Public Disclosure Copy

Form 990

PLEASE SIGN THIS COPY AND RETAIN FOR YOUR RECORDS

Public Inspection Requirement

An exempt organization must make available for public inspection, upon request and without charge, a copy of its original and amended annual information returns. Each information return must be made available from the date it is required to be filed (determined without regard to any extensions), or is actually filed, whichever is later. An original return does not have to be made available if more than 3 years have passed from the date the return was required to be filed (including any extensions) or was filed, whichever is later. An amended return does not have to be made available if more than 3 years have passed from the date it was filed.

An annual information return includes an exact copy of the return (Form 990 or 990–EZ and amended return, if any) and all schedules, attachments, and supporting documents filed with the IRS. In the case of a tax-exempt organization other than a private foundation, the names and addresses of contributors to the organization need not be disclosed, and Schedule B has been redacted accordingly.

For returns filed by Section 501(c)(3) organizations after August 17, 2006, Form 990-T must also be made available for public inspection. However, only those schedules, statements, and attachments to Form 990-T that relate to the imposition of the unrelated business income tax must be made available for public inspection.

This copy of the return is provided only for Public Disclosure purposes. Any confidential information regarding donors, and schedules or attachments to Form 990-T that do not relate to the calculation of unrelated business income tax, have been removed.

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

Department of the Treasury Internal Revenue Service

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. A For the 2023 calendar year, or tax year beginning and ending

	• • • • • • • • • • • • • • • • • • • •	- Louis Gailer, or tank your pograming					
	heck if	C Name of organization		D Employer identific	cation number		
	Addres	UNITED STATES CENTER FOR SAFESPORT					
\vdash	chang			47-24758	70		
\vdash	_ chang		Room/suite				
\vdash	return □Final	1385 C COLORADO BLVD	A-706	720-531-			
	∠return termin		A 700	G Gross receipts \$	24,673,952.		
	ated Amend			H(a) Is this a group re			
\vdash	return □Applic			for subordinates			
	tion pendir	SAME AS C ABOVE		H(b) Are all subordinates in			
I T		empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 527		list. See instructions		
	Vebsit		01 321	H(c) Group exemptio			
_		organization: X Corporation Trust Association Other	I Year		M State of legal domicile: CO		
	rt I	Summary	Ε τοαι	011011111011011; = = = = 1 I	otato or logar dominono, — —		
		Briefly describe the organization's mission or most significant activities: OUR 1	MISSIO	N IS TO MAK	E ATHLETE		
Se	•	WELL-BEING THE CENTERPIECE OF OUR NATION'	S SPOR	RTS CULTURE.			
nar		Check this box if the organization discontinued its operations or dispos			sets.		
Ver	3			3	7		
ၓ	I	Number of independent voting members of the governing body (Part VI, line 1b)		4	7		
Š		Total number of individuals employed in calendar year 2023 (Part V, line 2a)			128		
/itie	I	Total number of volunteers (estimate if necessary)			14		
Activities & Governance	7 a	T		7a	0.		
⋖	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0.		
е				Prior Year	Current Year		
	8	Contributions and grants (Part VIII, line 1h)		22,397,138.	22,469,792.		
Revenue	9	Program service revenue (Part VIII, line 2g)		1,146,844.	1,341,971.		
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		211,206.	841,183.		
<u> </u>	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		6,100.	21,006.		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		23,761,288.	24,673,952.		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		13,544,934.	14,565,420.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		77,463.	22,591.		
ă	b	Total fundraising expenses (Part IX, column (D), line 25)	<u>49.</u>	T 406 000			
ш	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		7,406,003.	6,983,369.		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		21,028,400.	21,571,380.		
, (19	Revenue less expenses. Subtract line 18 from line 12		2,732,888.	3,102,572.		
is or				ginning of Current Year 12,932,689.	End of Year 15,877,838.		
SSe	20	Total assets (Part X, line 16)		2,029,464.	1,750,218.		
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)		10,903,225.	14,127,620.		
	rt II	Net assets or fund balances. Subtract line 21 from line 20		10,903,223.	14,127,020.		
		Ities of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the hest of my	knowledge and helief it is		
		t, and complete. Declaration of preparer (other than officer) is based on all information of wh			, knowledge and beller, it is		
ii uo,	001100	Gain complete. Declaration of property (early than emotify to based on an information of wi	non propuror	nas any knowledge.			
Sigr	1	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	l	DORI J. EGGETT DORI J. EGGETT	lo	9/07/24 if self-employ	P00645252		
	arer	Firm's name PLANTE & MORAN, PLLC			8-1357951		
	Only	Firm's address 8181 E TUFTS AVE, SUITE 600		o Em			
	•	DENVER, CO 80237		Phone no. 30	3-740-9400		
May	the IF	RS discuss this return with the preparer shown above? See instructions			X Yes No		

Fai	tim otatement of Frogram Service Accomplishments	_
	Check if Schedule O contains a response or note to any line in this Part III	<u>_</u>
1	Briefly describe the organization's mission:	
	WITH THE GOAL OF ENSURING ATHLETES WITHIN THE U.S. OLYMPIC AND	_
	PARALYMPIC MOVEMENT OF ARE SAFE, SUPPORTED, AND STRENGTHENED.	_
		_
	THE CENTER:	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	0
	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?	0
	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 \$11,520,815. 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 \$ 2,431,244. including grants of \$) (Revenue \$ 1,341,971.	_
	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 RECOGNIZE, PREVENT AND RESPOND TO ABUSE IN SPORT.	
		_
		_
4c	(Code:) (Expenses \$ 2,145,762. 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, SUCH AS PRE-AUDIT	_
	Other program services (Describe on Schedule O.)	_
40		
40	(Expenses \$\frac{\text{including grants of \$}}{16,097,821.}\) (Revenue \$\frac{\text{Revenue \$}}{\text{Notal program service expenses}}\)	_
46	Total program service expenses 10,097,021.	_

