

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

2022	
Open to Public Inspection	

ΑF	or the	2022 calendar year, or tax year beginning	and	ending				
<b>B</b> c	Check if opplicable	C Name of organization			D Employer identif	ication number		
	Addres	UNITED STATES SAILING ASSOCIATION	, INC.					
	Name change	Doing business as			13-1671529			
	Initial return	Number and street (or P.O. box if mail is not del	ivered to street address)	Room/suite	E Telephone number			
	Final return/	1 ROGER WILLIAMS UNIVERSITY WAY			401-342-790			
_	terminated  Ameno	1	ZIP or foreign postal code		G Gross receipts \$	15,297,687.		
	return □Applic	BR1310H, R1 02009	TER MOVEGON		H(a) Is this a group i			
	tion pendin	F Name and address of principal officer:	IER MONOSON		for subordinate			
		SAME AS C ABOVE			H(b) Are all subordinates			
		empt status: X 501(c)(3) 501(c) ( )	(insert no.) 4947(a)(1)	or 527	1	a list. See instructions		
_	<b>Nebsit</b>		: 🖂 ۵.:		H(c) Group exemption	•		
	orm of	organization: X Corporation Trust As Summary	sociation Other	<b>L</b> Year	of formation: 1897	M State of legal domicile: NY		
•	1	Briefly describe the organization's mission or most	significant activities: INCREA	SE SAILIN	G PARTICIPATION			
Governance		AND EXCELLENCE THROUGH EDUCATION, COM						
rna	2	Check this box if the organization discor	ntinued its operations or dispos	ed of more	than 25% of its net as	sets.		
ove.	3	Number of voting members of the governing body	(Part VI, line 1a)		3	16		
	4	Number of independent voting members of the gov	verning body (Part VI, line 1b)		4	16		
Š	5	Total number of individuals employed in calendar y	ear 2022 (Part V, line 2a)		5	75		
Ĭ	6	Total number of volunteers (estimate if necessary)			6	350		
Activities		Total unrelated business revenue from Part VIII, col				0.		
	b	Net unrelated business taxable income from Form	990-T, Part I, line 11			0.		
					Prior Year	Current Year		
Φ	8	Contributions and grants (Part VIII, line 1h)			4,634,322.	<del></del>		
au	9	Program service revenue (Part VIII, line 2g)		5,784,504.	6,288,354.			
Revenue		Investment income (Part VIII, column (A), lines 3, 4,		58,228.	63,368.			
ш	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c,	9c, 10c, and 11e)		615,235.	440,273.		
	12	Total revenue - add lines 8 through 11 (must equal	Part VIII, column (A), line 12)		11,092,289.	14,807,478.		
	13	Grants and similar amounts paid (Part IX, column (A	A), lines 1-3)		223,849.	547,389.		
	1	Benefits paid to or for members (Part IX, column (A			0.	0.		
S	15	Salaries, other compensation, employee benefits (F			5,001,382.	<del>                                     </del>		
Expenses	16a	Professional fundraising fees (Part IX, column (A), li			0.	0.		
ğ	b	Total fundraising expenses (Part IX, column (D), line						
Ш	''	Other expenses (Part IX, column (A), lines 11a-11d,			6,239,896.	<del></del>		
	18	Total expenses. Add lines 13-17 (must equal Part I)	K, column (A), line 25)		11,465,127.	<del> </del>		
		Revenue less expenses. Subtract line 18 from line	12		-372,838.			
Net Assets or Fund Balances				Ве	ginning of Current Year	End of Year		
Sset	20	Total assets (Part X, line 16)			8,027,126.			
at Age	21	Total liabilities (Part X, line 26)			3,709,897.			
Ž,	rt II	Net assets or fund balances. Subtract line 21 from Signature Block	line 20		4,317,229.	4,801,639.		
			including accompanying achadular	and statema	unto and to the heat of m	vy knovyladao and haliaf it ia		
		lties of perjury, I declare that I have examined this return, t, and complete. Declaration of preparer (other than office				y knowledge and belief, it is		
uue,	, correc	i, and complete. Deciaration of preparer (other than office	1) is based on all illiornation of wi	iicii preparei	lias any knowledge.			
C: ~.	_	Signature of officer			I Date			
Sigi		HEATHER MONOSON, CHIEF FINANCIAL OFFIC	TER					
Her	е	Type or print name and title	50K					
		Print/Type preparer's name	Preparer's signature	10	Date Check	PTIN		
Paid		• • •	SANDY ROSS		if self-emplo			
	arer	Firm's name KAHN, LITWIN, RENZA & CO.			Firm's EIN	05-0409384		
	Only	Firm's address 951 NORTH MAIN STREET	, · · ·		THIII 3 LIN			
	J <b>,</b>	PROVIDENCE, RI 02904			Phone no 40:	1-274-2001		
Mav	the IF	RS discuss this return with the preparer shown about	ve? See instructions		11 110110 110.	X Yes No		
<b>.</b> . y		no return the property chown abo						

Pai	rt III	Statement of Program Service Accomplishments	
		Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly	y describe the organization's mission:	
	THE	ORGANIZATIONS MISSION IS TO INCREASE SAILING PARTICIPATION AND	
	EXCE	LLENCE THROUGH EDUCATION, COMPETITION, AND EQUAL OPPORTUNITY WHILE	
	UPHO	LDING THE PRINCIPLES OF FAIR PLAY, SPORTSMANSHIP, AND SAFETY.	
2	Did th	ne organization undertake any significant program services during the year which were not listed on the	
		Form 990 or 990-EZ?	Yes X No
		s." describe these new services on Schedule O.	
3		ne organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
•		s," describe these changes on Schedule O.	
4		ribe the organization's program service accomplishments for each of its three largest program services, as measured by ε	avnenses
7		on 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total ex	
		ue, if any, for each program service reported.	perises, and
 4а			1 098 407 )
40		OLYMPIC PROGRAM PROVIDES TRAINING AND SUPPORT OF THE TEAMS AND	
		VIDUALS PREPARING FOR OLYMPIC COMPETITIONS. SUPPORT INCLUDES	
		HING, HEALTH AND NUTRITION COUNSELING, PHYSICAL AND PSYCHOLOGICAL	
	STRE	NGTHENING, LOGISTICS, AND WEATHER FORECASTING SUPPORT.	
4b	(Code:	) (Expenses \$ 2 , 248 , 231 . including grants of \$ 35 , 000 . ) (Revenue \$	2,416,803.
	THE	YOUTH PROGRAMS PROVIDES YOUTH TRAINING AND CERTIFICATION OF	_
	INST	RUCTORS FOR BEGINNING INTERMEDIATE AND ADVANCED SAILING CLASSES	
	PROV	IDED THROUGHOUT THE US. FOR LEARN-TO-SAIL PROGRAMS AND SMALL BOAT	
	PROG	RAMS WITH A GOAL OF PROMOTING PARTICIPATION IN BOATING AND ON-WATER	
	ACTI	VITIES. THESE SERVICES ARE ALSO CONDUCTED IN ASSOCIATION WITH	
	VARI	OUS INTERNATIONAL SAIL TRAINING ORGANIZATIONS, ALSO CONDUCTS AND	
		GES UNITED STATES SAILING CHAMPIONSHIP EVENTS TO DETERMINE NATIONAL	
		PIONS IN SUCH AREAS AS YOUTH MULTIHULL CHAMPIONSHIP AND JUNIOR	
		PIC EVENTS ARE CONDUCTED ALL ACROSS THE COUNTRY TO ENCOURAGE THOSE	
		ARE CONSIDERING OLYMPIC CAMPAIGNS.	
4-	/a .	) (Expenses \$ 966,232. including grants of \$ ) (Revenue \$	101 176 \
4c	(Code:	) (Expenses \$966,232. including grants of \$) (Revenue \$)  EDUCATION DEVELOPS PRODUCTS AND PROGRAMS THAT SUPPORT THE VARIOUS	101,170.
		TITUENT SECTIONS OF US SAILING (YOUTH, ADULT, AND RACE	
		NISTRATION). ADDITIONALLY RESPONSIBLE FOR SCHEDULING OF EDUCATIONAL	
		SES AND SEMINARS, RESPONSIBLE FOR MANAGING THE ORGANIZATIONAL	
		TIONSHIPS WITH THE US COAST GUARD, NATIONAL ASSOCIATION OF STATE	
	BOAT	ING ADMINISTRATORS (NASBLA) ,AND NATIONAL SAFE BOATING COUNCIL.	
4d	Other	program services (Describe on Schedule O.)	
_	(Expens	1 566 055	•)
4e		program service expenses 11,043,931.	
	_		Form <b>990</b> (2022)

