(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047 Open to Public Inspection

| | i tile | 2019 calendar year, or tax year beginning | , 2019 | , and ending | | | | , 20 | |
|--------------------------------|---------------------|--|-------------------|-----------------|-------------|-----------------------------|-----------|----------------------------|--|
| ь | | C Name of organization | | | | D Employer ide | ntifica | tion number | |
| B Che | | UNITED STATES OLYMPIC COMMITTEE | | | | 13-154 | 8339 | 9 | |
| | Address change | Doing business as US OLIMPIC AND PARALIM. | | ΓEE | | | | | |
| | Name o | change Number and street (or P.O. box if mail is not delivered to street | address) | Room/suite | | E Telephone nu | ımber | | |
| | Initial re | return 1 OLYMPIC PLAZA | | | | (719) 86 | 6 – 4 | 823 | |
| | Final re termina | | al code | | | | | | |
| | Amende | ded COLORADO SPRINGS, CO 80909 | | | | G Gross receipt | s \$ | 193,821,578. | |
| | Applica | ation F Name and address of principal officer: SARAH HTRS | SHLAND | | | H(a) Is this a gro | up retur | n for Yes X No | |
| | , | SAME AS C ABOVE | | | | H(b) Are all subore | | cluded? Yes No | |
| I Ta | ax-exe | empt status: X 501(c)(3) 501(c) () ◀ (insert no.) | 4947(a)(1) | or 52 | 7 | If "No," at | tach a li | ist. (see instructions) | |
| JW | /ebsite | e: ▶ WWW.TEAMUSA.ORG | | | | H(c) Group exem | ption nu | umber > | |
| K F | orm of | of organization: X Corporation Trust Association Ot | ner 🕨 | L Year o | f formation | on: 1950 M | State | of legal domicile: DC | |
| Par | t I | Summary | | <u>'</u> | | | | | |
| | | Briefly describe the organization's mission or most significant ac | tivities: EMPOW | ER TEAM | USA A | ATHLETES | TO Z | ACHIEVE | |
| ø | | SUSTAINED COMPETITIVE EXCELLENCE AND W | | | | | | | |
| au | _ | | | | | | | | |
| ern | 2 | Check this box if the organization discontinued its ope | rations or dispos | ed of more that | an 25% | of its net asset | s. | | |
| 8 | | Number of voting members of the governing body (Part VI, line 1 | • | | | | 3 | 13. | |
| ≪ઇ | | Number of independent voting members of the governing body | | | | | 4 | 12. | |
| Activities & Governance | | Total number of individuals employed in calendar year 2019 (Pa | | | | | 5 | 567. | |
| ţ | | Total number of volunteers (estimate if necessary) | | | | | 6 | 660. | |
| Ac | | Total unrelated business revenue from Part VIII, column (C), line | | | | | 7a | 322,116. | |
| | | Net unrelated business taxable income from Form 990-T, line 39 | | | | | 7b | <u> </u> | |
| | | | | | T | Prior Year | 1 | Current Year | |
| _ | 8 (| Contributions and grants (Part VIII, line 1h) | COPY | | (| 64,671,71 | .0. | 63,241,042. | |
| une | | Program service revenue (Part VIII, line 2g) | | TIC I. | 12 | 27,681,57 | 79. | 6,918,986. | |
| Revenue | | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | TION | | 4,132,24 | | 6,353,737. | |
| ×, | | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and | | | 12 | 26 , 399 , 99 | | 117,176,034. | |
| | | Total revenue - add lines 8 through 11 (must equal Part VIII, colu | | | | 22,885,52 | | 193,689,799. | |
| - | | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | | | | _ | 107,976,921. | |
| | | Benefits paid to or for members (Part IX, column (A), line 4) | | | | | 0. | 0. | |
| ١. | | Salaries, other compensation, employee benefits (Part IX, column | | | 1 | 55,735,51 | 7. | 53,887,075. | |
| a) | | Professional fundraising fees (Part IX, column (A), line 11e) | | | | , , | 0. | 0. | |
| ber | | | 5,016,030 | | | | | | |
| ω, | | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | | 10 | 08,579,14 | 11. | 86,450,799. | |
| | | Total expenses. Add lines 13-17 (must equal Part IX, column (A) | | | | 75,147,32 | | 248,314,795. | |
| | | Revenue less expenses. Subtract line 18 from line 12 | | | | 47 , 738 , 20 | | -54,624,996. | |
| | | Trevende 1655 expenses. Subtract line 16 from line 12 | | | | ing of Current | | End of Year | |
| Net Assets or Fund Balances | 20 7 | Total assets (Part X, line 16) | | | | 36,619,00 | | 297,064,938. | |
| Ass | | Total liabilities (Part X, line 26) | | | | 70 , 756 , 10 | | 81,875,779. | |
| T L | | Net assets or fund balances. Subtract line 21 from line 20 | | | | 65,862,89 | | 215,189,159. | |
| Par | | Signature Block | | | | | | · · | |
| | | alties of perjury, I declare that I have examined this return, including ac | companying sched | ules and stater | nents. ar | nd to the best o | f mv k | nowledge and belief, it is | |
| | | ct, and complete. Declaration of preparer (other than officer) is based on a | | | | | | | |
| | _ h | \ | | | | 07/2 | 3/20 | 020 | |
| Sign | ı | Signature of officer | | | | Date | | | |
| Here | • , | MORANE B. KEREK | CFO | | | | | | |
| | | Type or print name and title | | | | | | | |
| | 1 | Print/Type preparer's name Preparer's signature. | | Date | | Check | if P | PTIN | |
| Paid | - | DANIEL ROMANO | | 7/23 | /202 | | _ | P00504182 | |
| Prepa | arer | Firm's name | | | | Firm's EIN ▶ 3 | | | |
| Use (| Only | Firm's address >757 THIRD AVENUE, 3RD FLOOR NEW YORK, NY | 10017 | | | | | 599-0100 | |
| May | the II | RS discuss this return with the preparer shown above? | |) | | | | | |
| | | work Reduction Act Notice, see the separate instructions. | 220 | <i>,</i> | <u></u> | | | Form 990 (2019) | |

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| P | Statement of Program Service Accomplishments |
|----|--|
| _ | Check if Schedule O contains a response or note to any line in this Part III |
| 1 | Briefly describe the organization's mission: |
| | EMPOWER TEAM USA ATHLETES TO ACHIEVE SUSTAINED COMPETITIVE EXCELLENCE |
| | AND WELL-BEING. |
| | |
| | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the |
| | prior Form 990 or 990-EZ? |
| | If "Yes," describe these new services on Schedule O. |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program |
| | services? Yes X N |
| | If "Yes," describe these changes on Schedule O. |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as measured |
| | expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other |
| | the total expenses, and revenue, if any, for each program service reported. |
| | |
| | (Code:) (Expenses \$ 111,070,735. including grants of \$ 80,133,974.) (Revenue \$ 62,788.) |
| | HIGH PERFORMANCE PROGRAMS - NEARLY HALF OF THE USOPC'S BUDGET IS |
| | DIRECTED TOWARD PROGRAMMING AND SERVICES THAT SUPPORT AND IMPACT |
| | ELITE ATHLETE PERFORMANCE. IN ADDITION TO GRANTS AND REWARDS, |
| | THIS INCLUDES ATHLETE INSURANCE, SPORTS MEDICINE AND SCIENCE, |
| | TALENT TRANSFER, TECH AND INNOVATION, COACHING EDUCATION |
| | |
| | PROGRAMS, AND PARALYMPIC OUTREACH AND DEVELOPMENT. |
| | |
| | |
| | |
| | |
| | |
| | |
| 4b | (Code:) (Expenses \$ 30,357,347. including grants of \$ 13,209,166.) (Revenue \$ 1,106,413.) |
| | NATIONAL GOVERNING BODIES (NGBS) & ATHLETE FOUNDATIONAL PROGRAMS |
| | - ADDITIONAL PROGRAMMING AND SUPPORTING SERVICES ARE DEDICATED |
| | TO THE SUCCESSFUL OPERATION OF NGBS AND PARTICIPATION OF |
| | ATHLETES. THIS INCLUDES SAFE SPORT AND ANTI-DOPING |
| | CONTRIBUTIONS, AS WELL AS CAREER AND EDUCATION ASSISTANCE, |
| | ALUMNI RELATIONS, OMBUDSMAN SERVICES, NGB ORGANIZATIONAL |
| | |
| | SUPPORT, DIVERSITY & INCLUSION PROGRAMMING, AND COLLEGIATE |
| | PARTNERSHIPS COUNCIL. |
| | |
| | |
| | |
| | |
| 4c | (Code:) (Expenses \$ 27,339,618. including grants of \$ 0.) (Revenue \$ 4,255,583.) |
| | ATHLETE TRAINING FACILITIES - THE USOPC OPERATES AND PARTNERS |
| | WITH A VARIETY OF WORLD-CLASS FACILITIES TO SUPPORT ATHLETES IN |
| | THEIR DAY-TO-DAY TRAINING AND DEVELOPMENT. THIS INCLUDES |
| | OPERATING TWO OLYMPIC AND PARALYMPIC TRAINING CENTERS AND |
| | SUPPORTING NEARLY 20 PARTNER TRAINING SITES, IN ADDITION TO MORE |
| | |
| | THAN 50 COMMUNITY-BASED ORGANIZATIONS. |
| | |
| | |
| | |
| | |
| | |
| | |
| 4d | Other program services (Describe on Schedule O.) ATTACHMENT 1 |
| | (Expenses \$ 42,805,138. including grants of \$ 14,633,781.) (Revenue \$ 1,494,652.) |
| 40 | Total program service expenses > 211.572.838. |