2

Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-	Х	
	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	12a	- 72	_
b	, ,	12b		v
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Pid the appropriation projection of the second project of the United Obstaco	14a		X
b		144		
	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		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		X

332003 12-21-23

Form **990** (2023)

Form 990 (2023) UNITED STATES CENTER FOR SAFESPORT Part IV Checklist of Required Schedules (continued)

	i (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		100	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
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		Х
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		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	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 noncash 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		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			37
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Da:	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	-		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		77	
	(gambling) winnings to prize winners?	1c	X	(0.0.5.5.
332004	! 12-21-23	Form	990	,2023)

Form 990 (2023) UNITED STATES CENTER FOR SAFESPORT

Part 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	128			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns? .		2b	X	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	Ο.		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	author	ity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account	accou	nt)?	4a		X
b	If "Yes," enter the name of the foreign country					l
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccour	its (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		—
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e orga	anization solicit			37
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributi		-	٥.		
_	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).	nuiona	arovided to the never?	7-		Х
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set			7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		uirod	7b		
C		as req	uirea	70		х
ч		7d		7c		
	If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c			7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contribute organization, during the year, pay premiums, directly or indirectly, on a personal benefit contribute organization.			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		399 as required?	7g		
_	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					
	an analysis of a respiration have a vesse hydrone haldings at any time during the vess.	•		8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				l
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				l
11	Section 501(c)(12) organizations. Enter:		1			l
а	Gross income from members or shareholders	11a				l
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					l
	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	1	1	12a		
	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.			40		
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
L	Note: See the instructions for additional information the organization must report on Schedule O.					
D	Enter the amount of reserves the organization is required to maintain by the states in which the	13b				
_	organization is licensed to issue qualified health plans	13c				
	Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year?		•	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune			1-10		
	excess parachute payment(s) during the year?			15		х
	If "Yes," see the instructions and file Form 4720, Schedule N.			.5		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	t inco	me?	16		х
-	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivitie	s			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					

332005 12-21-23

Form **990** (2023)

UNITED STATES CENTER FOR SAFESPORT Form 990 (2023) 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. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 7 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Х 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's

Section C. Disclosure

exempt status with respect to such arrangements?

17	List the states with which a copy of this Form 990 is required to be filed	NONE

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

X Own website Another's website X Upon request Other (explain on Schedule O)

Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records $JORGE\ FERNANDEZ\ -\ 720-574-3053$

1385 S. COLORADO BLVD, SUITE A-706, DENVER, CO 80222

Form **990** (2023)

16h

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- 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.

(A) Name and title	(B) Average hours per week	box	not ci , unles	ss per	ition more rson is	than o	n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) JU'RIESE COLON	40.00			,,				407.006	0	20 206
CHIEF EXECUTIVE OFFICER	40.00			Х				407,826.	0.	20,306.
(2) MARTHA VAN GELDER	40.00	-			٠,			214 560	0	22 514
VP, MARKETING, EDUCATION & (3) HANNAH HINTON	40 00				Х			214,568.	0.	22,514.
VP ORGANIZATIONAL DEVELOP	40.00	1			х			215,426.	0.	17,221.
(4) BOBBY CLICK	40.00							213,420.		11,221.
VP RESPONSE & RESOLUTION	1000	1			х			211,478.	0.	9,840.
(5) JEE GROVER	40.00									3,0200
SENIOR DIRECTOR, TECHNOLOGY		1				x		197,272.	0.	10,828.
(6) JORGE FERNANDEZ	40.00							,	-	
CHIEF FINANCIAL & ADMIN OFFICER				Х				183,877.	0.	21,815.
(7) BRIAN TOMLINSON	40.00									
DIRECTOR, INVESTIGATIONS						Х		171,313.	0.	27,706.
(8) ERIC WILLIAMS	40.00									
DEPUTY VP, INVESTIGATIONS						Х		169,893.	0.	23,327.
(9) HILLARY NEMCHIK	40.00									
SENIOR DIRECTOR, COMMUNICATIONS & ME						X		177,960.	0.	11,786.
(10) MONICA RIVERA	40.00	1								
VP, EDUCATION, TRAINING & RESEARCH					Х			177,169.	0.	5,860.
(11) HEATHER O'BRIEN	40.00	-				l		455 050		
FORMER SENIOR LEGAL COUNSEL, R&R	1 00					X		175,979.	0.	6,786.
(12) APRIL HOLMES	1.00	3,7		,,					0	0
BOARD CHAIR	1 00	X		Х				0.	0.	0.
(13) CHICKA ELLOY VICE-CHAIR	1.00	Х		₩.				0.	0.	0
(14) KEVIN FLAHERTY	1.00	^		Х		\vdash		0.	0.	0.
TREASURER	1.00	Х		х				0.	0.	0.
(15) AUTUMN ASCANO	1.00	Λ		^				0.	0.	<u></u>
SECRETARY	1.00	х		х				0.	0.	0.
(16) PAT HARNED	1.00							•		
DIRECTOR		х						0.	0.	0.
(17) KIMBERLY FIELDS	1.00									
DIRECTOR		Х						0.	0.	0.
	•	•	_	•				•		Form 990 (2022)

332007 12-21-23

Form **990** (2023)

Part VII Section A. Officers, Directors, Tru								omnensated Employee	S (continued)	070 Tage 9
(A)	(B)	log	ces,) C)	91103	,, ,,	(D)	(E)	(F)
Name and title	Average hours per week	box	Position (do not check more than one box, unless person is both an officer and a director/trustee)		Reportable compensation from	Reportable compensation from related	Estimated amount of other			
	(list any hours for related organizations below line)	Individual trustee or director	In stit utional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(18) PAMELA WHEELER	1.00									
DIRECTOR	1 00	Х						0.	0.	0.
(19) JESSICA HERRERA-FLANIGAN FORMER CHAIR	1.00	х						0.	0.	0.
(20) CONNIE SMOTEK	1.00									
FORMER DIRECTOR	1 00	Х						0.	0.	0.
(21) SAM DORMAN FORMER DIRECTOR	1.00	х						0.	0.	0.
(22) JULIE NOVAK FORMER DIRECTOR	1.00	х						0.	0.	0.
		-								
1b Subtotal								2,302,761.	0.	177,989.
c Total from continuation sheets to Part \(\) d Total (add lines 1b and 1c)								2,302,761.	0.	0. 177,989.
2 Total number of individuals (including but										1 - 11, 505.