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#### 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_	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
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		Х
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		х
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		х
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? <i>If</i> "Yes," <i>complete</i>			
	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	ا ا		
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,	10		
••	as applicable.			
_	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а		11a	х	
h	Part VI  Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	1 Ia		
D		446		x
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
a	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in		v	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	_
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		_
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
40	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	_
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		v	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	177
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	ا		•
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	l		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			.,
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. 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

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Part IV	Ch	ecklist of Required Schedules	(continued

ı aı	Officerist of nequired Scriedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	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		х	
04 -	Schedule J	23	Λ	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			x
	Schedule K. If "No," go to line 25a	24a		
	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	040		
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		x
<b>L</b>	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	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	OEL		x
26	Schedule L, Part I  Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	25b		<del></del>
26				1
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	26		x
27	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	20		<del></del>
21	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			
	·······································	27		x
20	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	21		
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):			
_	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
а		28a		x
h	"Yes," complete Schedule L, Part IV  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?   ### A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?   ###################################	200		
C	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
00	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	-		
UZ.	Schedule N. Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	U		
-	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	50		
٠.	Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	-		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
-	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pa		•		
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 246	5		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

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022) UNITED STATES SAILING ASSOCIATION, INC.

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			Yes	No							
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,										
	filed for the calendar year ending with or within the year covered by this return 2a 75										
b	<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?										
За	Ba Did the organization have unrelated business gross income of \$1,000 or more during the year?										
b	<b>b</b> If "Yes," has it filed a Form 990-T for this year? <i>If</i> "No" to line 3b, provide an explanation on Schedule O										
	<b>a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a										
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?										
b	<b>b</b> If "Yes," enter the name of the foreign country										
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).										
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х							
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х							
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c									
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit										
	any contributions that were not tax deductible as charitable contributions?	6a		Х							
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts										
	were not tax deductible?	6b									
7	Organizations that may receive deductible contributions under section 170(c).										
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X							
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b									
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required										
_	to file Form 8282?	7c		Х							
	If "Yes," indicate the number of Forms 8282 filed during the year	_		v							
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X							
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f									
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h									
_	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?										
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8									
9											
	Did the sponsoring organization make any taxable distributions under section 4966?	9a									
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b									
10	Section 501(c)(7) organizations. Enter:										
а	Initiation fees and capital contributions included on Part VIII, line 12										
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities										
11	Section 501(c)(12) organizations. Enter:										
а	Gross income from members or shareholders										
	Gross income from other sources. (Do not net amounts due or paid to other sources against										
	amounts due or received from them.)										
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a									
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year										
	Section 501(c)(29) qualified nonprofit health insurance issuers.										
а	Is the organization licensed to issue qualified health plans in more than one state?	13a									
	<b>Note:</b> 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 organization is licensed to issue qualified health plans										
•	organization is licensed to issue qualified health plans  Enter the amount of reserves on hand  13b  13c										
	Did the appropriation proving any property for indeed to price or price of price the tay years.	14a									
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b									
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or										
	excess parachute payment(s) during the year?	15		х							
	If "Yes," see the instructions and file Form 4720, Schedule N.										
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		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 activities										
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17									
	If "Yes," complete Form 6069.										

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8a

Х 8b

Yes

Nο

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 16 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. 16 **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 Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, trustees, or key employees to a management company or other person? 3 Х 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 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? 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? 7b

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

organization's mailing address? If "Yes." provide the names and addresses on Schedule O

Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the

Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?

**b** Each committee with authority to act on behalf of the governing body?

10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process 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			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		

#### Section C. Disclosure

List the states with which a copy of this Form 990 is required to be filed RI,NH,CT,OR,NY,CO,MI,CA,FL,MA,MD,IL

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

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.

State the name, address, and telephone number of the person who possesses the organization's books and records HEATHER MONOSON - 401-342-7900

SEE SCHEDULE O FOR FULL LIST OF STATES

1 ROGER WILLIAMS UNIVERSITY WAY, BRISTOL, RI 02809

# 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	(do box	not c	Pos heck	ition		one n an	(D)  Reportable compensation	(E) Reportable compensation from related	(F) Estimated amount of other
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) ALAN OSTFIELD	37.50							200 502		05 400
CHIEF EXECUTIVE OFFICER/NON VOTING (2) PAUL CAYARD	3.00	Х		Х				389,783.	0.	25,488.
(2) PAUL CAYARD OLYMPIC EXECUTIVE DIRECTOR	37.50	-		х				252 701	0.	10 227
(3) HEATHER MONOSON	37.50			_				253,781.	0.	19,337.
CHIEF FINANCIAL OFFICER	3,00	1		х				189,287.	0.	10 054
(4) JILL NOSACH	37.50							105,207.	· ·	10,054.
CHIEF DEVELOPMENT OFFICER (TO 10/22)	3.00	1				x		178,194.	0.	15,396.
(5) ANDREW CLOUSTON	37.50					<del> </del>		170,151.	•	20,000.
SVP PROGRAMS & SERVICES		1				x		143,071.	0.	9,850.
(6) LUTHER CARPENTER	37,50									
OLYMPIC HEAD COACH		1				x		138,489.	0.	0.
(7) JOSE L SPINA	37.50							,		
DIRECTOR-ODP		1				x		134,271.	0.	0.
(8) RILEY SCHUTT	37.50									
USST IR&D PERFORMANCE ANAY						х		130,758.	0.	0.
(9) RICHARD JEPSEN	10.00									_
PRESIDENT/DIRECTOR		х		х				0.	0.	0.
(10) MARIE ROGERS	10.00									
VICE PRESIDENT/DIRECTOR (AS OF 10/22		Х		Х				0.	0.	0.
(11) JOHN SCHOENDORF	10.00									
TREASURER/DIRECTOR		Х		Х				0.	0.	0.
(12) CHARLIE ARMS	5.00									
SECRETARY/DIRECTOR		Х		Х				0.	0.	0.
(13) HENRY BRAUER	5.00									
DIRECTOR		Х						0.	0.	0.
(14) PAMELA HEALY	5.00									
DIRECTOR (AS OF 10/22)		Х						0.	0.	0.
(15) SARAH LIHAN	5.00									
DIRECTOR		Х						0.	0.	0.
(16) STAN HONEY	5.00	-								
DIRECTOR (AS OF 10/22)		Х						0.	0.	0.
(17) RUSSELL LUCAS	5.00	-								_
DIRECTOR		Х						0.	0.	0.