4e Total program service expensions

JSA
9E1020 2.000

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| Part | Checklist of Required Schedules | | | |
|------|---|-----|-----|-----|
| | | | Yes | No |
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," | | ., | |
| | complete Schedule A | 1 | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 | Х | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to | | | v |
| | candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | X |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) | | Х | |
| - | election in effect during the tax year? If "Yes," complete Schedule C, Part II. | 4 | Λ | |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, | _ | | Х |
| 6 | assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> | 5 | | - 1 |
| 0 | 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 | | Х |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| • | the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> | 7 | | Х |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," | | | |
| • | complete Schedule D, Part III | 8 | Х | |
| 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 | | Χ |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | | | |
| | or in quasi endowments? If "Yes," complete Schedule D, Part V | 10 | 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 as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," | | | |
| | complete Schedule D, Part VI | 11a | Х | |
| b | Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more | | | |
| | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | Х |
| С | Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more | | | |
| | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | X |
| d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets | | | |
| | reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | X |
| | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | Х |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | Х | |
| 12 a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | 3.7 |
| | Schedule D, Parts XI and XII | 12a | | X |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? If | | | |
| 40 | "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | X | Х |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | Х | Λ |
| | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | Λ | |
| D | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate | | | |
| | foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b | Х | |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or | 170 | | |
| | for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | Х |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other | 10 | | |
| | assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | Х |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on | | | |
| | Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) | 17 | | Х |
| 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 | | Χ |
| 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 | | Χ |
| 20 a | Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> | 20a | | Х |
| | 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 12 If "Yes," complete Schedule I, Parts I, and II | 21 | X | |

| Part | Checklist of Required Schedules (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 Schedule J | 23 | X | |
| 240 | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than | | | |
| 24 a | | | | |
| | \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b | ١ | | 37 |
| _ | through 24d and complete Schedule K. If "No," go to line 25a | 24a | | X |
| | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year | | | |
| | to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25 a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | X |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior | | | |
| | year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? | | | |
| | If "Yes," complete Schedule L, Part I | 25b | | Х |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | 200 | | |
| 20 | | | | |
| | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | 00 | | Х |
| | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II. | 26 | | Λ |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key | | | |
| | employee, creator or founder, substantial contributor or employee thereof, a grant selection committee | | | |
| | member, or to a 35% controlled entity (including an employee thereof) or family member of any of these | | | |
| | persons? If "Yes," complete Schedule L, Part III | 27 | | Х |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, | | | |
| | Part IV instructions, for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If | | | |
| | "Yes," complete Schedule L, Part IV | 28a | | Х |
| h | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV. | 28b | | Х |
| | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If | | | |
| · | · · · · · · · · · · · · · · · · · · · | 200 | | Х |
| 00 | "Yes," complete Schedule L, Part IV | 28c | X | 21 |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | 29 | Λ | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified | | | .,, |
| | conservation contributions? If "Yes," complete Schedule M | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | Х |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," | | | |
| | complete Schedule N, Part II. | 32 | | Х |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I. | 33 | | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, | | | |
| | or IV, and Part V, line 1 | 34 | Х | |
| 35 a | 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 | X | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable | | | |
| 00 | related organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | | Х |
| 27 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | 36 | | |
| 37 | | | | v |
| 00 | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | Х |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and | | | |
| _ | 19? Note: All Form 990 filers are required to complete Schedule O. | 38 | X | |
| Part | | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | | | |
| | | | Yes | No |
| 1 a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | | | |
| С | 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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| Par | Statements Regarding Other IRS Filings and Tax Compliance (continued) | | | |
|------|--|----------|-----|-------|
| | | | Yes | No |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | | | |
| | Statements, filed for the calendar year ending with or within the year covered by this return 2a 567 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | X | |
| | Note : If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions) | | 3.7 | |
| | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | X | |
| | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | 3b | Х | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, | | Х | |
| _ | a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | Λ | |
| b | If "Yes," enter the name of the foreign country ► ATTACHMENT 2 | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | E o | | Χ |
| | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a 5b | | X |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | 00 | | |
| Оa | organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | | Х |
| h | 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 | | Х |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | | | |
| | required to file Form 8282? | 7c | | Χ |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | | |
| | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | X |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | Х | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | | | |
| | sponsoring organization have excess business holdings at any time during the year? | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | |
| | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | |
| | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| | Section 501(c)(7) organizations. Enter: | | | |
| | Initiation fees and capital contributions included on Part VIII, line 12 | | | |
| | Cross resolpts, moraded on Fermi coo, Fart vin, into 12, for public declar distinction. | | | |
| | Section 501(c)(12) organizations. Enter: Gross income from members or shareholders | | | |
| | Gross income from other sources (Do not net amounts due or paid to other sources | | | |
| b | against amounts due or received from them.) | | | |
| 12 a | 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. | | | |
| | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | |
| | Note: See the instructions for additional information the organization must report on Schedule O. | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which | | | |
| | the organization is licensed to issue qualified health plans | | | |
| С | Enter the amount of reserves on hand | | | |
| | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | X |
| b | 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 | | X |
| | If "Yes," see instructions and file Form 4720, Schedule N. | 4.0 | | 37 |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | | X |
| | If "Yes," complete Form 4720, Schedule O. | F : | 990 | /0010 |
| | | | | |

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

| Sect | ion A. Governing Body and Management | | | |
|-------|---|---------|--------|----------|
| 0000 | Not A. Coverning Body and Management | | Yes | No |
| 10 | Enter the number of voting members of the governing body at the end of the tax year 1a 13 | | | |
| ıa | If there are material differences in voting rights among members of the governing body, or | 1 | | |
| | if the governing body delegated broad authority to an executive committee or similar | | | |
| b | committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with | | | |
| _ | any other officer, director, trustee, or key employee? | 2 | | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct | | | |
| | supervision of officers, directors, trustees, or key employees to a management company or other person? | 3 | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | Х | |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | X |
| 6 | Did the organization have members or stockholders? | 6 | | X |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint | | | |
| | one or more members of the governing body? | 7a | | X |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, | | | |
| | stockholders, or persons other than the governing body? | 7b | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during | | | |
| | the year by the following: | | | |
| а | The governing body? | 8a | Χ | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | Х | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at | | | |
| | the organization's mailing address? If "Yes," provide the names and addresses on Schedule O | 9 | | Χ |
| Secti | ion B. Policies (This Section B requests information about policies not required by the Internal Revenue | Code | .) | |
| | | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | Х |
| | 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 | Χ | |
| b | Describe in 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 | Χ | |
| 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 in Schedule O how this was done | 12c | X | |
| 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 | \perp |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement | | | |
| | with a taxable entity during the year? | 16a | Х | <u> </u> |
| 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 | 4.01 | v | |
| 04 | organization's exempt status with respect to such arrangements? | 16b | Х | |
| | ion C. Disclosure | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed ► ATTACHMENT 3 | - /- | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-3 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website X Upon request Other (explain on Schedule O) | Г (Sec | tion 5 | 501(c) |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of | of inte | est p | oolicy, |
| 20 | 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 record | ds ▶ | | |
| | State the name, address, and telephone number of the person who possesses the organization's books and record MORANE B. KEREK 1 OLYMPIC PLAZA COLORADO SPRINGS, CO 80909 719-866-4823 | | | |

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

| - 1 | Ob 1 - 41 - 1 - 1 - 1 - 1 - 1 - 1 - 1 | | | . t l | |
|-----|--|---------------------|-----------------------|-------------------------|--------------------------|
| - 1 | Check this box if neither the organizati | ion nor any related | organization compens: | ated any current office | r, airector, or trustee. |