compensation from the organization

21 Yes Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 Х Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services X rendered to the organization? If "Yes." complete Schedule J for such person

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

the organization. Heport compensation for the edichaal year chaing with or within	I the organization of tax year.	-
(A)	(B)	(C)
Name and business address	Description of services	Compensation
TONTEG TAM TTO	1	
ZONIES LAW LLC		
1700 LINCOLN ST STE 2400, DENVER, CO 80203	LEGAL	1,208,043.
BOTELLO & ASSOCIATES LLC, 24820 ORCHARD		
VILLAGE RD #145, SANTA CLARITA, CA 91355	INVESTIGATIONS	493,344.
PAUL, WEISS, RIFKIND, WHARTON & GARRISON LL		
1285 AVENUE OF THE AMERICAS, NEW YORK, NY 1	LEGAL	387,318.
BERNSTEIN, SHUR, SAWYER & NELSON, P.A.,		
100 MIDDLE STREET PO BOX 9729, PORTLAND,	INVESTIGATIONS	326,810.
ABSORB SOFTWARE INC, 685 CENTRE ST S, STE	LEARNING MANAGEMENT	
2500, CALGARY, AB, CANADA, CANADA T2G 1	SYSTEM	301,322.
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 12		
	<u> </u>	- 000 ()

Form **990** (2023)

Form 990 (2023) UNITED
Part VIII Statement of Revenue

			Check if Schedule O contains	a resnonse	or note to any lin	e in this Part VIII			
			Check if Genedate & contains	а гозропас	or riote to arry iiri	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded
							function revenue	business revenue	from tax under sections 512 - 514
$\overline{}$				1.1					SECTIONS 212 - 214
Contributions, Gifts, Grants and Other Similar Amounts	1		Federated campaigns						
ira Ou			Membership dues						
s, (Am		С	Fundraising events	1c					
Sift ar		d	Related organizations	1d					
s, (mi		е	Government grants (contributions)	1e	2,437,112.				
i Si		f	All other contributions, gifts, grants, ar	nd					
but			similar amounts not included above	1f	20,032,680.				
ÖĘ		a	Noncash contributions included in lines 1a-1f	1g \$					
Son		h	Total. Add lines 1a-1f			22,469,792.			
<u> </u>					Business Code				
	2	2	FEE-FOR-SERVICE REVENUE		900099	1,341,971.	1,341,971.		
je		_							
er, ne		b							_
n S		с							
ar Be		d							
Program Service Revenue		е							
₾			All other program service revenue						
		g	Total. Add lines 2a-2f			1,341,971.			
	3		Investment income (including divid						
			other similar amounts)			841,183.			841,183.
	4		Income from investment of tax-exe	empt bond p	roceeds				
	5		Royalties						
				(i) Real	(ii) Personal				
	6	а	Gross rents 6a						
		b	Less: rental expenses 6b						
			Rental income or (loss) 6c						
			Net rental income or (loss)		•				
			` '	Securities	(ii) Other				
	•	u	assets other than inventory 7a		()				
		h	Less: cost or other basis						
ø)		D							
Ď		_	and sales expenses 7b Gain or (loss) 7c						
eve			. ,						
her Revenue			Net gain or (loss)		· · · · · · · · · · · · · · · · · · ·				
the	8	а	Gross income from fundraising events	·					
ŏ			including \$						
			contributions reported on line 1c).	I					
			Part IV, line 18						
			Less: direct expenses						
		С	Net income or (loss) from fundraisi	ng events					
	9	а	Gross income from gaming activiti	es. See					
			Part IV, line 19	9a					
		b	Less: direct expenses	9b					
		С	Net income or (loss) from gaming a	activities					
	10	а	Gross sales of inventory, less retui	ns					
			and allowances	I	1				
		b	Less: cost of goods sold						
			Net income or (loss) from sales of						
			······································		Business Code				
sno	11	a	OTHER MISCELLANEOUS REVENU	E	900099	21,006.			21,006.
Miscellaneous Revenue	••	a b				==,			,
lla ven									
Sce		۲ C	All other revenue						
Ĕ			All other revenue			21,006.			
		e	Total. Add lines 11a-11d			· · · · · ·	1 241 071	^	060 100
	12		Total revenue. See instructions			24,673,952.	1,341,971.	0.	862,189.