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Form 990 (2022) UNITED STATE:	S SAILING A	sso	CIA	TIO	N,	INC			13-167152	9	Pa	age 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hiç	ghes	t Co	ompensated Employee	s (continued)			
(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(do box		Posi heck r	ition more son is recto	than o	one an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E)  Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	am comp fro orga and	(F) timate tount of other oensate om the anization I relate nization	of tion e on ed
(18) TONY REY	5.00											_
DIRECTOR (10) TUDGE DVAN	F 00	Х						0.	0.			0.
(19) JUDGE RYAN DIRECTOR	5.00	x						0.	0.			0.
(20) MAGGIE SHEA	5.00	21						· ·	· ·			<del></del>
DIRECTOR		х						0.	0.			0.
(21) JUSTIN SHAFFER	5.00											
DIRECTOR		х						0.	0.			0.
(22) SHEILA TOLLE	5.00											
DIRECTOR (AS OF 10/22)		Х						0.	0.			0.
(23) WILLIAM RUH	5.00											
DIRECTOR-FOUNDATION PRESIDENT	5.00	Х						0.	0.			0.
1b Subtotal								1,557,634.	0.		80,3	125.
c Total from continuation sheets to Part VI								0.	0.			0.
d Total (add lines 1b and 1c)								1,557,634.	0.		80,3	125.
2 Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	d ab	ove	) wh	o re	ceived more than \$100,	000 of reportable			9
compensation from the organization											Yes	No
3 Did the organization list any <b>former</b> officer, line 1a? If "Yes," complete Schedule J for s	•		•		•		•	•	•	3		х

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

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services 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.

(A) Name and business address	NONE	<b>(B)</b> Description of services	(C) Compensation
2 Total number of independent contractors (including but i	not limited to those listed	above) who received more than	

Form 990 (2022)

\$100,000 of compensation from the organization

Form 990 (2022) UNITED STA

		Check if Schedule O co	ntains a re	sponse o	or note to any lin	e in this Part VIII			
					,	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
							Turiction revenue	business revenue	sections 512 - 514
ts ts	1 a	Federated campaigns	1	la					
, Gran moun		Membership dues		lb					
E G	С	Fundraising events		lc					
ifts ar A		Related organizations		ld	6,163,412.				
s, G		Government grants (contribu		le					
Sign	f	All other contributions, gifts, gra	ants, and						
Contributions, Gifts, Grants and Other Similar Amounts		similar amounts not included at	bove	lf	1,852,071.				
	g	Noncash contributions included in line	es 1a-1f	lg \$	862,095.				
	h	Total. Add lines 1a-1f				8,015,483.			
					Business Code				
e l	2 a	YOUTH PROGRAMS			711300	2,320,421.	2,320,421.		
r e vic	b	ADULT PROGRAMS			711300	1,930,177.	1,930,177.		
Se	С	OLYMPIC PROGRAM			711300	1,088,405.	1,088,405.		
am	d	OFFSHORE RACE SUPPORT	Г		711300	848,175.	848,175.		
Program Service Revenue	е	OTHER EDUCATION SERVI	IC		711300	101,176.	101,176.		
Ā	f	All other program service re-	venue						
	g	Total. Add lines 2a-2f				6,288,354.			
	3	Investment income (includin	ng dividenc	ls, intere	st, and				
		other similar amounts)				28,934.			28,934.
	4	Income from investment of t	tax-exemp	t bond p	roceeds				
	5	Royalties				870.			870.
			(i) F	Real	(ii) Personal				
	6 a	Gross rents6	6a						
	b	Less: rental expenses	6b						
	С	Rental income or (loss)	6c						
	d	Net rental income or (loss)							
	7 a	Gross amount from sales of	(i) Sec	curities	(ii) Other				
		assets other than inventory	7a 22	8,261.	47,000.				
	b	Less: cost or other basis							
ıne		and sales expenses	<b>7b</b> 22	7,312.	13,515.				
Revenue	С	Gain or (loss)	7c	949.	33,485.				
	d	Net gain or (loss)		·····		34,434.			34,434.
ther	8 a	Gross income from fundraising	events (no	t					
ᅙ		including \$		of					
		contributions reported on lin		I					
		Part IV, line 18							
		Less: direct expenses							
		Net income or (loss) from full	-						
	9 a	Gross income from gaming		I					
		Part IV, line 19							
		Less: direct expenses							
		Net income or (loss) from ga		ities					
	10 a	Gross sales of inventory, les			670 702				
	_	and allowances							
		Less: cost of goods sold			249,382.	420 401	420, 401		
-	С	Net income or (loss) from sa	ales of inve	ntory	Business Code	429,401.	429,401.		
S		MISCELLANEOUS INCOME			Business Code 711300	10 002	10 002		
Miscellaneous Revenue	11 a	-			/11300	10,002.	10,002.		
llar	b								
Sce	C C								
Ξ		All other revenue				10,002.			
	<u>е</u> 12	Total rayanua Saa instructions				14,807,478.	6,727,757.	0.	64,238.
	14	Total revenue. See instructions	o			1 11,007,470.	1 3,747,737.		1 34,230.

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## Form 990 (2022) UNITED STATES SAILI Part IX | Statement of Functional Expenses

Par	t IX Statement of Functional Expense	es			
Section	on 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All othe	er organizations must con	nplete column (A).	
	Check if Schedule O contains a respon-	7.5.		(0)	<u>X</u>
	ot include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	35,000.	35,000.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	512,389.	512,389.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
_	individuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
5	Compensation of current officers, directors,	887,729.	636,968.	194,217.	56 544
_	trustees, and key employees	007,729.	030,300.	194,217.	56,544.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B)	3,917,255.	3,298,360.	484,545.	134,350.
8	Pension plan accruals and contributions (include	-,,	2,222,222		
5	section 401(k) and 403(b) employer contributions)	231,785.	186,156.	36,720.	8,909.
9	Other employee benefits	661,768.	535,191.	102,303.	24,274.
10	Payroll taxes	418,515.	329,652.	75,151.	13,712.
11	Fees for services (nonemployees):	,	,	,	,
	Management				
	Legal	38,519.	35,742.	2,050.	727.
	Accounting	50,370.	46,204.	3,075.	1,091.
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	4,794.		4,794.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)	1,687,357.	1,555,459.	97,363.	34,535.
12	Advertising and promotion	39,540.	8,426.	29,982.	1,132.
13	Office expenses	877,111.	496,874.	297,491.	82,746.
14	Information technology	131,031.	85,824.	33,237.	11,970.
15	Royalties				
16	Occupancy	266,565.	230,213.	19,117.	17,235.
17	Travel	1,620,563.	1,530,635.	74,257.	15,671.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	224 640	214 226	6 502	2 021
19	Conferences, conventions, and meetings	224,649.	214,226.	6,592.	3,831. 57.
20	Interest	304.	330.	191.	57.
21	Payments to affiliates	391,170.	342,721.	39,483.	8,966.
22		201,627.	122,378.	61,715.	17,534.
23 24	Other expenses. Itemize expenses not covered	201,027.	122,370.	01,713.	1,,331.
24	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	BAD DEBT EXPENSE	948,259.		948,259.	
b	SPONSORSHIP EXPENSE	878,238.	763,366.	109,509.	5,363.
C	CERTIFICATES	77,811.	77,811.	, ,	, ,
d		, -	, -		
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	14,102,629.	11,043,931.	2,620,051.	438,647.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				- 000