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | box, | unles | Pos neck ss pe | erson | e than construction is both confustor Highest compensated | an | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--------------------------------|---|------|-------|----------------------|-------|---|----|---|--|--|
| (1) SARAH C. HIRSHLAND | 44.00 | | | | | | | | | |
| CHIEF EXECUTIVE OFFICER | 11.00 | | | Х | | | | 785 , 716. | 0. | 31,962. |
| (2) CHRISTOPHER D. MCCLEARY | 55.00 | | | | | | | · · · · · · · · · · · · · · · · · · · | | <u> </u> |
| GENERAL COUNSEL | 0. | | | Х | | | | 492 , 715. | 0. | 38,230. |
| (3) RICHARD W. ADAMS | 55.00 | | | | | | | | | |
| CHIEF OF PARALYMPICS & NGB | 0. | | | | Х | | | 407 , 168. | 0. | 45,853. |
| (4) KEVIN E. PENN | 55.00 | | | | | | | | | |
| CHIEF OF BUSINESS OPERATIONS | 0. | | | | Х | | | 396 , 009. | 0. | 40,515. |
| (5) PATRICK D. SANDUSKY | 55.00 | | | | | | | | | |
| CHIEF OF COMMS. END 3/19 | 0. | | | | | X | | 414,022. | 0. | 9,282. |
| (6) MORANE B. KEREK | 52.00 | | | | | | | | | |
| CHIEF FINANCIAL OFFICER | 3.00 | | | Χ | | | | 326,123. | 0. | 46,689. |
| (7) CHRISTINE V. WALSHE | 0. | | | | | | | | | |
| CHIEF DEVELOPMENT OFFICER | 55.00 | | | | Х | | | 349,290. | 0. | 21,837. |
| (8) DESIREE G. FILIPPONE | 55.00 | | | | | | | | | |
| VP, GOVT RELATIONS | 0. | | | | | X | | 296,954. | 0. | 40,093. |
| (9) DAVID ZODIKOFF | 55.00 | | | | | | | | | |
| CHIEF INFORMATION OFFICER | 0. | | | | | X | | 292 , 881. | 0. | 34,167. |
| (10) RUSSELL C. HUEBNER | 0. | | | | | | | | | |
| FORMER CHIEF OF PARALYMPICS | 40.00 | | | | | | Х | 287,394. | 0. | 36,173. |
| (11) BRIAN H. GORDON | 55.00 | | | | | | | | | |
| SVP, MARKETING AND MEDIA | 0. | | | | | Х | | 295 , 326. | 0. | 24,651. |
| (12) KATHLEEN C. WALLACE | 55.00 | | | | | | | | | |
| ATHLETE OMBUDSMAN | 0. | | | | | X | | 266,449. | 0. | 29,349. |
| (13) JON M. DENNEY | 0. | | | | | | | | | |
| CHIEF DVPMT. OFF. END 3/19 | 55.00 | | | | Х | | | 210,821. | 0. | 9,411. |
| (14) WALTER R. GLOVER | 0. | | | | | | | | | |
| FORMER CHIEF FINANCIAL OFFICER | 24.00 | | | | | | Х | 0. | 120,147. | 8,298. |

Form **990** (2019)

JSA

| Section A. Officers, Directors, 1 | rustees, Ke | y En | npic | bye | es, | and F | ııgı | nest Compensat | ea Employees (c | ontinued) |
|---|---|--------------------------------|-----------------------|----------------------|--------------|----------------------------------|--------|---|--|--|
| (A) Name and title | (B) Average hours per week (list any hours for | box, | unle | Pos heck ss pe | erson | e than o is both tor/trust | an | (D) Reportable compensation from the | (E) Reportable compensation from related organizations | (F) Estimated amount of other compensation |
| | related organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | organization (W-2/1099-MISC) | (W-2/1099-MISC) | from the organization and related organizations |
| 15) BRAD SNYDER | 5.00 | | | | | | | | | |
| DIRECTOR | 0. | X | | | | | | 17,750 | 0. | |
| 16) KIKKAN RANDALL | 5.00 | | | | | | | | | |
| DIRECTOR | 0. | Х | | | | | | 5,720 | 0. | |
| 17) ROBERT J. BACH | 5.00 | | | | | | | | | |
| DIRECTOR | 0. | X | | | | | | 0 | 0. | |
| 18) CHERI BLAUWET | 5.00 | | | | | | | | | |
| DIRECTOR | 0. | X | | | | | | 0 | 0. | |
| 19) ANITA L. DEFRANTZ | 5.00 | | | | | | | | | |
| DIRECTOR | 0. | Х | | | | | | 0 | 0. | |
| 20) SUSANNE D. LYONS | 25.00 | | | | | | | | | |
| DIRECTOR | .50 | Х | | | | | | 0 | 0. | |
| 21) WILLIAM C. MAROLT | 5.00 | | | | | | | | | |
| DIRECTOR | 0. | Х | | | | | | 0 | 0. | |
| 22) STEVEN M. MESLER | 5.00 | | | | | | | | | |
| DIRECTOR | 0. | Х | | | | | | 0 | 0. | |
| 23) PISEI WHITNEY PING DIRECTOR | 5.00 | X | | | | | | 0 | 0. | |
| 24) KEVIN M. WHITE | 5.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0 | 0. | |
| 25) ROBERT L. WOOD | 5.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0 | 0. | |
| 1b Sub-total | ı | | | | - | | _ | 4,844,338. | 120,147. | 416,510 |
| c Total from continuation sheets to Part VII, | | | | | • • | | • | 0. | 0. | 0 |
| d Total (add lines 1b and 1c) | | | | | | | • | 4,844,338. | 120,147. | 416,510 |
| Total number of individuals (including but no reportable compensation from the organization) | t limited to t | | liste | | | | re | eceived more than | \$100,000 of | |
| 3 Did the organization list any former off employee on line 1a? If "Yes," complete Sche | | | | | | - | | | • | Yes No |
| For any individual listed on line 1a, is the organization and related organizations gindividual | sum of represents | oortab | ole (| com 100? | per | nsatior "Yes | n aı | nd other compens | sation from the le J for such | 4 X |

for services rendered to the organization? *If "Yes," complete Schedule J for such person*Section B. Independent Contractors

1 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.

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|-------------------------------|-----------------------------|----------------------------|
| ATTACHMENT 4 | | |
| | | |
| | | |
| | | |
| | | |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 101

Χ

| Part VII Section A. Officers, Directors, Tru | | y⊨m | ipio | | | апа н | ııg | | I | ees (c | ontinue | | |
|--|---|--------------------------------|-----------------------|-------------------------------|--------------|---------------------------------|-----------------------|--------------------------------------|---|--------------------|----------------|---|----|
| (A) Name and title | (B) Average hours per week (list any hours for | box, | unles er and | Pos heck ss pe d a d | rson | e than o is both or/trust | an ee) | (D) Reportable compensation from the | (E) Reportal compensatio related organizati | n from I ons | am com | (F) timated ount of other pensation | f |
| | related organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | organization (W-2/1099-MISC) | (W-2/1099- | MISC) | orga and | om the anizatio I related nization | d |
| 26) RICHARD BENDER | 5.00 | .,, | | | | | | 0 | | 0 | | | |
| DIRECTOR 27) BETH BROOKE-MARCINIAK | 5.00 | X | | | | | | 0. | | 0. | | | С |
| DIRECTOR | 0. | X | | | | | | 0. | | 0. | | | 0 |
| 28) DANIEL L. DOCTOROFF DIRECTOR - END 4/30/19 | 5.00 | Х | | | | | | 0. | | 0. | | | C |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| 1b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c) | ection A | | | | | | > > > | 0. | | 0. | | | 0. |
| Total number of individuals (including but not reportable compensation from the organization) | limited to t | | liste | | | | o re | eceived more than | \$100,000 c | of | | | |
| 3 Did the organization list any former office | | | | ıste | | kev e | mn | alovee or highes | t compens | ated | | Yes | No |
| employee on line 1a? If "Yes," complete Sched | | | | | | | | | | | 3 | Χ | |
| 4 For any individual listed on line 1a, is the organization and related organizations gradiations. | eater than | \$15 | 50,0 | 00? | . If | "Yes | ," | complete Schedu | le J for s | uch | 4 | X | |
| individual | accrue co | mpen | sati | on f | fron | n any | un | related organization | on or individ | dual | 5 | Λ | Х |
| Section B. Independent Contractors | es, comple | 10 001 | reau | 110 0 | 101 | Sucri | рсп | 3011 | <u> </u> | | | | |
| 1 Complete this table for your five highest com- compensation from the organization. Report of year. | | | | | | | | | | | | | |
| (A) Name and business add | lress | | | | | | | (B) Description of se | ervices | C | (C) Compens | ation | |
| | | | | | | | + | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | - 1 | | | | | | |