Form **990** (2023) 332009 12-21-23

D-	Check if Schedule O contains a respon	(A)	this Part IX (B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) 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,	1 512 016	626 224	0.70 016	6 000
	trustees, and key employees	1,513,916.	636,994.	870,916.	6,006
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	10 000 010	0.000.010	0 010 000	
7	Other salaries and wages	10,778,810.	8,758,813.	2,019,997.	
8	Pension plan accruals and contributions (include	262 270	204 672	F7 F07	
	section 401(k) and 403(b) employer contributions)	362,270.	304,673.	57,597.	
9	Other employee benefits	974,627.	764,916.	209,711.	
0	Payroll taxes	935,797.	730,737.	205,060.	
1	Fees for services (nonemployees):				
а	Management	1,916,094.	1,468,263.	447,831.	
b	Legal	79,463.		79,463.	
	Accounting	180,083.		180,083.	
	Lobbying Co. Port IV line 47	22,591.		100,003.	22,591
e	Professional fundraising services. See Part IV, line 17	22,331.			44,391
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	1,758,213.	1,017,464.	740,665.	84
^	column (A), amount, list line 11g expenses on Sch 0.)	3,099.		3,099.	0 1
2 3	Advertising and promotion	88,035.		31,532.	
ა 4	Office expenses	1,491,667.		202,722.	
4 5	Royalties	1,451,007.	1,200,343.	202,722.	
6	Occupancy	201,130.	161,905.	39,225.	
7	Traval	390,360.	256,202.	134,099.	59
8	Payments of travel or entertainment expenses	020,0001			
•	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	95,131.	45,115.	50,016.	
0	Interest				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	138,447.	132,569.	5,878.	
3	Insurance	491,979.	392,985.	98,994.	
4	Other expenses. Itemize expenses not covered	, -		,	
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	PROFESSIONAL EDUCATION	59,577.	38,548.	21,029.	
b	DUES & SUBSCRIPTIONS	53,701.	41,853.	11,848.	
С	BANK & CREDIT CARD FEES	36,390.	1,336.	35,045.	9
d					
е	All other expenses				
5	Total functional expenses. Add lines 1 through 24e	21,571,380.	16,097,821.	5,444,810.	28,749
3	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form **990** (2023)

Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 11,116,736. 8,117,588. 1 Cash - non-interest-bearing 937,469. Savings and temporary cash investments 2 235,955. 249,753. 3 3 Pledges and grants receivable, net 180,152. 23,066. 4 Accounts receivable, net Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net 7 Inventories for sale or use 8 375,979. 331,227. Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other 201,349. basis. Complete Part VI of Schedule D ______ 10a b Less: accumulated depreciation 10b 142,834. 89,757. 58,515. 10c Investments - publicly traded securities 11 11 5,045,869. Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 1,071,792. 577,079. 14 14 Intangible assets 5,606. 393,984. Other assets. See Part IV, line 11 15 15 12,932,689. 15,877,838. 16 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 1,292,007. 1,152,981. Accounts payable and accrued expenses 17 17 18 18 Grants payable 163,843. 217,329. 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 23 573,614. 379,908. 24 24 Unsecured notes and loans payable to unrelated third parties _____ Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 2,029,464. 1,750,218. 26 **Total liabilities.** Add lines 17 through 25 Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 10,903,225. 27 14,127,620. 27 Net assets without donor restrictions Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 10,903,225. 14,127,620. Total net assets or fund balances 32 32 12,932,689. 15,877,838. 33 33 Total liabilities and net assets/fund balances

Form **990** (2023)

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>	<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>, 673</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2		<u>, 571</u>		
3	Revenue less expenses. Subtract line 2 from line 1	3		<u>,102</u>		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	10	,903		
5	Net unrealized gains (losses) on investments	5		<u> 12:</u>	1,8	23.
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	14	,12	7,6	20.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>	<u></u>		
			_		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	Ο.				
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?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.				
За	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?			За	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b	Х	
				Form	990	(2023)

332012 12-21-23

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023
Open to Public

Inspection
Employer identification number

Name of the organization UNITED STATES CENTER FOR SAFESPORT 47-2475870 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

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

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

Section A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	8386454.	13535336.	24185762.	22397138.	22469792.	90974482.
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	8386454.	13535336.	24185762.	22397138.	22469792.	90974482.
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.						90974482.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	8386454.	<u> 13535336.</u>	<u> 24185762.</u>	22397138.	<u> 22469792.</u>	90974482.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	14,335.	15,702.	97,560.	211,206.	841,183.	1179986.
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.)	13,237.	2,766.	4,352.	6,100.	21,006.	47,461. 92201929.
	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	•	,				<u>,171,282.</u>
13	First 5 years. If the Form 990 is for the	-		•			
800	organization, check this box and stop						
	ction C. Computation of Publi			(0)			98.67 %
	Public support percentage for 2023 (li					14	00 10
	Public support percentage from 2022 33 1/3% support test - 2023. If the contract of the contra					15	
Ioa	stop here. The organization qualifies						7.7
h	33 1/3% support test - 2022. If the o		•		lino 15 is 22 1/20/		
D	and stop here. The organization qual						
17-	10% -facts-and-circumstances test						
114	and if the organization meets the facts						
	meets the facts-and-circumstances te		•	-		J	
h	10% -facts-and-circumstances test	~		*		 I7a, and line 15 is	
J	more, and if the organization meets the						10,001
	organization meets the facts-and-circu						
18	Private foundation. If the organization		-				······································
				,,	,		(Form 990) 2023

332022 12-21-23

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

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

Sec	ction A. Public Support	now, please comp	Diete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and	(4) 2010	(3) 2020	(0) 2021	(4) 2022	(6) 2020	(i) rotal
-	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						
2	Gross receipts from activities that						
3	are not an unrelated trade or bus-						
	iness under section 513						
4							
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						
	Total. Add lines 1 through 5					+	
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons				-	1	
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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6						
10a	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						
С	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						
13	assets (Explain in Part VI.)						
	First 5 years. If the Form 990 is for th	e organization's fi	ret second third	fourth or fifth tax	vear as a section	-I 501(c)(3) organizatio	n
17	check this box and stop here	ŭ		•	•	. , . ,	· —
Sec	etion C. Computation of Publi						
	Public support percentage for 2023 (li			column (f))		15	%
						16	<u> </u>
	Public support percentage from 2022 ction D. Computation of Inves					10	90
	Investment income percentage for 20			ine 13 column (f)\		17	%
	Investment income percentage from 2					18	
ıya	33 1/3% support tests - 2023. If the						r is not
	more than 33 1/3%, check this box ar	=	-	•			
b	33 1/3% support tests - 2022. If the						
	line 18 is not more than 33 1/3%, chec						
20	Private foundation. If the organizatio	n did not check a	box on line 14, 19	 a. or 19b. check th 	ns box and see in	structions	

332023 12-21-23

Schedule A (Form 990) 2023

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.)