Form 990 (2022)

## Form 990 (2022) Part X | Balance Sheet

Part	<b>X</b>	Balance Sheet					
		Check if Schedule O contains a response or n	ote to any	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			1,501,864.	1	560,511
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			4,056,887.	3	6,276,10
	4	Accounts receivable, net			152,390.	4	157,36
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	stantial c	ontributor, or 35%			
		controlled entity or family member of any of th	ese perso	onsL		5	
	6	Loans and other receivables from other disqua	alified per				
		under section 4958(f)(1)), and persons describ	ed in sect	tion 4958(c)(3)(B)		6	
ပ္သ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			179,562.	8	189,67
¥	9	Description of the second seco			86,025.	9	183,47
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	. 10a	4,851,107.			
	b	Less: accumulated depreciation	. 10b	4,023,160.	1,192,965.	10c	827,94
	11	Investments - publicly traded securities			622,625.	11	1,972,49
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, lin	e 11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11	234,808.	15	1,538,21		
	16	Total assets. Add lines 1 through 15 (must ed	8,027,126.	16	11,705,78		
	17	Accounts payable and accrued expenses			1,596,322.	17	3,982,09
	18	Grants payable		18			
	19	Deferred revenue	2,078,915.	19	1,697,46		
	20	Tax-exempt bond liabilities				20	
-   :	21	Escrow or custodial account liability. Complet				21	
ا ي	22	Loans and other payables to any current or fo	rmer offic	er, director,			
<u> </u>		trustee, key employee, creator or founder, sub	stantial c	ontributor, or 35%			
Liabilities		controlled entity or family member of any of th	ese perso	ons		22	
<b>-</b>   ;	23	Secured mortgages and notes payable to unre	elated thir	d parties	34,660.	23	ı
:	24	Unsecured notes and loans payable to unrelate	ed third p	parties		24	
	25	Other liabilities (including federal income tax, )	oayables t	to related third			
		parties, and other liabilities not included on lin	es 17-24).	. Complete Part X			
		of Schedule D			0.	25	1,224,58
:	26	Total liabilities. Add lines 17 through 25			3,709,897.	26	6,904,14
		Organizations that follow FASB ASC 958, cl	neck here	e X			
Ces		and complete lines 27, 28, 32, and 33.					
<u>a</u>	27	Net assets without donor restrictions			2,061,149.	27	4,354,10
מ   מ	28	Net assets with donor restrictions		<u></u>	2,256,080.	28	447,53
		Organizations that do not follow FASB ASC	958, che	ck here			
[		and complete lines 29 through 33.					
ַ מ	29	Capital stock or trust principal, or current fund	ls			29	
Se	30	Paid-in or capital surplus, or land, building, or	equipmer	nt fund		30	
E AS	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			4,317,229.	32	4,801,63
	33	Total liabilities and net assets/fund balances			8,027,126.	33	11,705,782

Pai	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	14,	807,	478.
2	Total expenses (must equal Part IX, column (A), line 25)	2	14,	102,	629.
3	3 Revenue less expenses. Subtract line 2 from line 1				
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))4				
5	Net unrealized gains (losses) on investments	5	-	220,	439.
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	4,	801,	639.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.				
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?				Х
	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	<b>b</b> Were the organization's financial statements audited by an independent accountant?				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,				
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	c 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?				
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule 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?		3a		Х
b	<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2022)

#### **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

Open to Public Inspection

Name of the organization **Employer identification number** UNITED STATES SAILING ASSOCIATION, INC. 13-1671529 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). 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 X 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No 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.)

Galendar year (or fiscal year beginning in)  1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")  2 Tax revenues levied for the organization is benefit and either paid to or expended on its behalf  3 The value of services or facilities furnished by a governmental unit to the organization without charge  4 Total. Add lines 1 through 3  5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 256 of the amount shown on line 11, column (f)  6 Public support. Subract line 3 from line 4  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources and income from interest, dividends, payments received on securities loans, rents, royalties, and income from interest dividends, payments received on on 10 Other income. Do not include gain or loss from the sale of capital assest (Szyplain in Part VI.)  11 Total support. Add lines 7 through 10  22 Gross receipts from related activities, etc. (see instructions)  12 Gross receipts from related activities, etc. (see instructions)  15 Tiest 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(S) organization, check this box and stop here  Section C. Computation of Public Support Percentage  14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))  15 3 31/3% support test - 2022. If the organization old not ocheck a box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support test - 2022. If the organization old not ocheck a box on line 13, and line 14 is 33 1/3% or more, check this and stop here. The organization qualifies as a publicly supported organization	
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and income from similar sources  9 Net income from unrelated business activities, whether or not the business is regularly carried on  10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc. (see instructions)  13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))  15 Public support percentage from 2021 Schedule A, Part II, line 14  16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box as stop here. The organization qualifies as a publicly supported organization  18 b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this	
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17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or	
and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization	
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more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the	
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18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	orm 990) 2022

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#### 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						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")	4,572,849.	3,704,082.	4,358,051.	4,634,332.	7,182,723.	24,452,037.
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	5,340,201.	6,362,041.	5,427,567.	6,596,950.	7,829,231.	31,555,990.
2	Gross receipts from activities that	0,010,101.	0,002,011.	0,127,007.	0,000,000	,,025,202.	02,000,220.
3	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	9,913,050.	10,066,123.	9,785,618.	11,231,282.	15,011,954.	56,008,027.
7 <i>a</i>	Amounts included on lines 1, 2, and 3 received from disqualified persons	53,072.	104,045.	135,000.	25,000.	25,000.	342,117.
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year				·		0.
,	Add lines 7a and 7b	53,072.	104,045.	135,000.	25,000.	25,000.	342,117.
	Public support. (Subtract line 7c from line 6.)						55,665,910.
	ction B. Total Support						,,
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	9,913,050.	10,066,123.	9,785,618.	11,231,282.	15,011,954.	56,008,027.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources	47,717.	55,980.	13,738.	59,569.	29,804.	206,808.
t	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b  Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	47,717.	55,980.	13,738.	59,569.	29,804.	206,808.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	12,567.	37,867.	80,928.	16,023.	10,002.	157,387.
13	Total support. (Add lines 9, 10c, 11, and 12.)	9,973,334.	10,159,970.	9,880,284.	11,306,874.	15,051,760.	56,372,222.
	First 5 years. If the Form 990 is for th	e organization's fir	st, second, third, fo	ourth, or fifth tax y		01(c)(3) organizatio	on,
Sec	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2022 (li	ne 8, column (f), di	vided by line 13, c	olumn (f))		15	98.75 %
	Public support percentage from 2021					16	98.34 %
Sec	ction D. Computation of Inves	tment Income	Percentage				
17	Investment income percentage for 20	<b>22</b> (line 10c, colum	nn (f), divided by lin	e 13, column (f))		17	.37 %
18						18	.46 %
19a	a 33 1/3% support tests - 2022. If the	organization did no	ot check the box o	n line 14, and line	15 is more than 33	3 1/3%, and line 17	
b	more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the						nd
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organizatio						

