarding	Func	Iraisi	ng or Gaming A	ctiv	ities	OMB No. 1545-0047	
(Form 990)		ete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.							
Department of the Treasury		Attach to Form 990 o					_	Open to Public	
Internal Revenue Service		o www.irs.gov/Form990 for instruc	ctions	and th	ne latest information	n.		Inspection	
Name of the organization			~~					entification number	
		STATES CENTER FOR					47-247		
	complete this par	 Complete if the organization answe t. 	red "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-E	Z filers are not	
1 Indicate whether th	e organization rais	sed funds through any of the followin	-						
a 🔄 Mail solicitat	tions				overnment grants				
b Internet and	email solicitations			-	-				
c Phone solici		g Special	fundra	lising	events				
d X In-person so									
U U		or oral agreement with any individual		•		tees,		v	
		art VII) or entity in connection with p			•		Ye		
	•	viduals or entities (fundraisers) pursu	ant to	agreer	ments under which ti	ne tur	idraiser is to i	De	
compensated at le	east \$5,000 by the	organization.							
(i) Nome and address	o of individual		(iii) fundr	Did	(in) Cross respire		Amount paid	(vi) Amount paid	
(i) Name and addres or entity (fund		(ii) Activity	have c or cor	ustody	(iv) Gross receipts from activity		or retained by) fundraiser	to (or retained by)	
or or any (rand			contrib	utions?	non douvry		ted in col. (i)	organization	
1ST DEGREE - 9720 (CAPITAL		Yes	No					
COURT, SUITE 400, M	MANASSAS,	FUNDRAISING RESEARCH		x	٥.		91,259	. 0.	
AFFINITY - 4800 WAI	DSWORH								
BLVD, WHEAT RIDGE,	CO 80033	FUNDRAISING REGISTRATIONS		х	0.		13,649	. 0.	
							104,908		
3 List all states in whi or licensing.	ich the organizatio	on is registered or licensed to solicit o	contrib	utions	or has been notified	it is e	exempt from r	egistration	

AK, AL, AR, AZ, CA, CO, CT, DC, DE, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO MS, MT, NC, ND, NE, NH, NJ, NM, NV, NY, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, VT, WA, WI, WV WY

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS Schedule G (Form 990) 2022

232081 10-27-22

UNITED STATES CENTER FOR SAFESPORT

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		of failaraioing event contributions and gre			wente with groot receipt	0 groator than \$0,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
۵ ۵			(event type)	(event type)	(total number)	
Revenue						
Reve	1	Gross receipts				
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
s	5	Noncash prizes				
pense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 through				
	11	Net income summary. Subtract line 10 from li				
Pa	nrt I	II Gaming. Complete if the organization a	answered "Yes" on Form	990, Part IV, line 19, or i	reported more than	
		\$15,000 on Form 990-EZ, line 6a.	1			
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Ве	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	_		Yes %	Yes %	Yes %	
	6	Volunteer labor	No	No	No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
		Hot gaming moorne caminary. Cubtract mie r				
9	En	ter the state(s) in which the organization condu	cts gaming activities:			
		he organization licensed to conduct gaming a		states?		Yes No
		No," explain:				
		ere any of the organization's gaming licenses re			vear?	Yes No
b) f "	Yes," explain:				
						dule G (Form 990) 2022

Sch	hedule G (Form 990) 2022 UNITED STATES CENTER FOR SAFESPORT	47-2475870 Page 3
11	Does the organization conduct gaming activities with nonmembers?	
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	
	to administer charitable gaming?	Yes No
13	Indicate the percentage of gaming activity conducted in:	
а	a The organization's facility	13a %
	b An outside facility	
14	Enter the name and address of the person who prepares the organization's gaming/special events books and record	IS:
	Name	
	Address	
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
b	b If "Yes," enter the amount of gaming revenue received by the organization \$ and the am	ount
	of gaming revenue retained by the third party \$	
с	c If "Yes," enter name and address of the third party:	
	Name	
	Address	
16	Gaming manager information:	
	Name	
	Gaming manager compensation \$	
	Description of services provided	
	Description of services provided	
	Director/officer Employee Independent contractor	
17	Mandatory distributions:	
а	${f a}$ Is the organization required under state law to make charitable distributions from the gaming proceeds to	
	retain the state gaming license?	Yes No
b	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent i	n the
Da	organization's own exempt activities during the tax year \$ art IV Supplemental Information. Provide the explanations required by Part L line 2b, columns (iii) and (v):	and Dart III, lines 0, 0h, 10h
ιa	art IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	and Part III, lines 9, 90, 100,
	Tob, Toc, To, and Trb, as applicable. Also provide any additional information. See instructions.	
SC	CHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAL	SERS:
<u>(I</u>	I) NAME OF FUNDRAISER: 1ST DEGREE	
/ -		
(1	I) ADDRESS OF FUNDRAISER:	
<u>97</u>	20 CAPITAL COURT, SUITE 400, MANASSAS, VA 20110	
23208	083 10-27-22	Schedule G (Form 990) 2022