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

Part VIII Statement of Revenue

| Part | VIII | Check if Schedule O contain | ns a respor | nse or note to any | ≀line in this Part \ | / | | |
|---|------|--------------------------------------|-------------|--------------------|----------------------|--|--------------------------------------|--|
| | | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
| ts t | 1a | Federated campaigns | 1a | | | | | |
| | b | Membership dues | 1b | | | | | |
| ا چُرُرُ | С | Fundraising events | 1c | | | | | |
| ar / | d | Related organizations | 1d | 36,253,614. | | | | |
| ", E | е | Government grants (contributions |) 1e | | | | | |
| Sis | f | All other contributions, gifts, gran | ts, | | | | | |
| je E | | and similar amounts not included abo | ve . 1f | 26,987,428. | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | g | Noncash contributions included in | ı | | | | | |
| <u> </u> | | lines 1a-1f. | 1g | \$ 14,600. | | | | |
| ၁ ह | h | Total. Add lines 1a-1f | | ▶ | 63,241,042. | | | |
| | | | | Business Code | | | | |
| <u>8</u> | 2a | TEAM USA MEDIA AND PROMOTION | | 711300 | 1,494,652. | 1,427,796. | 66,856. | |
| e ⊆ | b | ATHLETE TRAINING CENTER | | 711300 | 4,255,133. | 4,255,133. | | |
| en S | С | ATHLETE AND NGB FOUNDATIONAL | PROGRAMS | 711300 | 1,106,413. | 1,106,413. | | |
| Program Service Revenue | d | HIGH PERFORMANCE PROGRAMS | | 711300 | 62,788. | 62,788. | | |
| | e | | | | | | | |
| <u> </u> | f | All other program service revenue | | | | | | |
| | g | Total. Add lines 2a-2f | | ▶ | 6,918,986. | | | |
| | 3 | Investment income (including | | | | | | |
| | | other similar amounts) | | | 6,345,758. | | | 6,345,758 |
| . . | 4 | Income from investment of tax-e | | | 0. | | | |
| | 5 | Royalties | • | | 110,621,862. | | 85,364. | 110,536,498 |
| | | | (i) Real | (ii) Personal | | | | |
| | 6a | Gross rents 6a | 22,663. | 147,233. | | | | |
| | b | Less: rental expenses 6b | | 131,779. | | | | |
| | c | Rental income or (loss) 6c | 22,663. | 15,454. | | | | |
| | d | Net rental income or (loss) | | | 38,117. | | 169,896. | -131,779 |
| | 7a | | Securities | (ii) Other | · | | , | |
| | | sales of assets | <u>'</u> | ., | | | | |
| | | other than inventory 7a | | 7,979. | | | | |
| a l | b | Less: cost or other basis | | | | | | |
| evenue | b | and sales expenses 7b | | | | | | |
| Š | _ | Gain or (loss) 7c | | 7,979. | | | | |
| <u>م</u> | d | Net gain or (loss) | | | 7,979. | | | 7,979 |
| Other R | | • , , | | | ., | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| ᅙ | 8a | Gross income from fundra | aising | | | | | |
| | | events (not including \$ | | | | | | |
| | | of contributions reported on | | 0. | | | | |
| | | 1c). See Part IV, line 18 | | 0. | | | | |
| | b | Less: direct expenses | | | 0. | | | |
| | С | Net income or (loss) from fundral | | | 0. | | | |
| | 9a | | ming | | | | | |
| | | activities. See Part IV, line 19 | | 0. | | | | |
| | b | Less: direct expenses | | 0. | 0 | | | |
| | С | Net income or (loss) from gamin | | | 0. | | | |
| 10 | 0a | Gross sales of inventory, | | | | | | |
| | | returns and allowances | | 0. | | | | |
| | b | Less: cost of goods sold | | 0. | _ | | | |
| | С | Net income or (loss) from sales of | пічепіогу | | 0. | | | |
| Sn | | | | Business Code | | | | |
| 9 9 1 | 1a | PROFESSIONAL SERVICE FEES | | 711300 | 5,670,325. | | | 5,670,325 |
| la eu | b | MISCELLANEOUS OTHER REVENUE | | 711300 | 845,730. | | | 845,730 |
| Se Se | С | | | | | | | 1 |
| Miscellaneous Revenue | d | All other revenue | | | | | | |
| | е | Total. Add lines 11a-11d | | | 6,516,055. | | | |
| 1: | 2 | Total revenue. See instructions . | | | 193,689,799. | 6,852,130. | 322,116. | 123,274,511. |

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

| Check if Schedule O contains a response or note to any line in this Part IX | | | | | | | | |
|---|---|-----------------------|------------------------|------------------|-------------|--|--|--|
| | | | | | | | | |
| | not include amounts reported on lines 6b, 7b, | (A) Total expenses | (B) Program service | Management and | Fundraising | | | |
| oD, | 9b, and 10b of Part VIII. | | expenses | general expenses | expenses | | | |
| 1 | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | 76,100,506. | 76,100,506. | | | | | |
| 2 | Grants and other assistance to domestic individuals. See Part IV, line 22 | 31,876,415. | 31,876,415. | | | | | |
| 3 | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | 0. | | | | | | |
| 4 | Benefits paid to or for members | 0. | | | | | | |
| | Compensation of current officers, directors, trustees, and key employees | 3,351,474. | 578 , 689. | 2,181,428. | 591,357. | | | |
| 6 | Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 0. | | | | | | |
| 7 | Other salaries and wages | 39,804,579. | 24,563,567. | 11,879,827. | 3,361,185. | | | |
| | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 2,014,216. | 61,401. | 1,949,274. | 3,541. | | | |
| 9 | Other employee benefits | 5,869,142. | 4,570,814. | 485,288. | 813,040. | | | |
| 10 | Payroll taxes | 2,847,664. | 1,716,577. | 884,180. | 246,907. | | | |
| 11 | | 0. | | | | | | |
| | | 8,148,585. | 189,678. | 7,958,907. | | | | |
| | Legal | 196,894. | 20370701 | 196,894. | | | | |
| | Accounting | 180,366. | | 180,366. | | | | |
| | Lobbying | 0. | | 100,300. | | | | |
| | Professional fundraising services. See Part IV, line 17 | 0. | | | | | | |
| | f Investment management fees | 0. | | | | | | |
| g | Other. (If line 11g amount exceeds 10% of line 25, column | 12 207 500 | 7 051 610 | 6 245 070 | | | | |
| | (A) amount, list line 11g expenses on Schedule O.) | 13,297,590. | 7,051,612. | 6,245,978. | | | | |
| 12 | Advertising and promotion | 594,208. | 593,138. | 1,070. | | | | |
| 13 | Office expenses | 2,095,333. | 1,143,909. | 951,424. | | | | |
| 14 | Information technology | 3,023,710. | 147,444. | 2,876,266. | | | | |
| 15 | Royalties | 0. | | | | | | |
| 16 | Occupancy | 9,231,307. | 5,855,750. | 3,375,557. | | | | |
| 17 | Travel | 11,385,869. | 10,082,607. | 1,303,262. | | | | |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | 0. | | | | | | |
| 19 | Conferences, conventions, and meetings | 593,718. | 448,934. | 144,784. | | | | |
| 20 | Interest | 0. | | | | | | |
| 21 | Payments to affiliates | 0. | | | | | | |
| 22 | Depreciation, depletion, and amortization | 6,888,353. | 2,998,484. | 3,889,869. | | | | |
| 23 | Insurance | 2,142,328. | 801,633. | 1,340,695. | | | | |
| 24 | Other expenses. Itemize expenses not covered | | . , , | , , , , , , , | | | | |
| 44 | 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 O.) | | | | | | | |
| | OUTSIDE SERVICES | 10,450,880. | 6,503,004. | 3,947,876. | | | | |
| | PUBLIC INFORMATION | 6,723,704. | 6,774,946. | -51,242. | | | | |
| | | 3,478,031. | 235,409. | 3,242,622. | | | | |
| _ | REPAIRS AND MAINTENANCE | | | | | | | |
| | GAMES EVENT EXPENSE | 1,846,422. | 1,835,144. | 11,278. | | | | |
| | All other expenses | 6,173,501. | 27,443,177. | -21,269,676. | F 016 020 | | | |
| | Total functional expenses. Add lines 1 through 24e | 248,314,795. | 211,572,838. | 31,725,927. | 5,016,030. | | | |
| 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) | 0. | | | | | | |
| | | | | | | | | |