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Schedule A (Form 990) 2022

#### 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		
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2		
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OD .		
3c		
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4a		
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4c		
5a		
5b		
5c		
6		
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3		
9a		
9b		
9c		
10a		
10b		
ule A (Forr	n 990)	2022

Pa	rt IV Supporting Organizations (continued)			
		)	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	а		
b	A family member of a person described on line 11a above?	b		
	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.	c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		100	110
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  Did the organization operate for the benefit of any supported organization other than the supported			
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	·			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization			
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations			
	tion of type it supporting organizations	$\neg$	<b>V</b> = 0	—
	Ware a majority of the expeniention's divectors by twistons during the toy year also a majority of the divectors		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
Sec	the supported organization(s). tion D. All Type III Supporting Organizations			
	tion D. All Type in Supporting Organizations	т,	<b>4</b>	
			Yes	<u>No</u>
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).			
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
0	supported organizations played in this regard.			
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instruc	tion <u>s)</u>	)	
2	Activities Test. Answer lines 2a and 2b below.	`	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	1	$\rightarrow$	
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	ر		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	1		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Ves " describe in Part VI the role played by the organization in this regard	,		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on N	Nov. 20, 1970 ( explain in I	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	st complete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
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-functional	ally integrate	d Type III supporting orga	nization (see
	instructions).			

Schedule A (Form 990) 2022

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes	1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	5	
_6	Other distributions (describe in Part VI). See instructions.		6	
_7_	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2022 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
		(i)	(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2022	Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022 (reason-			
	able cause required - explain in Part VI). See instructions.			
_3_	Excess distributions carryover, if any, to 2022			
a	From 2017			
b	From 2018			
c	From 2019			
d	From 2020			
e	From 2021			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2022 distributable amount			
<u>i</u>	Carryover from 2017 not applied (see instructions)			
<u>j_</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from Section D,			
	line 7: \$			
<u>a</u>	Applied to underdistributions of prior years			
<u> </u>	Applied to 2022 distributable amount			
<u> </u>	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2022. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j			
	and 4c.			
_8_	Breakdown of line 7:			
	Excess from 2018			
	Excess from 2019			
	Excess from 2020			
<u>a</u>	Excess from 2021  Excess from 2022			

Schedule A (Form 990) 2022

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

#### SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

orm 990) Part l

#### **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.

2022
Open to Public

Name of the organization

Employer identification number

UNITED STATES SAILING ASSOCIATION, INC. 13-1671529 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year ..... Aggregate value of contributions to (during year) 2 3 Aggregate value of grants from (during year) Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds 5 are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last Held at the End of the Tax Year day of the tax year. Total number of conservation easements 2a Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after July 25,2006, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

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Schedule D (Form 990) 2022

Par	rt III Organizations Maintaining (	Collections of Art	t, Historical Tre	asures, or Oth	er Si	milar Asset	s (contir	nued)	age –
3	Using the organization's acquisition, access	ion, and other records	s, check any of the f	ollowing that make	signifi	cant use of its			
	collection items (check all that apply):								
а	Public exhibition	d	l Dan or excl	hange program					
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's of	collections and explain	n how they further th	e organization's ex	kempt p	ourpose in Par	XIII.		
5	During the year, did the organization solicit	or receive donations o	of art, historical treas	sures, or other simi	lar asse	ets			
	to be sold to raise funds rather than to be m						Yes		No
Par	t IV Escrow and Custodial Arrar		ete if the organization	n answered "Yes"	on Forr	m 990, Part IV,	line 9, or		
	reported an amount on Form 990, Pa								
1a	Is the organization an agent, trustee, custoo						_	_	_
	on Form 990, Part X?					L	Yes		No
b	If "Yes," explain the arrangement in Part XII	and complete the fol	lowing table:		_				
							Amoun	t	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance				L	1f	_		
2a	Did the organization include an amount on I	Form 990, Part X, line	21, for escrow or cu	istodial account lia	bility?	L	Yes		_ No
	If "Yes," explain the arrangement in Part XII								
Par	rt V Endowment Funds. Complete								
		(a) Current year	(b) Prior year	(c) Two years back		hree years back			
1a	Beginning of year balance	435,764.	382,753.	346,302	٠.	373,865.	1,	689,	,007.
b	Contributions		31,000.						
С	Net investment earnings, gains, and losses	-85,072.	22,011.	36,451	•	29,940.		-33,	959.
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs	10,044.				57,503.	1,	281,	183.
f	Administrative expenses								
g	End of year balance	340,648.	435,764.	382,753		346,302.		373,	865.
2	Provide the estimated percentage of the cu	rent year end balance	e (line 1g, column (a)	) held as:					
а	Board designated or quasi-endowment	47.5132	_%						
b	Permanent endowment 37.7070	%							
С	Term endowment 14.7798	_%							
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.							
За	Are there endowment funds not in the poss	ession of the organiza	tion that are held an	nd administered for	the		,		
	organization by:							Yes	No
	(i) Unrelated organizations						3a(i)		Х
	(ii) Related organizations						3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organiz	ations listed as require	ed on Schedule R?				. 3b		<u> </u>
4	Describe in Part XIII the intended uses of the		wment funds.						
Par	rt VI Land, Buildings, and Equipn								
	Complete if the organization answere	ed "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, Part	X, line	10.			
	Description of property	(a) Cost or o		1 '	•	nulated	<b>(d)</b> Boo	k valu	ie
		basis (investn	nent) basis	(other)	deprec	ation			
1a	Land								
	Buildings								
	Leasehold improvements			31,250.		16,146.		15,	,104.
d	Equipment	l l	2	,613,347.		001,253.		612,	094.
е	Other		2	,206,510.	2,	005,761.		200,	749.
	I. Add lines 1a through 1e. (Column (d) must		X. column (B), line 10	Oc.)				827,	947.
						Schedul	e D (Forn	n 990	) 2022

Schedule D (Form 990) 2022 UNITED STATES SAI	LING ASSOCIATION, I	NC.	13-1671529 Page <b>3</b>
Part VII Investments - Other Securities.	·		
Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1	1b. 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 of	r end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	n 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 of	r end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" of	n Form 990, Part IV, line 1	11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1) OTHER ASSETS	·		53,664
(2) OPERATING LEASES			1,484,554
(3)			, ,
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15)		1,538,218
Part X Other Liabilities.	10.)		
Complete if the organization answered "Yes" of	on Form 990, Part IV. line 1	1e or 11f. See Form 990. Part X. lin	ne 25.
. (a) Description of liability	5 555,1 (41.11)		(b) Book value
(1) Federal income taxes			(S) Dook value
			1,224,587
(2) OPERATING LEASES			1,224,307

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	OPERATING LEASES	1,224,587.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	1,224,587.