Schedule G	(Form 990)
Part IV	Sunnler

Part IV	Supplemental Information (continued)	
	Schedule G	(Form 990)

SC	HEDULE J	Compensation Information		OMB No. 1	545-004	47
(Fo	Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest			20	ົງງ	
	Complete if the organization ensured "Veel" on Form 900, Part IV, line 22			20	22	-
Dono	tment of the Treasury	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Publ	ic
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe	ction	
Nam	e of the organization		Employer id			nber
		UNITED STATES CENTER FOR SAFESPORT	47-2	47587	0	
Ра	rt I Question	s Regarding Compensation				
					Yes	No
1a		ate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
		line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or c					
	Travel for com					
		ation and gross-up payments				
	Discretionary	spending account Personal services (such as maid, chauffer	ur, chet)			
	If any of the street					
b	,	on line 1a are checked, did the organization follow a written policy regarding payment or		4		
~		rovision of all of the expenses described above? If "No," complete Part III to explain		1b		
2	•	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,		0		
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
3	Indicate which if a	ny, of the following the organization used to establish the compensation of the organization's				
5		ctor. Check all that apply. Do not check any boxes for methods used by a related organization of the organ				
		ation of the CEO/Executive Director, but explain in Part III.	UNIO			
	Compensation					
	·	ompensation consultant X Compensation survey or study				
	·	ther organizations X Approval by the board or compensation of	ommittee			
			ommittee			
4	During the year did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
-	organization or a re					
а	•	e payment or change-of-control payment?		4a		x
b		eive payment from a supplemental nonqualified retirement plan?				X
	•	eive payment from an equity-based compensation arrangement?				x
•	-	les 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		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	on			
	contingent on the r					
а	-			. 5a		X
b	Any related organiz	ation?				X
		r 5b, describe in Part III.				
6		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n			
	contingent on the n	et earnings of:				
а	-	-		6a		X
		ation?				X
		r 6b, describe in Part III.				
7	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	i			
		ies 5 and 6? If "Yes," describe in Part III		7	Х	
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to th				
				8		X
9		d the organization also follow the rebuttable presumption procedure described in				
		53.4958-6(c)?	<u></u>	9		
LHA		eduction Act Notice, see the Instructions for Form 990.		ule J (Forn	n 990)	2022

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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-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation 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) JU'RIESE COLON	(i)	322,279.	95,000.	451.	14,501.	6,008.	438,239.	0.
CHIEF EXECUTIVE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) HEATHER O'BRIEN	(i)	241,496.	1,200.	265.	12,135.	6,008.	261,104.	0.
SENIOR LEGAL COUNSEL, R&R	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) FRED ROSELLI	(i)	222,402.	0.	300.	11,120.	750.	234,572.	0.
FORMER VP, STRATEGIC ALIGNMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) BOBBY CLICK	(i)	212,776.	6,200.	448.	10,323.	1,682.	231,429.	0.
VP, RESPONSE & RESOLUTION	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) MARTHA VAN GELDER	(i)	204,981.	3,200.	481.	10,409.	10,843.	229,914.	0.
VP, MARKETING, EDUCATION & PARTNERSH	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) HANNAH HINTON	(i)	189,085.	1,200.	454.	9,514.	5,972.	206,225.	0.
VP, ORGANIZATIONAL DEVELOPMENT & COM	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) JENNIFER COPE	(i)	190,003.	0.	200.	7,278.	8,569.	206,050.	0.
FORMER CHIEF OPERATING & FINANCIAL O	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) JEE GROVER	(i)	192,229.	1,200.	97.	0.	9,927.	203,453.	0.
SENIOR DIRECTOR OF TECHNOLOGY	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) BRIAN TOMLINSON	(i)	162,453.	1,200.	483.	8,183.	17,900.	190,219.	0.
DIRECTOR OF INVESTIGATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) ERIC WILLIAMS	(i)	156,828.	1,200.	443.	6,504.	14,854.	179,829.	0.
DIRECTOR OF INVESTIGATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) HEATH PHILLIPS	(i)	147,970.	1,200.	43.	7,459.	14,854.	171,526.	0.
SENIOR LEGAL COUNSEL	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2022

Part III Supplemental Information

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

PART I, LINE 7:

CEO BONUSES ARE DETERMINED AT THE DISCRETION OF THE EXECUTIVE COMMITTEE.