Form 990 (2019)
Part X Balance Sheet

| | | Check if Schedule O contains a response or note to any line in this P | art X | | |
|-----------------------------|----|--|--------------------------|----------|---------------------------|
| | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | 0. | 1 | 0. |
| | 2 | Savings and temporary cash investments | 182,122,153. | 2 | 121,030,000. |
| | 3 | Pledges and grants receivable, net | 12,073,128. | 3 | 11,214,304. |
| | 4 | Accounts receivable, net | 28,024,059. | 4 | 24,639,212. |
| | 5 | Loans and other receivables from any current or former officer, director, | | | |
| | | trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| | | controlled entity or family member of any of these persons | 0. | 5 | 0. |
| | 6 | Loans and other receivables from other disqualified persons (as defined | | | |
| | | under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | 0. | 6 | 0. |
| ß | 7 | Notes and loans receivable, net | 0. | 7 | 0. |
| Assets | 8 | Inventories for sale or use | 1,655,671. | 8 | 1,635,180. |
| As | 9 | Prepaid expenses and deferred charges | 11,935,307. | 9 | 36,049,171. |
| | _ | Land, buildings, and equipment: cost or other | <u> </u> | | |
| | | basis. Complete Part VI of Schedule D 10a 173, 360, 682. | | | |
| | b | 110 100 005 | 63,861,430. | 100 | 61,237,587. |
| | 11 | Investments - publicly traded securities | 34,804,177. | 11 | 38,909,715. |
| | 12 | Investments - other securities. See Part IV, line 11 | 0. | 12 | 0. |
| | 13 | Investments - program-related. See Part IV, line 11. | 996,834. | 13 | 996,834. |
| | 14 | Intangible assets | 0. | 14 | 0. |
| | 15 | Other assets. See Part IV, line 11 | 1,146,241. | 15 | 1,352,935. |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 33) | 336,619,000. | 16 | 297,064,938. |
| | 17 | Accounts payable and accrued expenses | 34,019,400. | 17 | 37,867,427. |
| | 18 | Grants payable | 0. | 18 | 0. |
| | 19 | Deferred revenue. | 36,736,706. | 19 | 44,008,352. |
| | 20 | Tax-exempt bond liabilities | 0. | 20 | 0. |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D. | 0. | | 0. |
| (0 | 22 | Loans and other payables to any current or former officer, director, | | <u> </u> | <u> </u> |
| Liabilities | | trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| Ē | | controlled entity or family member of any of these persons | 0. | 22 | 0. |
| Ë | 23 | Secured mortgages and notes payable to unrelated third parties | 0. | 23 | 0. |
| | 24 | Unsecured notes and loans payable to unrelated third parties | 0. | | 0. |
| | 25 | Other liabilities (including federal income tax, payables to related third | | 24 | • • • |
| | 23 | parties, and other liabilities not included on lines 17-24). Complete Part X | | | |
| | | of Schedule D | 0. | 25 | 0. |
| | 26 | Total liabilities. Add lines 17 through 25 | 70,756,106. | 26 | 81,875,779. |
| | 20 | Organizations that follow FASB ASC 958, check here ► X | 70,700,100. | 20 | 01/0/0/1/5. |
| Ses | | and complete lines 27, 28, 32, and 33. | | | |
| <u>a</u> | 27 | Net assets without donor restrictions | 228,354,366. | 27 | 176,476,579. |
| Ba | 28 | Net assets with donor restrictions. | 37,508,528. | 28 | 38,712,580. |
| pu | 20 | Organizations that do not follow FASB ASC 958, check here ▶ | 3773007320. | 20 | 30/112/300. |
| Ţ | | and complete lines 29 through 33. | | | |
| Net Assets or Fund Balances | 29 | Capital stock or trust principal, or current funds | | 29 | |
| ets | 30 | Paid-in or capital surplus, or land, building, or equipment fund | | 30 | |
| SS | 31 | Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| ¥. | 32 | Total net assets or fund balances | 265,862,894. | 32 | 215,189,159. |
| ž | 33 | Total liabilities and net assets/fund balances | 336,619,000. | 33 | 297,064,938. |
| _ | 1 | | , . = . , | 00 | Form 990 (2019) |

Form **990** (2019)

Page **12** Form 990 (2019)

| OIIII J | (2013) | | | | ıα | gc • = |
|---------|--|--------|---------|---------------|------|----------------|
| Part | | | | | | $\overline{}$ |
| | Check if Schedule O contains a response or note to any line in this Part XI | | <u></u> | | | <u>. L L L</u> |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | 93,6 | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | 48,3 | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | 54,6 | | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 2 | 65 , 8 | | |
| 5 | Net unrealized gains (losses) on investments | 5 | | 3,9 | 51,2 | 261. |
| 6 | Donated services and use of facilities | 6 | | | | 0. |
| 7 | Investment expenses | 7 | | | | 0. |
| 8 | Prior period adjustments | 8 | | | | 0. |
| 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 | 2 | 15,1 | 89,1 | 159. |
| Part | XII Financial Statements and Reporting | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | | |
| | | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," e | xplair | า in | | | |
| | Schedule O. | | | | | |
| 2a | 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a | | | | | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were con | npiled | or | | | |
| | reviewed on a separate basis, consolidated basis, or both: | | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | | 2b | Χ | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audi | | | | | |
| | separate basis, consolidated basis, or both: | | | | | |
| | Separate basis X Consolidated basis Both consolidated and separate basis | | | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over | ersiah | ıt of | | | |
| | the audit, review, or compilation of its financial statements and selection of an independent accounta | _ | | 2c | Χ | |
| | If the organization changed either its oversight process or selection process during the tax year, ex | | | | | |
| | Schedule O. | | | | | |
| 3 a | As a result of a federal award, was the organization required to undergo an audit or audits as set for | th in | the | | | |
| | Single Audit Act and OMB Circular A-133? | | | 3a | | X |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not und | ergo | the | | | |
| | required audit or audits, explain why on Schedule O and describe any steps taken to undergo such at | _ | | 3b | | |
| | | | | Form | 990 | (2019) |

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2019
Open to Public Inspection

Department of the Treasury Internal Revenue Service

UNITED STATES OLYMPIC COMMITTEE

Employer identification number 13–1548339

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.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 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: 5 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(y). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.) 9 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 university: An organization that normally receives: (1) more than 331/3 % of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/3% 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 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 in 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. d 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. Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of (iv) Is the organization (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) instructions) instructions) document? Yes No (A) (B) (C) (D) (E) Total

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

| Sec | tion A. Public Support | | | | | | | |
|--------|--|--------------------|-------------------|---------------|-----------------|------------------|----------------|--|
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total | |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 43,337,285. | 50,267,953. | 39,209,484. | 64,671,710. | 63,241,042. | 260,727,474. | |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | 0. | |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | 0. | |
| 4 | Total. Add lines 1 through 3 | 43,337,285. | 50,267,953. | 39,209,484. | 64,671,710. | 63,241,042. | 260,727,474. | |
| 5 | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount | | | | | | | |
| • | shown on line 11, column (f) | | | | | | 13,168,717. | |
| 6 | Public support. Subtract line 5 from line 4 | | | | | | 247,558,757. | |
| | tion B. Total Support ndar year (or fiscal year beginning in) | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total | |
| | Amounts from line 4 | 43,337,285. | 50,267,953. | 39,209,484. | 64,671,710. | 63,241,042. | 260,727,474. | |
| 7 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 83,757,476. | 95,899,578. | 125,850,706. | 122,706,341. | 117,137,515. | 545,351,616. | |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | | | 942,775. | | 942,775. | |
| 10 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) ATCH 1 | 5,056,215. | 2,784,656. | 6,160,430. | 7,518,663. | 6,516,055. | 28,036,019. | |
| 11 | Total support. Add lines 7 through 10 | | | | | | 835,057,884. | |
| 12 | Gross receipts from related activities, etc. (see | ee instructions) . | | | | 12 | 334,977,845. | |
| 13 | First five years. If the Form 990 is fo organization, check this box and stop here. | | | | | | | |
| | tion C. Computation of Public Supp | | • | | | | 29.65 % | |
| 14 | Public support percentage for 2019 (lin | . , | • | | | 14 | 31.62% | |
| 15 | Public support percentage from 2018 \$ 331/3% support test - 2019. If the org | | | | | | | |
| 16a | | | | | | | | |
| h | box and stop here . The organization quantum 331/3% support test - 2018. If the organization | • | | • | | | | |
| b | this box and stop here . The organization | | | | | | | |
| 17a | 10%-facts-and-circumstances test - 2 | | | _ | | | | |
| ., . | | - | | | | | | |
| b | 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | | | | | | | |
| 18 | supported organization | did not check a | a box on line 13, | 16a, 16b, 17a | , or 17b, check | this box and see | | |
| | | | | | | | | |

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

(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 | tion A. Public Support | | | | | | |
|-------|--|---------------------|-------------------|------------------|----------------|------------------|-------------|
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees | | | | | | |
| | received. (Do not include any "unusual grants.") | | | | | | |
| 2 | Gross receipts from admissions, merchandise | | | | | | |
| | sold or services performed, or facilities | | | | | | |
| | furnished in any activity that is related to the | | | | | | |
| | organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that are not an | | | | | | |
| | unrelated trade or business under section 513 . | | | | | | |
| 4 | Tax revenues levied for the | | | | | | |
| | 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 | | | | | | |
| 7 a | Amounts included on lines 1, 2, and 3 | | | | | | |
| | received from disqualified persons | | | | | | |
| b | Amounts included on lines 2 and 3 | | | | | | |
| | received from other than disqualified | | | | | | |
| | persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c | Add lines 7a and 7b | | | | | | |
| 8 | Public support. (Subtract line 7c from | | | | | | |
| | line 6.) | | | | | | |
| Sec | tion B. Total Support | | • | | • | | |
| | ndar year (or fiscal year beginning in) | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 9 | Amounts from line 6 | | | | | | |
| 10 a | Gross income from interest, dividends, | | | | | | |
| | payments received on securities loans, rents, royalties, and income from similar | | | | | | |
| | sources | | | | | | |
| b | Unrelated business taxable income (less | | | | | | |
| | section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | | | | | | |
| С | Add lines 10a and 10b | | | | | | |
| 11 | Net income from unrelated business | | | | | | |
| | activities not included in line 10b, whether | | | | | | |
| | or not the business is regularly carried on | | | | | | |
| 12 | Other income. Do not include gain or | | | | | | |
| 14 | loss from the sale of capital assets | | | | | | |
| | (Explain in Part VI.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, | | | | | | <u> </u> |
| . • | and 12.) | | | | | | |
| 14 | First five years. If the Form 990 is for | or the organiza | tion's first seco | ond third fourth | or fifth tax v | ear as a section | n 501(c)(3) |
| | organization, check this box and stop here . | - | | | | | |
| Sec | tion C. Computation of Public Supp | | | | | | |
| 15 | Public support percentage for 2019 (line 8, | | • | ımn (f)) | | 15 | % |
| 16 | Public support percentage from 2018 Sche | | - | | | 16 | % |
| | tion D. Computation of Investment | | | | | , , | 70 |
| 17 | Investment income percentage for 2019 (lin | | | 13 column (f)) | | 17 | % |
| 18 | Investment income percentage for 2013 (in | | | | | 18 | |
| | 331/3% support tests - 2019. If the org | | | | | | |
| ı J d | 17 is not more than 331/3%, check this | | | | | | . — |
| h | 331/3% support tests - 2018. If the orga | | _ | | | | |
| D | line 18 is not more than 331/3 %, check | | | | | | |
| 20 | Private foundation If the organization d | | - | • | | | |