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 .... X

Schedule D (Form 990) 2022

Fai	Reconciliation of Revenue per Audited Financial States  Complete if the organization answered "Yes" on Form 990, Part IV, I		ie per Keturn.	
1			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities			
С	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)			
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 1:			
Pai	t XII Reconciliation of Expenses per Audited Financial S	tatements With Expen	ses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a.		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments			
С	Other losses			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	18.)	5	
	t XIII Supplemental Information.			
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide:		Part V, line 4; Part X, line 2; Part	t XI,
		•		
PART	' X, LINE 2:			
THE	ORGANIZATION IS EXEMPT FROM INCOME TAXES AS A PUBLIC CHA	ARITY UNDER		
SECT	TION 501(C)(3) OF THE IRC. MANAGEMENT BELIEVES THAT THE C	DRGANIZATION		
OPER	ATES IN A MANNER CONSISTENT WITH ITS TAX-EXEMPT STATUS A	AT BOTH THE		
STAT	E AND FEDERAL LEVELS.			
THE	ORGANIZATION ANNUALLY FILES IRS FORM 990 - RETURN OF ORG	GANIZATION		
EXEM	PT FROM INCOME TAX, REPORTING VARIOUS INFORMATION THAT T	THE IRS USES TO		
MONI	TOR THE ACTIVITIES OF TAX-EXEMPT ENTITIES. THESE TAX RET	TURNS ARE		
SUBJ	ECT TO REVIEW BY THE TAXING AUTHORITIES, GENERALLY FOR A	A PERIOD OF		
THRE	E YEARS AFTER THEY WERE FILED. THE ORGANIZATION CURRENTI	LY HAS NO TAX		
EVAN	INATIONS IN PROGRESS.			

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022	UNITED STATES SAILING ASSOCIATION, INC	•	13-1671529	Page 5
Schedule D (Form 990) 2022 Part XIII Supplemental Inform	ation <sub>(continued)</sub>			

#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

# **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

2022
Open to Public

Inspection

Schedule I (Form 990) 2022

Name of the organization	GATI TNG AGGO	NAME ON THE					Employer identification number
UNITED STATES  Part I General Information on Grants a		CIATION, INC.					13-1671529
Does the organization maintain records to criteria used to award the grants or assis     Describe in Part IV the organization's pro-	to substantiate the stance?				-		
Part II Grants and Other Assistance to recipient that received more than 9					anization answered "\	es" on Form 990, Part	t IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
2 Enter total number of section 501(c)(3) and	-	-	e line 1 table				
3 Enter total number of other organizations	s listed in the line 1	i tadie					

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(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of non-	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
	recipients	cash grant	cash assistance	(book, FMV, appraisal, other)	
		_			
INCENTIVE GRANTS	82	0.	512,389.	FMV	REDUCTION IN TUITION
		0.5	(1)		
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	dditional information.	
PART I, LINE 2:					
WHERE GRANTS ARE MADE TO ENABLE ATTENDANCE AT A SP.	ECIFIC EVENT	THE FUNDING			
	,				
IS NOT MADE UNTIL JUST BEFORE OR JUST AFTER THE EV	ENT HAS OCCUR	RED TO			
ENSURE PRESENCE AT THE EVENT. IN THE CASE OF THE O	LYMPIC TEAM,	ALL TEAM			
MEMBERS ARE MONITORED FOR PERFORMANCE AT VARIOUS E	TENTO I FADINO	י שט שעב			
MEMBERS ARE MONITORED FOR PERFORMANCE AT VARIOUS E	VENIS DEADING	7 TO THE			
OLYMPICS. IN ADDITION, TEAM MEMBERS ATTEND TRAINING	G CAMPS AND C	THER VARIOUS			
OTHER GROUP MEETINGS TO RECEIVE COACHING, PHYSICAL	CONDITIONING	ł			
EVALUATIONS, WEATHER ADVISORY, AND OTHER SUPPORT S.	ERVICES PROVI	DED BY THE			
,					
US SAILING ASSOCIATION THE NATIONAL GOVERNING BOD	Y OF THE SPOR	T. TEAM			

232291

Schedule I (Form 990)

#### SCHEDULE J (Form 990)

**Compensation Information** 

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

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

Attach to Form 990.

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

2022

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

UNITED STATES SAILING ASSOCIATION, INC.

Employer identification number 13-1671529

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account  Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee X Written employment contract			
	Independent compensation consultant 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		Х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
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:			
	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:			
	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 4958-6(c)?	l a l		i

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

Schedule J (Form 990) 2022

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

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

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

		(B) Breakdown of W	/-2 and/or 1099-MISC compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) ALAN OSTFIELD	(i)	333,190.	56,593.	0.	0.	25,488.	415,271.	0.	
CHIEF EXECUTIVE OFFICER/NON VOTING	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) PAUL CAYARD	(i)	236,681.	17,100.	0.	0.	19,337.	273,118.	0.	
OLYMPIC EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.	
(3) HEATHER MONOSON	(i)	169,287.	20,000.	0.	0.	10,054.	199,341.	0.	
CHIEF FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(4) JILL NOSACH	(i)	163,194.	15,000.	0.	0.	15,396.	193,590.	0.	
CHIEF DEVELOPMENT OFFICER (TO 10/22)	(ii)	0.	0.	0.	0.	0.	0.	0.	
(5) ANDREW CLOUSTON	(i)	140,951.	2,120.	0.	0.	9,850.	152,921.	0.	
SVP PROGRAMS & SERVICES	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
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	(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.

#### **SCHEDULE M** (Form 990)

### **Noncash Contributions**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

Open to Public Inspection

Employer identification number

	UNITED STATES SAIL	13-16	57152	9				
Pai	t I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu		_	S
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes	Х	1	16,595.	COST			
8	Intellectual property			,				
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
• •	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23								
23 24	Scientific specimens							
25	Archeological artifacts Other ( EQUIPMENT )	x	7	862,095.	COST			
26	7		, , , , , , , , , , , , , , , , , , ,	002,033.				
20 27								
28	Other ( ) Other ( )							
<u>20</u> 29	Number of Forms 8283 received by the organiz	zation during	the tax year for e	ontributions				
29	for which the organization completed Form 828	-	•				0	
	for which the organization completed Form 626	oo, Fait V, L	onee Acknowledg	ement <u>23  </u>			Yes	No
202	During the year, did the organization receive by	, contributio	n any proporty rop	orted in Part L lines 1 throug	h 28 that it		163	No
Sua	must hold for at least 3 years from the date of		• • • • •					
						30a		х
h	exempt purposes for the entire holding period?  If "Yes," describe the arrangement in Part II.					Sua		
	Does the organization have a gift acceptance p	ooliov that re	acuires the review	of any nonetandard contribut	ione?	21	х	
31		•	•	•		31		
s∠a	Does the organization hire or use third parties of		•			20-		Х
<b>L</b>	contributions?					32a		41
	If "Yes," describe in Part II.	aluma (a) f-:	o tupo of propert	for which column (a) is about	skod			
33	If the organization didn't report an amount in o	oluffifi (C) f0i	a type of property	non which column (a) is ched	ikeu,			
	describe in Part II.							