	Yes	No
1		
2		
_		
За		
- Ou		
OI-		
3b		
_		
3c		
4a		
4b		
4c		
F		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
36		
00		
9c		
10a		
10b		

332024 12-21-23

Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has t	he organization accepted a gift or contribution from any of the following persons?			
а	A per	rson who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c b	pelow, the governing body of a supported organization?	11a		
b	A fam	nily member of a person described on line 11a above?	11b		
С	A 35%	% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail	in Part VI.	11c		
Sect	ion I	B. Type I Supporting Organizations			
				Yes	No
1	Did th	he governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		tors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		tively operated, supervised, or controlled the organization's activities. If the organization had more than one supported nization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
		orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
		he organization operate for the benefit of any supported organization other than the supported			
		nization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		rvised, or controlled the supporting organization.	2		
Sect	ion (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			
		istees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		anagement of the supporting organization was vested in the same persons that controlled or managed			
		upported organization(s).	1		
Sect	ion l	D. All Type III Supporting Organizations			
				Yes	No
1	Did th	he organization provide to each of its supported organizations, by the last day of the fifth month of the			
		nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	-	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
		nization(s) or (ii) serving on the governing body of a supported organization? If "No." explain in Part VI how			
		rganization maintained a close and continuous working relationship with the supported organization(s).	2		
		ason of the relationship described on line 2, above, did the organization's supported organizations have a			
	-	icant voice in the organization's investment policies and in directing the use of the organization's			
	-	ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		·	3		
Sect	ion I	orted organizations played in this regard. E. Type III Functionally Integrated Supporting Organizations			
1	Chec	k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)	ı		
а		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see installation)	struction	<u>s).</u>	
2	Activi	ities Test. Answer lines 2a and 2b below.		Yes	No
а	Did s	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the su	upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those	e supported organizations and explain how these activities directly furthered their exempt purposes,			
	how t	the organization was responsive to those supported organizations, and how the organization determined			
	that ti	hese activities constituted substantially all of its activities.	2a		
b	Did th	he activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one o	or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part \	VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these	activities but for the organization's involvement.	2b		
3	Parer	nt of Supported Organizations. Answer lines 3a and 3b below.			
		he organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		ees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did th	he organization exercise a substantial degree of direction over the policies, programs, and activities of each			

11280907 147228 122969

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Pai	¹t V Type III Non-Functionally Integrated 509(a)(3) Supportin	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on N	ov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus		·	
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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
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-functiona	lly integrated	d Type III supporting orga	nization (see
	instructions).	. •		•

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

e Excess from 2023

Schedule B

(Form 990)

Attach to Form 990, 990-EZ, or 990-PF. Department of the Treasury Internal Revenue Service

OMB No. 1545-0047

Name of the organization

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

Schedule of Contributors

Employer identification number

UNITED STATES CENTER FOR SAFESPORT 47-2475870							
Organization type (check	Organization type (check one):						
Filers of:	Section:						
Form 990 or 990-EZ	$\boxed{\textbf{X}}$ 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						
Note: Only a section 501(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 Ru	e. See instructions.					
General Rule							
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling by one contributor. Complete Parts I and II. See instructions for determining a contributor						
Special Rules							
For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.							
contributor, durir literary, or educa	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.						
year, contribution is checked, enter purpose. Don't c	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 \$						
answer "No" on Part IV, lir	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Fine 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, ing requirements of Schedule B (Form 990).	• •					

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

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023)

Name of organization Employer identification number

UNITED STATES CENTER FOR SAFESPORT

47-2475870

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 20,000,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 2,437,112.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	- Hume, dudices, and En 1 7	\$	Person Payroll Occupate Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

UNITED STATES CENTER FOR SAFESPORT

47-2475870

Part II	Noncash Property (see instructions). Use duplicate copies of Part	I if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 	Schedule R (Form 990) (2023)

Name of organization **Employer identification number** UNITED STATES CENTER FOR SAFESPORT 47-2475870 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE C

(Form 990)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527

F7 O

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:

Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of orga	nization	ions. Complete Part III.		l E	mployer identification number
		STATES CENTER FO	R SAFESPORT	-	47-2475870
Part I-A		anization is exempt und		or is a section 527	
2 Political	campaign activity expendit r hours for political campai	gn activities			\$
Part I-B	Complete if the org	anization is exempt und	ler section 501(c)(3	3).	
1 Enter the	amount of any excise tax	incurred by the organization und	der section 4955		\$
2 Enter the	amount of any excise tax	incurred by organization manag	ers under section 4955		\$
		n 4955 tax, did it file Form 4720			
					Yes No
b If "Yes," Part I-C	describe in Part IV.	anization is exempt und	lor soction 501/o	execut section 50	1(0)(3)
				-	
		by the filing organization for se			*
	0 0	ization's funds contributed to of	•		¢
		. Add lines 1 and 2. Enter here a			\$
			·		\$
		1120-POL for this year?			
5 Enter the made pa contribut	e names, addresses, and er yments. For each organiza ions received that were pro	mployer identification number (E tion listed, enter the amount pai omptly and directly delivered to additional space is needed, prov	IN) of all section 527 po d from the filing organiz a separate political orga	olitical organizations to w cation's funds. Also ente canization, such as a sepa	hich the filing organization r the amount of political
Political	(a) Name	(b) Address	(c) EIN	(d) Amount paid fro	m (e) Amount of political
	(a) Name	(b) Address	(G) Eliv	filing organization's funds. If none, enter	contributions received and

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

Schedule C (Form 990) 2023

Lobbying Expenditures During 4-1ear Averaging Period						
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(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						