Schedule A (Form 990 or 990-EZ) 2019 Page 4

Part IV **Supporting Organizations**

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

S

| | on A. All Supporting Organizations | | Yes | No |
|----|---|----------|-----|----|
| 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. | 1 | | |
| 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). | 2 | | |
| 3a | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. | 3a | | |
| 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. | 3b | | |
| С | 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. | 3с | | |
| 4a | Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below. | 4a | | |
| 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. | 4b | | |
| С | 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. | 4c | | |
| 5a | Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) 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). | 5a | | |
| 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? Substitutions only. Was the substitution the result of an event beyond the organization's control? | 5b 5c | | |
| | • • • | | | |
| 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? <i>If "Yes," provide detail in Part VI.</i> | 6 | | |
| 7 | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). | 7 | | |
| 8 | Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). | 8 | | |
| 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 . | 9a | | |
| b | Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI . | 9b | | |
| С | Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI . | 9с | | |

10 a 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

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

Schedule A (Form 990 or 990-EZ) 2019

10a

10b

determine whether the organization had excess business holdings.)

supporting organizations)? If "Yes," answer 10b below.

Schedule A (Form 990 or 990-EZ) 2019

| | | | | <u> </u> |
|---------|--|------------|---------|----------|
| Part | Supporting Organizations (continued) | | - I | |
| | | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) | 44- | | |
| h | below, the governing body of a supported organization? A family member of a person described in (a) above? | 11a 11b | | |
| | A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i> | 11c | | |
| | on B. Type I Supporting Organizations | 110 | | |
| | on an opportung organizations | | Yes | No |
| 4 | Did the directors, trustees, or membership of one or more supported organizations have the power to | | | |
| 1 | regularly appoint or elect at least a majority of the organization's 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 directors or trustees were allocated among the supported | | | |
| | organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | | | |
| | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part | | | |
| | VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. | | | |
| Socti | on C. Type II Supporting Organizations | 2 | | |
| Secui | on c. Type if Supporting Organizations | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | | 103 | 110 |
| • | or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control</i> | | | |
| | or management of the supporting organization was vested in the same persons that controlled or managed | | | |
| | the supported organization(s). | 1 | | |
| Section | on D. All Type III Supporting Organizations | | | |
| 1 | Did the appropriation provide to each of its supported appropriations, by the last day of the fifth month of the | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior | | | |
| | tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of | | | |
| | the organization's governing documents in effect on the date of notification, to the extent not previously provided? | | | |
| • | | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | | | |
| | the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a | _ | | |
| • | significant voice in the organization's investment policies and in directing the use of the organization's | | | |
| | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | | | |
| | supported organizations played in this regard. | 3 | | |
| Section | on 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 ins | tructi | ons). | |
| a | The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b | The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see | inotru | otiono) | |
| С | The organization supported a governmental entity. Describe in Fait vi now you supported a government entity (see | msuu | Yes | |
| 2 | Activities Test. Answer (a) and (b) below. | | 163 | 140 |
| а | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | | | |
| | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, | | | |
| | how the organization was responsive to those supported organizations, and how the organization determined | | | |
| | that these activities constituted substantially all of its activities. | 2a | | |
| b | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more | | | |
| - | of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the | | | |
| | reasons for the organization's position that its supported organization(s) would have engaged in these | | | |
| | activities but for the organization's involvement. | 2b | | |
| 3 | Parent of Supported Organizations. Answer (a) and (b) 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? <i>Provide details in Part VI</i> . | 3a | | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i> | 3b | | |
| | in the regularity of the second of the secon | | | |

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| Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ | nization | S | |
|--|----------------|-----------------------------|--------------------------------|
| 1 Check here if the organization satisfied the Integral Part Test as a qualifying | g trust or | n Nov. 20, 1970 (expla | in in Part VI). See |
| instructions. All other Type III non-functionally integrated supporting organization | zations r | nust complete Section | ns A through E. |
| Section 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 | | |
| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | | |
| a Average monthly value of securities | 1a | | |
| b Average monthly cash balances | 1b | | |
| c Fair market value of other non-exempt-use assets | 1c | | |
| d Total (add lines 1a, 1b, and 1c) | 1d | | |
| e Discount claimed for blockage or other | 14 | | |
| 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 1-1/2% 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 .035. | 6 | | |
| 7 Recoveries of prior-year distributions | 7 | | |
| 8 Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Section C - Distributable Amount | | | Current Year |
| 1 Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | |
| 2 Enter 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-functionall | y integra | ted Type III supporting | g organization (see |
| instructions). | | <u> </u> | |

Schedule A (Form 990 or 990-EZ) 2019

Page 7

Current Year

Section D - Distributions

| 1 | Amounts paid to supported organizations to accomplish ex | | | | | |
|----|---|-----------------------------|--|---|--|--|
| 2 | Amounts paid to perform activity that directly furthers exer | | | | | |
| | organizations, in excess of income from activity | | | | | |
| 3 | Administrative expenses paid to accomplish exempt purpo | ses of supported organiz | zations | | | |
| 4 | Amounts paid to acquire exempt-use assets | | | | | |
| 5 | Qualified set-aside amounts (prior IRS approval required) | | | | | |
| 6 | Other distributions (describe in Part VI). See instructions. | | | | | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | | | |
| 8 | Distributions to attentive supported organizations to which | the organization is resp | onsive | | | |
| | (provide details in Part VI). See instructions. | | | | | |
| 9 | Distributable amount for 2019 from Section C, line 6 | | | | | |
| 10 | Line 8 amount divided by line 9 amount | | | | | |
| | Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2019 | (iii) Distributable Amount for 2019 | | |
| 1 | Distributable amount for 2019 from Section C, line 6 | | | | | |
| 2 | Underdistributions, if any, for years prior to 2019 | | | | | |
| | (reasonable cause required - explain in Part VI). See | | | | | |
| | instructions. | | | | | |
| 3 | Excess distributions carryover, if any, to 2019 | | | | | |
| а | From 2014 | | | | | |
| b | From 2015 | | | | | |
| С | From 2016 | | | | | |
| d | From 2017 | | | | | |
| е | From 2018 | | | | | |
| f | Total of lines 3a through e | | | | | |
| g | Applied to underdistributions of prior years | | | | | |
| h | Applied to 2019 distributable amount | | | | | |
| i | Carryover from 2014 not applied (see instructions) | | | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | | | |
| 4 | Distributions for 2019 from | | | | | |
| | Section D, line 7: \$ | | | | | |
| а | Applied to underdistributions of prior years | | | | | |
| b | Applied to 2019 distributable amount | | | | | |
| С | Remainder. Subtract lines 4a and 4b from 4. | | | | | |
| 5 | Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h | | | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | | | |
| | Part VI. See instructions. | | | | | |
| 7 | Excess distributions carryover to 2020. Add lines 3j | | | | | |
| | and 4c. | | | | | |
| 8 | Breakdown of line 7: | | | | | |
| а | Excess from 2015 | | | | | |
| b | Excess from 2016 | | | | | |
| С | Excess from 2017 | | | | | |
| d | Excess from 2018 | | | | | |
| е | Excess from 2019 | | | | | |

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 Page **8**

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.)

PUBLIC SUPPORT TEST

SCHEDULE A, PART II

THE UNITED STATES OLYMPIC AND PARALYMPIC COMMITTEE (USOPC) IS TAX-EXEMPT UNDER INTERNAL REVENUE CODE (IRC) SECTION 501(A), AS AN ORGANIZATION DESCRIBED IN SECTION 501(C)(3). IT IS RECOGNIZED AS A PUBLICLY SUPPORTED ORGANIZATION UNDER IRC SECTION 170(B)(1)(A)(VI).

THE USOPC WAS APPOINTED BY CONGRESS AS THE COORDINATING BODY FOR ALL OLYMPIC AND PARALYMPIC-RELATED ATHLETIC ACTIVITY IN THE UNITED STATES.

SPECIFICALLY, THE USOPC OVERSEES ALL ATHLETIC ACTIVITY IN THE U.S.

DIRECTLY RELATING TO INTERNATIONAL COMPETITION, INCLUDING THE PROGRAMS

FOR OLYMPIC, PARALYMPIC, PAN AMERICAN AND PARAPAN AMERICAN GAMES. THE USOPC IS THE NATIONAL OLYMPIC COMMITTEE AND NATIONAL PARALYMPIC COMMITTEE FOR THE UNITED STATES.