232141 09-09-22

LHA

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

Schedule M (Form 990) 2022

232142 09-09-22

#### **SCHEDULE 0** (Form 990)

### 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.

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

UNITED STATES SAILING ASSOCIATION, INC.

**Employer identification number** 

13-1671529 LINE 1 DESCRIPTION OF ORGANIZATION MISSION: WHILE UPHOLDING THE PRINCIPLES OF FAIR PLAY. SPORTSMANSHIP AND SAFETY. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: OFFSHORE SUPPORTS OFFSHORE RACING IN THE UNITED STATES. WHICH INCLUDES INFORMING SAILORS AND MANAGING MEASUREMENT RULES SUCH AS IRC, ORC, AND THE PROGRAM ALSO TRAINS AND CERTIFIES BOAT MEASURERS TO COLLECT ORR. THE DATA NECESSARY FOR THOSE RULES. OFFSHORE ALSO SUPPORTS RACE ORGANIZERS IN PROPERLY RUNNING THEIR EVENTS, ESPECIALLY SCORING RACE ADMIN IS RESPONSIBLE FOR TRAINING, CERTIFICATION AND SUPPORT OF RACE OFFICIALS. THE PROGRAM PRODUCES THE US RULEBOOK EVERY FOUR YEARS ADMINISTERS THE PROTEST APPEALS SYSTEM, AND PROVIDES DIRECT CUSTOMER SUPPORT TO SAILORS. ORGANIZING AUTHORITIES AND OFFICIALS ON ALL TOPICS CONCERNING THE RUNNING OF RACING. EXPENSES \$ 855 635. INCLUDING GRANTS OF \$ 0. REVENUE \$ 894 109 THE US SAILING ADULT DEPARTMENT PROVIDES TRAINING FOR VARIOUS SAILING DISCIPLINES INCLUDING SAFETY AT SEA, POWERBOAT, AND KEELBOAT, EXPENSES \$ 711,222. INCLUDING GRANTS OF \$ 0. REVENUE \$ 2,217,262 FORM 990, PART VI, SECTION B, LINE 11B: A DRAFT FORM 990 IS PROVIDED BY US SAILINGS EXTERNAL AUDITORS FOR REVIEW BY AND ANY NEEDED ADJUSTMENTS ARE MADE. THE FINAL DRAFT FORM 990 IS PRESENTED TO THE FINANCE COMMITTEE AND CEO FOR REVIEW AND APPROVAL PRIOR TO SENDING TO THE IRS.

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

Schedule O (Form 990) 2022

<u>Schedule O (Form 990) 2022</u> Page **2** 

**Employer identification number** Name of the organization UNITED STATES SAILING ASSOCIATION, INC. 13-1671529 FORM 990, PART VI, SECTION B, LINE 12C: EACH YEAR THE ORGANIZATIONS CONFLICT OF INTEREST POLICY IS PROVIDED TO ALL OFFICERS, DIRECTORS AND EMPLOYEES. THESE PEOPLE ARE ASKED TO REVIEW THE POLICY AND SIGN A STATEMENT INDICATING THAT THEY UNDERSTAND THE POLICY AND HAVE REPORTED ALL POTENTIAL CONFLICTS DURING THE COMING YEAR. ALL POTENTIAL CONFLICTS ARE EVALUATED BY THE BOARD TO DETERMINE IF A CONFLICT ACTUALLY EXISTS. IN THOSE INSTANCES WHERE THE POTENTIAL TRANSACTION IS A CONFLICT. THE BOARD EXAMINES THE TRANSACTION AND A VOTE IS TAKEN (WITH THOSE INVOLVED RECUSING THEMSELVES) AS TO WHETHER THE ORGANIZATION WILL ENTER INTO THE TRANSACTION. FORM 990, PART VI, SECTION B, LINE 15A: THE COMPENSATION COMMITTEE REVIEWS THE COMPENSATION OF THE CHIEF EXECUTIVES FOR SPORT (ACES) SALARY SURVEY AND OTHER APPROPRIATE SALARY SURVEYS BEFORE MAKING A RECOMMENDATION TO THE BOARD. FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: RI, NH, CT, OR, NY, CO, MI, CA, FL, MA, MD, IL, ME, MS, NJ, OH, VA FORM 990, PART VI, SECTION C, LINE 19: US SAILING MAKES ITS BY-LAWS REGULATIONS AND BOARD MINUTES AVAILABLE ON ITS WEBSITE ALONG WITH AUDITED FINANCIALS STATEMENTS AND FORM 990 FOR THE CURRENT AND TWO PRIOR YEARS. THESE DOCUMENTS ARE FOUND IN THE "ABOUT US" SECTION. FORM 990, PART IX, LINE 11G, OTHER FEES: CONSULTANTS: PROGRAM SERVICE EXPENSES 704,814.

Schedule O (Form 990) 2022		Page 2
Name of the organization UNITED STATES SAILING ASSOCIATION, INC.		Employer identification number 13-1671529
MANAGEMENT AND GENERAL EXPENSES	80,003.	
FUNDRAISING EXPENSES	34,535.	
TOTAL EXPENSES	819,352.	_
COACHING:		
PROGRAM SERVICE EXPENSES	850,645.	
MANAGEMENT AND GENERAL EXPENSES	17,360.	
FUNDRAISING EXPENSES	0.	
TOTAL EXPENSES	868,005.	
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	1,687,357.	
FORM 990, PART XII, LINE 2C		
THERE WERE NO CHANGES IN THE OVERSIGHT PROCESS OR SELECTION	PROCESS.	

#### **SCHEDULE R** (Form 990)

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

Department of the Treasury Internal Revenue Service

Name of the organization

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

UNITED STATES SAILING ASSOCIATION, INC.

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

Schedule R (Form 990) 2022

13-1671529

Part I Identification of Disregarded Entities. Complet	e if the organization answered "Yes	s" on Form 990, Part IV, line 33	3.				
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	(d) or Total inco	me End-of-yea	r assets Direct	(f) controlling entity	
Part II Identification of Related Tax-Exempt Organizations during the tax year.	tions. Complete if the organization	answered "Yes" on Form 990	), Part IV, line 34, I	pecause it had one	or more related tax-ex	empt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont	<b>g)</b> 512(b)(13) rolled tity?
UNITED STATES SAILING FOUNDATION -		+		501(c)(3))		Yes	No
22-2667411, 1 ROGER WILLIAMS UNIVERSITY WAY, BRISTOL, RI 02809	TO DIRECTLY SUPPORT A RELATED ORG	DELAWARE	501(C)(3)	LINE 10	UNITED STATES ASSOCIATION INC.		х

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

(a) Name, address, and EIN of related organization	(b) Primary activity	Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule	(j) General managir partner	(k) Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	0

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

(a)  Name, address, and EIN  of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership		tion b)(13) rolled tity?
		country)		,				Yes	No
-	-								
	-								