Schedule C (Form 990) 2023

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 e	For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description			(b)	
	e 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:				
а	Volunteers?	77	Х		
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X	37		
	Media advertisements?		X X		
	Mailings to members, legislators, or the public?		X		
	Publications, or published or broadcast statements?		X		
	Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body?	X	Λ	207	7,920.
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	- 21	Х	201	, , , , ,
	Other activities?		X		
	Total. Add lines 1c through 1i			207	7,920.
	Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?		Х		
	If "Yes," enter the amount of any tax incurred under section 4912				
	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?				
Pai	t III-A Complete if the organization is exempt under section 501(c)(4), section	on 501(c)(5), or sec	tion	
	501(c)(6).				
				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?				
Dai	Did the organization agree to carry over lobbying and political campaign activity expenditures from to till-B Complete if the organization is exempt under section 501(c)(4), section 501 (c)(4).			tion	
rai	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered		• •		3 is
	answered "Yes."		(5)	, ,	0, 10
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)				
_	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
	Carryover from last year				
	Total		_		
3	A		١ ۵		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc	cess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	olitical			
	expenditures next year?		4		
	Taxable amount of lobbying and political expenditures. See instructions		5		
	t IV Supplemental Information				
	ide 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); Part II-	A, lines 1 a	nd 2 (see	
	uctions); and Part II-B, line 1. Also, complete this part for any additional information.				
PAI	RT II-B, LINE 1, LOBBYING ACTIVITIES:				
AMO	OUNTS REPORTED INCLUDES RETAINER PAID TO OUTSIDE LO	BBYIST	TO PE	RFORM	
GO ⁷	/ERNMENT AFFAIRS AS WELL AS STAFF TIME AND TRAVEL TO	SUPPC	RT TH	ESE	
AC	rivities.				
					

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Name of the organization UNITED STATES CENTER FOR SAFESPORT **Employer identification number** 47-2475870

Pal	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, lin		si Silililat Futiūs (or Accounts. Complete if t	ne
	organization answered Tes on Tollin 556, Factor, in	ı	dvised funds	(b) Funds and other accor	unts
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in v	writing that the asse	ts held in donor advise	ed funds	
	are the organization's property, subject to the organization's	exclusive legal cont	rol?	Yes	No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing the	at grant funds can be ι	used only	
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or f	or any other purpose o	conferring	
_	impermissible private benefit?				No
Pa	t II Conservation Easements. Complete if the org	ganization answered	"Yes" on Form 990, F	Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization	on (check all that ap	pl <u>y).</u>		
	Preservation of land for public use (for example, recreated)	tion or education)	Preservation of	a historically important land are	a
	Protection of natural habitat		Preservation of	a certified historic structure	
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation co	ntribution in the form o	of a conservation easement on t	he last
	day of the tax year.			Held at the End of t	he Tax Year
а	Total number of conservation easements			2a	
b	Total acreage restricted by conservation easements			2b	
С	Number of conservation easements on a certified historic stru	ucture included on li	ne 2a	2c	
d	Number of conservation easements included on line 2c acqui	ired after July 25, 20)06, and not		
	on a historic structure listed in the National Register			2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished	, or terminated by the	organization during the tax	
	year				
4	Number of states where property subject to conservation eas	sement is located			
5	Does the organization have a written policy regarding the per	iodic monitoring, ins	spection, handling of		
	violations, and enforcement of the conservation easements it	holds?		Yes	☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violation	is, and enforcing cons	ervation easements during the y	/ear
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, ar	d enforcing conservat	ion easements during the year	
_				(4) (7) (1)	
8	Does each conservation easement reported on line 2d above				
	and section 170(h)(4)(B)(ii)?				No
9	In Part XIII, describe how the organization reports conservation		•		
	balance sheet, and include, if applicable, the text of the footn	ote to the organizat	ion's financial stateme	ents that describes the	
Do	organization's accounting for conservation easements. † III Organizations Maintaining Collections of	Art Historical	Trocourse or Oti	har Similar Assata	
Fai			rreasures, or Ou	nei Siiiliai Assets.	
	Complete if the organization answered "Yes" on Form				
1a	If the organization elected, as permitted under FASB ASC 95	•			
	of art, historical treasures, or other similar assets held for pub			· ·	
	service, provide in Part XIII the text of the footnote to its finar				
b	If the organization elected, as permitted under FASB ASC 95	•			
	art, historical treasures, or other similar assets held for public	exhibition, education	on, or research in furth	erance of public service,	
	provide the following amounts relating to these items.				
	(i) Revenue included on Form 990, Part VIII, line 1				
	(ii) Assets included in Form 990, Part X				
2	If the organization received or held works of art, historical treat	asures, or other sim	lar assets for financial	gain, provide	
	the following amounts required to be reported under FASB A	-			
	Revenue included on Form 990, Part VIII, line 1				
	Assets included in Form 990, Part X		<u></u>		
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.		Schedule D (Forn	n 990) 2023