IN 2019, THE ORGANIZATION RECEIVED MINIMAL GOVERNMENTAL FUNDING. IT THUS RELIES ON ITS ABILITY TO GENERATE REVENUE FOR ITS OPERATIONS THROUGH CONTRIBUTIONS FROM THE GENERAL PUBLIC, ROYALTY REVENUE FROM THE SALE OF OLYMPIC BROADCASTING RIGHTS AND MARKS RIGHTS.

THE USOPC'S BOARD OF DIRECTORS IS COMPOSED OF 13 VOLUNTEER INDIVIDUALS

AND THE CEO AS AN EX-OFFICIO, NON-VOTING MEMBER. THE VOLUNTEER BOARD

MEMBERS INCLUDE SIX MEMBERS FROM THE GENERAL PUBLIC, THREE MEMBERS

SELECTED FROM THOSE NOMINATED BY THE NATIONAL GOVERNING BODIES COUNCIL,

THREE MEMBERS SELECTED FROM THOSE NOMINATED BY THE ATHLETES' ADVISORY

Schedule A (Form 990 or 990-EZ) 2019 Page **8**

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.)

COUNCIL, AND ANY UNITED STATES MEMBERS OF THE INTERNATIONAL OLYMPIC COMMITTEE (CURRENTLY TWO AT THE END OF 2019).

THE USOPC OPERATED TWO TRAINING CENTERS FOR THE BENEFIT OF AMERICAN ATHLETES TRAINING TO BECOME MEMBERS OF VARIOUS UNITED STATES OLYMPIC, PARALYMPIC, PAN AMERICAN, PARAPAN AMERICAN AND YOUTH OLYMPIC TEAMS. THE FACILITIES ARE MADE AVAILABLE TO OTHER NOT-FOR-PROFIT ORGANIZATIONS ON A SPACE AVAILABLE BASIS FOR VARIOUS MEETINGS AND CAMPS/CLINICS. THE USOPC IS AN ACTIVE PARTICIPANT IN PROMOTING AMATEUR SPORTS AND PHYSICAL FITNESS IN THE UNITED STATES. THE USOPC'S PROMOTION AND AWARENESS CAMPAIGN OF PROMOTING SPORTS AND PHYSICAL FITNESS IS CARRIED OUT THROUGH VARIOUS EDUCATIONAL PROGRAMS, OFTEN IN CONJUNCTION WITH OTHER ORGANIZATIONS.

SEE PART III STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS FOR DESCRIPTION OF PROGRAMS THAT ACCOMPLISH THE USOPC'S EXEMPT PURPOSE AND MISSION.

FOR THE YEAR ENDED DECEMBER 31, 2019, THE USOPC RECEIVED 29.65% PERCENT OF ITS TOTAL SUPPORT FROM PUBLIC SUPPORT, WHICH FALLS BELOW THE 33 1/3 PERCENT SUPPORT TEST THRESHOLD. BECAUSE ITS PUBLIC SUPPORT PERCENTAGE FELL BELOW 33 1/3 PERCENT FOR 2018 AS WELL, USOPC CHECKS THE BOX ON SCHEDULE A, PART II, LINE 17A TO INDICATE THAT IT MEETS THE 10% FACTS AND CIRCUMSTANCES TEST THRESHOLD PURSUANT TO IRC SECTIONS 509(A)(1) AND 170(B)(1)(A)(VI). TO CONTINUE TO QUALIFY AS A PUBLICLY SUPPORTED ORGANIZATION, THE USOPC IS FOCUSING EFFORTS TO GROW THE UNITED STATES OLYMPIC & PARALYMPIC FOUNDATION, WHICH GENERATES REVENUE FOR THE USOPC

Schedule A (Form 990 or 990-EZ) 2019

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.)

VIA FUNDRAISING FROM INDIVIDUAL CONTRIBUTORS.

| SCHEDULE A, PART II - | OTHER INCOM | Ξ | | | ATTACHMENT 1 | |
|-----------------------------|-------------|-------------|------------|------------|--------------|-------------|
| DESCRIPTION | 2015 | 2016 | 2017 | 2018 | 2019 | TOTAL |
| PROFESSIONAL SERVICE FEES | 5,022,526. | 5,503,031. | 6,141,656. | 6,021,105. | 5,670,325. | 28,358,643. |
| GAMES EVENT REVENUE | | 1,249,157. | | | | 1,249,157. |
| LOSS ON HOSPITALITY | | -4,029,125. | | | | -4,029,125. |
| MISCELLANEOUS OTHER REVENUE | 33,689. | 61,593. | 18,774. | 1,497,558. | 845,730. | 2,457,344. |
| TOTALS | 5,056,215. | 2,784,656. | 6,160,430. | 7,518,663. | 6,516,055. | 28,036,019. |

Schedule B (Form 990, 990-EZ,

or 990-PF)
Department of the Treasury
Internal Revenue Service
Name of the organization

Schedule of Contributors

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

2019

Employer identification number

UNITED STATES OLYMPIC COMMITTEE 13-1548339 Organization type (check one): Filers of: Section: X Form 990 or 990-EZ **501(c)(**3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization UNITED STATES OLYMPIC COMMITTEE

Employer identification number 13-1548339

| Part I | Contributors | (see instructions). | Use duplicate | copies of Part I if | additional | space is needed. |
|--------|--------------|---------------------|---------------|---------------------|------------|------------------|
| | | | | | | |

| (a) | (b) | (c) | (d) |
|-----|----------------------------|-------------------------|---|
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 1 | N/A | \$150,308. | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 2 | N/A | \$30,554. | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 3 | N/A | \$14,600. | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) Total contributions | (d) |
| No. | Name, address, and ZIP + 4 | | Type of contribution |
| 4 | N/A | \$14,011. | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 5_ | N/A | \$10,162,464. | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 6 | N/A | \$26,091,150. | Person Payroll Noncash (Complete Part II for noncash contributions.) |

Name of organization UNITED STATES OLYMPIC COMMITTEE

Employer identification number 13-1548339

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

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
|---------------------------|--|---|----------------------|
| 2 | VEHICLE | | |
| 3 | | | |
| | | \$14,600. | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | | |
| | | | |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | | |
| | | | |
| | · | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | | |
| | | | |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | | |
| | | | |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | | |
| | | | |
| | | \$ | |

Name of organization UNITED STATES OLYMPIC COMMITTEE Employer identification number 13-1548339 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or

| | duplicate copies of Part III if additi | onal space is needed. | |
|---|--|-----------------------|--|
| No. om rt I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | Transferee's name, address, ar | (e) Transfer of gift | Relationship of transferor to transferee |
| | | | |
| lo. m t I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | Transferee's name, address, ar | (e) Transfer of gift | Relationship of transferor to transferee |
| | | | |
| lo. n t l | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | (e) Transfer of gift | |
| | Transferee's name, address, ar | dd ZIP + 4 | Relationship of transferor to transferee |
| lo. n | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | (e) Transfer of gift | |
| Transferee's name, address, and ZIP + 4 | | - | Relationship of transferor to transferee |

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

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

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

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

| | (/ () | that have NOT filed Form 5768 (electi | ` ' | ', ' | • | | | |
|---------------|--|---------------------------------------|-----------------------|---|--|--|--|--|
| lf th Tax) | e organization answered "Yes," (see separate instructions), ther | on Form 990, Part IV, line 5 (Proxy | Tax) (see separate in | nstructions) or Form 990-l | EZ, Part V, line 35c (Proxy | | | |
| | Section 501(c)(4), (5), or (6) orga | | | | | | | |
| Nam | ne of organization | | | Employer ide | ntification number | | | |
| UN] | TED STATES OLYMPIC (| COMMITTEE | | 13-1548 | 8339 | | | |
| Pa | rt I-A Complete if the c | organization is exempt under | section 501(c) or | is a section 527 orgai | nization. | | | |
| 1 | Provide a description of the | organization's direct and indirect p | political campaign ac | ctivities in Part IV. (see ir | structions for | | | |
| | definition of "political campa | ign activities") | | | | | | |
| 2 | Political campaign activity e | xpenditures (see instructions) | | . \$ | | | | |
| 3 | Volunteer hours for political | campaign activities (see instruction | ns) | | | | | |
| | rt I-B Complete if the c | organization is exempt under s | section 501(c)(3). | | | | | |
| 1 | Enter the amount of any exc | cise tax incurred by the organizatio | n under section 495 | 5 > \$ | | | | |
| 2 | | cise tax incurred by organization m | | | | | | |
| 3 | | a section 4955 tax, did it file Form | | | | | | |
| | | | | | Yes No | | | |
| | If "Yes," describe in Part IV. | | | | | | | |
| Pa | - | organization is exempt under | | |). | | | |
| 1 | | xpended by the filing organization | | | | | | |
| 2 | | g organization's funds contributed | | | | | | |
| | | es | | | | | | |
| 3 | line 17b | enditures. Add lines 1 and 2. Ent | | ▶ \$ | | | | |
| 4 5 | Did the filing organization file Form 1120-POL for this year? No | | | | | | | |
| | (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter -0 | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0 | | | |
| (1) | | | | | | | | |
| (2) | | | | | | | | |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
| (5) | | | | | | | | |
| (6) | | | | | | | | |