Schedule J (Form 990) 2022

SCHEDULE O (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

UNITED STATES CENTER FOR SAFESPORT

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



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FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

SUCH AS PRE-AUDIT SITE VISITS, POLICY REVIEWS, AND COMPLIANCE

EDUCATIONAL MATERIALS AND RESOURCES.

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

THE AUDIT COMMITTEE REVIEWS AND APPROVES THE 990 BEFORE SUBMITTING IT TO

THE BOARD OF DIRECTORS FOR REVIEW AND ACCEPTANCE PRIOR TO FILING.

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

ALL STAFF, OFFICERS, AND BOARD MEMBERS ARE COVERED BY THE CONFLICT OF

INTEREST POLICY. ON AN ANNUAL BASIS, CONFLICT OF INTEREST DISCLOSURES ARE

REQUIRED FROM EACH SUCH INDIVIDUAL. THE DISCLOSURES RAISING A POTENTIAL

CONFLICT ARE THEN REVIEWED BY THE DIRECTOR OF HUMAN RESOURCES, SENIOR LEGAL COUNSEL, AND THE CEO.

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

ONGOING COMPENSATION DECISIONS FOR COVERED PERSONS, INCLUDING NEW

POSITIONS, ARE DETERMINED THROUGH ANALYSIS AND BENCHMARKING AGAINST SIMILAR

POSITIONS USING ONLINE JOB BOARDS AND SALARY SURVEYS CONDUCTED BY

ORGANIZATIONS SUCH AS EMPLOYER'S COUNCIL AND THE COLORADO NONPROFIT

ASSOCIATION. COMPENSATION IS REVIEWED AT LEAST ANNUALLY BY MANAGEMENT,

DISCUSSED WITH THE CHAIRMAN OF THE BOARD OF DIRECTORS AND REVIEWED IN TOTAL

BY THE FINANCE COMMITTEE, ALONG WITH THE ANNUAL BUDGET. THESE REVIEWS ARE

DOCUMENTED IN MEETING MINUTES.

ADDITIONALLY, CEO COMPENSATION IS REVIEWED BY THE EXECUTIVE COMMITTEE AND LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2022 232211 10-28-22

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Schedule O (Form 990) 2022 Name of the organization UNITED STATES CENTER FOR SAFESPORT	Page 2 Employer identification number 47-2475870
PRESENTED TO THE BOARD FOR VOTE. COMPARATIVE DATA FROM	ORGANIZATIONS
WITHIN THE OLYMPIC MOVEMENT WERE REVIEWED AND AN EXTERN.	AL COMPENSATION
ANALYSIS WAS CONDUCTED.	
FORM 990, PART VI, SECTION C, LINE 19:	
AUDITED FINANCIAL STATEMENTS AND FORM 990 ARE PUBLISHED	ON THE WEBSITE AND
OTHER DOCUMENTS ARE AVAILABLE UPON REQUEST.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
MARKETING:	
PROGRAM SERVICE EXPENSES	29,966.
MANAGEMENT AND GENERAL EXPENSES	355,344.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	385,310.
CONSULTING:	
PROGRAM SERVICE EXPENSES	310,736.
MANAGEMENT AND GENERAL EXPENSES	200,129.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	510,865.
EXTERNAL INVESTIGATOR:	
PROGRAM SERVICE EXPENSES	1,219,668.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,219,668.

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ACCOUNTING/HUMAN RESOURCES:

Schedule O (Form 990) 2022

PROGRAM SERVICE EXPENSES	
ANNACEMENIN AND CENEDAL EXDENCES	109,044.
ANAGEMENI AND GENERAL EAPENSES	156,976.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	266,020.
COMMUNICATIONS/PR:	
PROGRAM SERVICE EXPENSES	170,046.
MANAGEMENT AND GENERAL EXPENSES	30,591.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	200,637.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	2,582,500.
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