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

122969_1

	t III Organizations Maintaining C	ollections of Ar							Contin		ge Z
3	Using the organization's acquisition, accession								COITLIN	ueu)	
3	collection items (check all that apply).	on, and other record	is, crieck	ally of the i	ioliowing that	i iiiake si	grillicarit us	e oi its			
_	Public exhibition	_	. —		.						
a		(hange progra						
b	Scholarly research	•	• 📖	Other							—
C	Preservation for future generations										
4	Provide a description of the organization's co							e in Part	XIII.		
5	During the year, did the organization solicit or								٦		
Day	to be sold to raise funds rather than to be ma								_ Yes		No
Pai	reported an amount on Form 990, Par		ete if the	organization	n answered "	Yes" on I	-orm 990, F	Part IV, II	ne 9, or		
1a	Is the organization an agent, trustee, custodia	an, or other interme	diary for	contribution	ns or other as	sets not	included		_		
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fo	llowing t	able:							
									Amount		
С	Beginning balance						1c				
	Additions during the year										
	Distributions during the year										
f	Ending balance										
2a	Did the organization include an amount on Fo							\square	Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planatio	n has been	provided in F	Part XIII					
Pai	t V Endowment Funds Complete if	the organization and	swered "	'Yes" on For	m 990, Part	IV, line 10).				
		(a) Current year		Prior year			(d) Three ye	ars back	(e) Four	years b	ack
1a	Beginning of year balance										_
	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
	Other expenditures for facilities										
·	. '										
f	and programs Administrative expenses										
											—
g	End of year balance				\\						—
2	Provide the estimated percentage of the curr	•	•	g, column (a))) rieid as.						
a	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
С		%									
_	The percentages on lines 2a, 2b, and 2c should be a sh	•									
За	Are there endowment funds not in the posses	ssion of the organiza	ation tha	t are held ar	nd administei	red for th	е		Г	V	<u></u>
	organization by:									Yes	No
	(i) Unrelated organizations?								3a(i)		
									3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization								3b		
4	Describe in Part XIII the intended uses of the		wment f	unds.							
Pai	t VI Land, Buildings, and Equipm										
	Complete if the organization answered			/, line 11a. S	See Form 990	, Part X,	line 10.				
	Description of property	(a) Cost or o basis (investr			or other (other)	. ,	ccumulated preciation	i	(d) Book	value	
1a	Land										
	Buildings										
	Leasehold improvements			17	7,090.	1	L18,57		58	,51	5.
	Equipment	I		2	4,259.		24,25	9.			0.
	Other										
	. Add lines 1a through 1e. (Column (d) must e		X. line 1	0c. column	(B))				58	,51	5.
_	• • • •			·							_

Schedule D (Form 990) 2023

OLIVE OF SOCIONAL LINEAR CHAIR	EC CENTED EOD	CAFECDODE 47	20475070 - 2
Schedule D (Form 990) 2023 UNITED STATE Part VIII Investments - Other Securities	ES CENTER FOR	SAFESPORT 47	-2475870 Page 3
Complete if the organization answered "Yes"	on Form 990 Part IV line 1:	1h See Form 990 Part X line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(A) E:	(b) Book value	(c) Wethod of Valuation. Cost of en	u-or-year market value
(1) Financial derivatives			
(2) Closely held equity interests (3) Other			
(A) FIXED INCOME INVESTMENTS	4,089,214.	END-OF-YEAR MARKET	VALUE
(B) INTERNATIONAL DEVELOPED	4,000,214.	IND OF THAN PARKET	VALOL
(C) BONDS	956,655.	END-OF-YEAR MARKET	VALUE
(D)	33070331		V1111011
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	5,045,869.		
Part VIII Investments - Program Related.	0/020/0000		
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)	. ,		·
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, col	. (B))		
Part X Other Liabilities Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2023

(7) (8) (9)

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))

Schedule D (Form 990) 2023

SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number UNITED STATES CENTER FOR SAFESPORT 47-2475870

Part I Fundraising Activities required to complete this part	 Complete if the organization answet. 	red "Y	es" or	n Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
 1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d X In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, F b If "Yes," list the 10 highest paid indicompensated at least \$5,000 by the 	e X Solicitat f X Solicitat g Special or oral agreement with any individual cart VII) or entity in connection with prividuals or entities (fundraisers) pursuit	tion of tion of fundra (includ	non-g gover lising of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	X Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contribu	ustody trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
1ST DEGREE - 9720 CAPITAL		Yes	No			
COURT, SUITE 400, MANASSAS,	FUNDRAISING RESEARCH		Х	0.	43,619.	0.
AFFINITY - 4800 WADSWORH BLVD, WHEAT RIDGE, CO 80033	FUNDRAISING REGISTRATIONS		Х	0.	6,420.	0.
Total 3 List all states in which the organization or licensing. AK, AL, AR, AZ, CA, CO, CT, MS, MT, NC, ND, NE, NH, NJ, WY	DC,DE,FL,GA,HI,IA,	ontribi	utions	N, KS, KY, LA	,MA,MD,ME,	MI,MN,MO

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

SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990) 2023

Pa			oss income on Form 990	"Yes" on Form 990, P EZ, lines 1 and 6b. List	art IV, line 18, or reported t events with gross receip	
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
ē			(event type)	(event type)	(total number)	COI. (C))
Revenue	1	Gross receipts				
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
		Cash prizes				
		Noncash prizes				
enses		Rent/facility costs				
Direct Expenses		Food and beverages				
Dire		Entertainment				
	9	Other direct expenses				
	10	,	٠,			
Pa		Net income summary. Subtract line 10 from I Gaming. Complete if the organization				
		\$15,000 on Form 990-EZ, line 6a.	answered res on Form	1990, Fait IV, iiile 19, 0	i reported more than	
0			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			(a) Birigo	bingo/progressive bingo) (c) Other garning	col. (a) through col. (c)
Rev	1	Gross revenue				
es	2	Cash prizes				
ect Expenses	3	Noncash prizes				
Direct E	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes % No	% Yes % 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)			
•	En	tor the eteta(a) in which the organization condu	uoto gomina antivition:			
а	ls t	ter the state(s) in which the organization condu the organization licensed to conduct gaming a No," explain:	ctivities in each of these			Yes No
	_					
		ere any of the organization's gaming licenses re			x year?	Yes No
О	11 "	Yes," explain:				
	_					