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

Not	ote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No				
1	During the tax year, did the organization engage in any of the following transactions with one or m	nore rel	ated organizations listed ir	n Parts II-IV?							
а	a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity  b Gift grant, or capital contribution to related organization(s)										
	b Gift, grant, or capital contribution to related organization(s)										
	c Gift, grant, or capital contribution from related organization(s)										
d	d Loans or loan guarantees to or for related organization(s)										
е	e Loans or loan guarantees by related organization(s)										
f Dividends from related organization(s)											
	g Sale of assets to related organization(s)				1g		Х				
h	h Purchase of assets from related organization(s)										
i	i Exchange of assets with related organization(s)										
j Lease of facilities, equipment, or other assets to related organization(s)											
k	k Lease of facilities, equipment, or other assets from related organization(s)										
- 1	Performance of services or membership or fundraising solicitations for related organization(s)										
m	m Performance of services or membership or fundraising solicitations by related organization(s)										
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)											
0	Sharing of paid employees with related organization(s)				10		Х				
р	p Reimbursement paid to related organization(s) for expenses				1p	Х					
	q Reimbursement paid by related organization(s) for expenses				1q		Х				
r	r Other transfer of cash or property to related organization(s)				1r		Х				
	s Other transfer of cash or property from related organization(s)				1s		Х				
2	! If the answer to any of the above is "Yes," see the instructions for information on who must comp	olete thi	s line, including covered re	elationships and transaction thresholds.							
(a) Name of related organization  (b) Transaction type (a-s)  (c) Amount involved Method of determining amount involved											
1) <sup>[</sup>	UNITED STATES SAILING FOUNDATION C		6,163,412.	COST							

(2) UNITED STATES SAILING FOUNDATION Ρ 3,000,402.COST (3) (4) (5)

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec. 501(c)(3) orgs.?  Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocation Yes N	General of managing partner?  Yes No	(k) r Percentage ownership

13-1671529

Page 4

Schedule R (Form 990) 2022

232165 09-14-22 Schedule R (Form 990) 2022

## Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

990

Business or activity to which this form relates

OMB No. 1545-0172

epartment of the Treasury Internal Revenue Service Name(s) shown on return

Go to www.irs.gov/Form4562 for instructions and the latest information.

Identifying number

United States Sailing Association, Inc. FORM 990 PAGE 10 13-1671529 Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 1,080,000. **1** Maximum amount (see instructions) 2 Total cost of section 179 property placed in service (see instructions) 2,700,000. Threshold cost of section 179 property before reduction in limitation 3 3 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 5 (a) Description of property 6 7 7 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 Tentative deduction. Enter the **smaller** of line 5 or line 8 9 Carryover of disallowed deduction from line 13 of your 2021 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 ... 12 13 Carryover of disallowed deduction to 2023. Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during 14 **15** Property subject to section 168(f)(1) election 15 16 Other depreciation (including ACRS) 16 MACRS Depreciation (Don't include listed property. See instructions.) Section A 388,935, 17 17 MACRS deductions for assets placed in service in tax years beginning before 2022 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2022 Tax Year Using the General Depreciation System (c) Basis for depreciation (business/investment use only - see instructions) (b) Month and (d) Recovery (f) Method (a) Classification of property (e) Convention (g) Depreciation deduction 3-year property 19a 47,354. 5 YRS S/L MM 2,235. 5-year property b 7-year property C 10-year property d 15-year property 20-year property 25 yrs. S/L 25-year property g S/L 27.5 yrs MM Residential rental property h 27.5 yrs MM S/L S/L MM 39 vrs. i Nonresidential real property MM S/L Section C - Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System 20a Class life 12 yrs S/L 12-year b 30-year 30 yrs MM S/L С 40-vear 40 yrs MM S/L d Part IV Summary (See instructions.) 21 Listed property. Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. 391,170. 22 Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 23

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A. all of Section B. and Section C if applicable.

	24b, columns									-					
			on and Other			ution: S	See the i	_	1						
<u> 24a</u>	Do you have evidence to s			nt use cla	imed?	<u> </u>	es	No	<b>24b</b> If "Y	es," is the	e evide	nce writ	ten?	Yes	No
	(a) Type of property (list vehicles first)	Type of property Date Business,		(d) Cost or other basis  (e) Basis for deprecial (business/investruse only)			stment	(f) Recovery period	Meti Conve	nod/	(h) Depreciation deduction		(i) Elected section 179 cost		
 25	Special depreciation alle	owance for q	ualified listed	oroperty	placed i	n servic	e during	the ta	x year and	i					
	used more than 50% in	a qualified bu	usiness use								25				
26	Property used more that														
		: :	g	6											
		: :	g	6											
		: :	g	6											
27	Property used 50% or le	ess in a qualit	fied business ι	ıse:											
		: :	9	6						S/L -					
		: :	9	6						S/L -					
		: :	9	6						S/L -					
28	Add amounts in column	(h), lines 25	through 27. E	nter here	and on	line 21,	page 1				28				
	Add amounts in column												29		
	mplete this section for ve our employees, first ans		by a sole prop	rietor, pa		other "	more tha	an 5% (	owner," or					ehicles	
				(	(a) (b)				(c)	(d	)	(e)		(f)	
30	Total business/investment		•	Vel	nicle	Vel	hicle	l V	ehicle	Vehi	cle	Vehicle		Vehicle	
	year ( <b>don't</b> include commu														
	Total commuting miles														
32	Total other personal (no driven	_	•												
33	Total miles driven during Add lines 30 through 32														
34	Was the vehicle availab			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	during off-duty hours?														
35	Was the vehicle used p														
	than 5% owner or relate														
36	Is another vehicle availa	ble for perso	nal												
	400:		- Questions f	or Empl	overs W	ho Pro	vide Veh	icles f	or Use by	Their E	nplove	es			
	swer these questions to	determine if y	ou meet an ex	-	-				-				ren't		
	re than 5% owners or rel  Do you maintain a writte	-		hihite a	ll nerson	ചിവടക	of vehicle	e incli	udina com	muting b	N VOLIF			Yes	No
31	employees?		=		-				_		Jy your			163	140
38	Do you maintain a writte										 . ir				
-	employees? See the ins		· ·	-				-			ui				
39	Do you treat all use of v														
	Do you provide more th														
.5	the use of the vehicles,		-					-							
41	Do you meet the require														
•	Note: If your answer to														
P	art VI Amortization	01, 00, 00, 1	0, 0, 11 10 10	o, aoir	COMPIC		011 10 101	110 00	volou von	10100.					
	(a) Description o	f costs	Date	(b) amortization		(c) Amortizal	ole	(d) Code			(e) Amortization			(f)	
	Amortization of costs th	at boging de	ring your 2020	begins	ļ	amount	ī		section	l t	eriod or per	centage	for	this year	
42	Amortization of costs th	at begins du	ring your 2022		ir. 										
_				<u> </u>	1					-		-+			
42	Amortization of assts th	at began had	foro vour 0000	tay you	<u> </u>							43			
43	Amortization of costs th	at began bet	ore your 2022	ıax yea	٠							70			

216252 12-08-22

Form **4562** (2022)

44 Total. Add amounts in column (f). See the instructions for where to report