Schedule G (Form 990) 2023

332082 09-13-23

Schedu	ule G (Form 990) 2023 UNITED STATES CENTER FOR SAFESPORT 47-	<u> 2475870</u>	Page 3
11 D	oes the organization conduct gaming activities with nonmembers?	Yes	☐ No
	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
	dicate the percentage of gaming activity conducted in:		
a Th	ne organization's facility	13a	<u>%</u>
	n outside facility	13b	%
14 Er	nter the name and address of the person who prepares the organization's gaming/special events books and records:		
N	ame		
_			
A	ddress		
15a D	oes the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b If	"Yes," enter the amount of gaming revenue received by the organization \$ and the amount		
	gaming revenue retained by the third party \$		
	"Yes," enter name and address of the third party:		
N	ame		
A	ddress		
16 G	aming manager information:		
IN:	ame		
G	aming manager compensation \$		
G	anning manager compensation \$		
D	escription of services provided		
-			
_			
	Director/officer Employee Independent contractor		
17 M	andatory distributions:		
a Is	the organization required under state law to make charitable distributions from the gaming proceeds to		
re	tain the state gaming license?	· L Yes	└─ No
b Er	nter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	ganization's own exempt activities during the tax year \$		
Part	Treviae the explanations required by Fart 1, line 25, columns (iii) and (v), and re	art III, lines 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
ССПІ	TOTT E C DADM T ITNE OD ITCM OF MEN UTCUECM DATD FINDDATCED	a.	
<u>эспі</u>	EDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISER	5;	
(I)	NAME OF FUNDRAISER: 1ST DEGREE		
<u>\ - /</u>			
(I)	ADDRESS OF FUNDRAISER:		
9720	CAPITAL COURT, SUITE 400, MANASSAS, VA 20110		

Schedule G	G (Form 990)	UNITED	STATES	CENTER	FOR	SAFESPORT	47-2475870	Page 4
Part IV	G (Form 990) Supplemental Infor	mation (cont	finued)					
		COM	inaca)					

SCHEDULE J (Form 990)

Department of the Treasury

Compensation Information

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

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

Attach to Form 990.

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

2023

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Part I Questions Regarding Compensation

UNITED STATES CENTER FOR SAFESPORT

Employer identification number 47-2475870

			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7	Х	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			_
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 (1958-6/c)?	۱۵	l	l

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

Schedule J (Form 990) 2023

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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred (D) Nontaxable benefits		(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) JU'RIESE COLON	(i)	349,351.	58,000.	475.	13,913.	6,393.	428,132.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MARTHA VAN GELDER	(i)	212,859.	1,200.	509.	10,703.	11,811.	237,082.	0.
VP, MARKETING, EDUCATION &	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) HANNAH HINTON	(i)	211,219.	3,700.	507.	10,746.	6,475.	232,647.	0.
VP, ORGANIZATIONAL DEVELOP	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) BOBBY CLICK	(i)	174,383.	37,013.	82.	8,719.	1,121.	221,318.	0.
VP, RESPONSE & RESOLUTION	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) JEE GROVER	(i)	195,590.	1,200.	482.	0.	10,828.	208,100.	0.
SENIOR DIRECTOR, TECHNOLOGY	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) JORGE FERNANDEZ	(i)	168,077.	15,800.	0.	8,752.	13,063.	205,692.	0.
CHIEF FINANCIAL & ADMIN OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) BRIAN TOMLINSON	(i)	168,075.	2,700.	538.	8,539.	19,167.	199,019.	0.
DIRECTOR, INVESTIGATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) ERIC WILLIAMS	(i)	166,276.	2,700.	917.	7,133.	16,194.	193,220.	0.
DEPUTY VP, INVESTIGATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) HILLARY NEMCHIK	(i)	175,000.	2,700.	260.	0.	11,786.	189,746.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) MONICA RIVERA	(i)	165,692.	11,100.	377.	0.	5,860.	183,029.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) HEATHER O'BRIEN	(i)	111,338.	64,514.	127.	4,088.	2,698.	182,765.	0.
FORMER SENIOR LEGAL COUNSEL, R&R	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
PART I, LINE 7:
CEO BONUSES ARE DETERMINED AT THE DISCRETION OF THE EXECUTIVE COMMITTEE.

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2023
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

UNITED STATES CENTER FOR SAFESPORT

Employer identification number 47-2475870

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: DELIVERS COMPREHENSIVE ABUSE PREVENTION EDUCATION WITHIN AND OUTSIDE OF THE U.S. OLYMPIC AND PARALYMPIC MOVEMENT. INVESTIGATES AND RESOLVES ALLEGATIONS OF ABUSE AND MISCONDUCT AND INCLUDING TEMPORARY AND PERMANENT BANS FROM SPORT. LEVIES SANCTIONS, INCLUDING THE SAFESPORT CODE AND THE ESTABLISHES SAFETY POLICIES, MINOR ATHLETE ABUSE PREVENTION POLICIES (MAAPP). FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: 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: AND BOARD MEMBERS ARE COVERED BY THE CONFLICT OF ALL STAFF, OFFICERS, 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, IS DETERMINED USING SALARY ANALYSIS, INCLUDING PAYFACTORS AND
For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2023

LHA 332211 11-14-23

Schedule O (Form 990) 2023 Page 2 Name of the organization **Employer identification number** UNITED STATES CENTER FOR SAFESPORT 47-2475870 SALARY.COM BENCHMARKING AGAINST SIMILAR POSITIONS ON ONLINE JOB BOARDS, SUCH AS INDEED AND THE COLORADO NONPROFIT ASSOCIATION; AND SALARY SURVEYS CONDUCTED BY EMPLOYER'S COUNCIL. THE MOST RECENT SALARY ANALYSIS WAS CONDUCTED IN 2023. ADDITIONALLY, FOR CEO COMPENSATION REVIEW, COMPARATIVE DATA FROM ORGANIIZATIONS WITHIN THE OLYMPIC MOVEMENT WERE REVIEWED AND A COMPENSATION ANALYSIS WAS CONDUCTED BY AN EXTERNAL AGENCY. COMPENSATION FOR COVERED PERSONS IS REVIEWED AT LEAST ANNUALLY BY THE MANAGEMENT TEAM AND THE INDEPENDENT DIRECTORS OF THE COMPENSATION COMMITTEE AND DISCUSSED WITH THE CHAIRMAN OF THE BOARD OF DIRECTORS OF THE CENTER. THESE REVIEWS ARE DOCUMENTED IN THE MEETING MINUTES. 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.