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

Schedule C (Form 990 or 990-EZ) 2019

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| SCII | edule C (Follit 990 of 990-EZ) 2019 | | | | | | raye 🚣 |
|------|--|----------------|-------------|--|---------------------|-------------------------|----------------|
| Pa | ort II-A Complete if the org section 501(h)). | anizatior | ı is exen | npt under sectior | 1 501(c)(3) and f | iled Form 5768 (ele | ction under |
| Α | | | • | affiliated group (and excess lobbying expe | | ch affiliated group mem | ber's name, |
| В | Check ▶ if the filing organiz | ation chec | ked box A | A and "limited contro | l" provisions apply | <i>1</i> . | |
| | Limits | on Lobbyi | ng Expend | ditures | | (a) Filing | (b) Affiliated |
| | (The term "expenditu | ıres" mea | ns amour | nts paid or incurred. |) | organization's totals | group totals |
| | Total lobbying expenditures to in | | | | | | |
| b | Total lobbying expenditures to in | nfluence a | legislative | e body (direct lobbyi | ng) | | |
| C | Total lobbying expenditures (ad | d lines 1a | and 1b) . | | | | |
| | Other exempt purpose expendit | | | | | | |
| | Total exempt purpose expenditu | • | | • | | | |
| f | Lobbying nontaxable amount. | Enter the | amount 1 | from the following | table in both | | |
| | columns. | | | | | | |
| | If the amount on line 1e, column (a) | or (b) is: T | he lobbyin | g nontaxable amount | is: | | |
| | Not over \$500,000 | | | amount on line 1e. | | | |
| | Over \$500,000 but not over \$1,000 | | | us 15% of the excess | | | |
| | Over \$1,000,000 but not over \$1,50 | | | us 10% of the excess | | | |
| | Over \$1,500,000 but not over \$17,0 | | | us 5% of the excess of | ver \$1,500,000. | | |
| | Over \$17,000,000 | | 1,000,000 | | | | |
| _ | Grassroots nontaxable amount | • | - | | | | |
| | Subtract line 1g from line 1a. If | | | | | | |
| | Subtract line 1f from line 1c. If z | | | | | fil F 4700 | |
| j | If there is an amount other th | | | | _ | | |
| | reporting section 4911 tax for the | nis year? . | / A | aning Desiral Hada | | | Yes No |
| | (Sama arganizations that | | | aging Period Under | | o all of the five colum | uno holour |
| | (Some organizations that | | | te instructions for l | - | | ilis below. |
| | | Lobby | ing Exper | nditures During 4-Ye | ear Averaging Peri | od | I |
| | Calendar year (or fiscal year beginning in) | (a) 2 | 016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) Total |
| 2a | Lobbying nontaxable amount | | | | | | |
| b | Lobbying ceiling amount (150% of line 2a, column (e)) | | | | | | |
| С | Total lobbying expenditures | | | | | | |
| d | Grassroots nontaxable amount | | | | | | |
| е | Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | | |
| f | Grassroots lobbying expenditures | | | | | | |

Schedule C (Form 990 or 990-EZ) 2019

Page 3

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

| | (election under section 501(n)). | T , | a) | T . | (I-) | | |
|--------|--|--------|--------|--------------|----------|---------|--|
| | For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed | | | | (b) | | |
| des | cription of the lobbying activity. | Yes | No | · | Amoun | t | |
| 1 | During the year, did the filing organization attempt to influence foreign, national, state, or local | | | | | | |
| | legislation, including any attempt to influence public opinion on a legislative matter or | | | | | | |
| | referendum, through the use of: | | Х | | | | |
| a | Volunteers? | X | 21 | | | | |
| b | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?. | | Х | | | | |
| c d | Media advertisements? | | Х | | | | |
| e | Publications, or published or broadcast statements? | | Х | | | | |
| f | Grants to other organizations for lobbying purposes? | | Х | | | | |
| g | Direct contact with legislators, their staffs, government officials, or a legislative body? | X | | | 3(| 00,928 | |
| h | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | Х | | | | |
| i | Other activities? | | Х | | | | |
| j | Total. Add lines 1c through 1i | | | | 30 | 00,928 | |
| 2a | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | Х | | | | |
| b | If "Yes," enter the amount of any tax incurred under section 4912 | | | | | | |
| C | If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | | | | |
| d | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | (a)(F) | | | | | |
| Га | rt III-A Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6). | (0)(5) | , or s | ection | | | |
| | ••• (•)(•). | | | | Υ | es No | |
| 1 | Were substantially all (90% or more) dues received nondeductible by members? | | | | 1 | | |
| 2 | Did the organization make only in-house lobbying expenditures of \$2,000 or less? | | | | 2 | | |
| 3 | Did the organization agree to carry over lobbying and political campaign activity expenditures from | | | | 3 | | |
| Pa | rt III-B Complete if the organization is exempt under section 501(c)(4), section 501 | | | | | | |
| | 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" | OR (I | o) Pa | rt III-A, I | ine 3, | is | |
| | answered "Yes." | | | | | | |
| 1 | Dues, assessments and similar amounts from members | | | 1 | | | |
| 2 | Section 162(e) nondeductible lobbying and political expenditures (do not include amount | unts | of | | | | |
| | political expenses for which the section 527(f) tax was paid). | | | 0- | | | |
| a | Current year | | | 2a 2b | | | |
| b | Carryover from last year | | | 2C | | | |
| C | Total | | | 3 | | | |
| 3 | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) du | | | | | | |
| 4 | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion | | | | | | |
| | excess does the organization agree to carryover to the reasonable estimate of nondeductible I and political expenditure next year? | obbyli | ıg | 4 | | | |
| 5 | Taxable amount of lobbying and political expenditures (see instructions) | | | 5 | | | |
| Pa | rt IV Supplemental Information | | | | | | |
| Prov | ride the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliate | d gro | up lis | t); Part II- | -A, line | s 1 and | |
| 2 (s | ee instructions); and Part II-B, line 1. Also, complete this part for any additional information. | | | | | | |
| | | | | | | | |
| SE | E PAGE 4 | | | | | | |
| | | | | | | | |
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| | | | | | | | |

Part IV Supplemental Information (continued)

SCHEDULE C, PART II-B, LINE 1B

Schedule C (Form 990 or 990-EZ) 2019

THE USOPC PROVIDED INFORMATION TO MEMBERS OF CONGRESS ABOUT GENERAL IMMIGRATION ISSUES SUCH AS THE IMPORTANCE OF GLOBAL ENTRY AND OTHER TRUSTED TRAVELER PROGRAMS, THE CENTER FOR SAFESPORT AND THE USOPC MANAGEMENT OF SEXUAL ABUSE CASES, AND GLOBAL DOPING ISSUES FOR THE RODCHENKOV ACT.

SCHEDULE D (Form 990)

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

| UNT | TED STATES OLYMPIC COMMITTEE | | 13-1548339 |
|--------|--|--|---|
| | t I Organizations Maintaining Donor Advised Funds | or Other Similar Funds o | |
| ı e | Complete if the organization answered "Yes" on Fo | | |
| | | Donor advised funds | (b) Funds and other accounts |
| | | Jener daviesa ranas | (b) i unas una suisi associno |
| 1 | Total number at end of year | | |
| 2 | Aggregate value of contributions to (during year) | | |
| 3 | Aggregate value of grants from (during year) | | |
| 4 | Aggregate value at end of year | | Charles and the state of |
| 5 | Did the organization inform all donors and donor advisors in | _ | |
| ^ | funds are the organization's property, subject to the organization | _ | |
| 6 | Did the organization inform all grantees, donors, and donor ad | | |
| | only for charitable purposes and not for the benefit of the don | | |
| Dο | conferring impermissible private benefit? | <u> </u> | les live |
| га | Complete if the organization answered "Yes" on Fo | orm 990 Part IV line 7 | |
| 1 | Purpose(s) of conservation easements held by the organization | | |
| | Preservation of land for public use (for example, recreation or ed | | of a historically important land area |
| | Protection of natural habitat | | of a certified historic structure |
| | Preservation of open space | Treservation | Total detailed fileterie structure |
| 2 | Complete lines 2a through 2d if the organization held a qualified | d conservation contribution in | n the form of a conservation |
| _ | easement on the last day of the tax year. | 7 conservation contribution in | Held at the End of the Tax Year |
| _ | Total number of conservation easements | | 2a |
| a h | | | 2b |
| b | Total acreage restricted by conservation easements Number of conservation easements on a certified historic struc | | 2c |
| c d | Number of conservation easements on a certified historic structure of conservation easements included in (c) acquired at | | 20 |
| u | historic structure listed in the National Register | | 2d |
| 3 | Number of conservation easements modified, transferred, rele | | |
| • | tax year | asea, extinguished, or term | milated by the organization during the |
| 4 | Number of states where property subject to conservation easer | nent is located. | |
| 5 | Does the organization have a written policy regarding the | | |
| • | violations, and enforcement of the conservation easements it ho | · | - 1 1 1 |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, handling | | |
| • | Total and volumes hours develor to memoring, mepocally, narrain | ig or violations, and officioning | to your |
| 7 | Amount of expenses incurred in monitoring, inspecting, handling | of violations, and enforcing of | conservation easements during the year |
| | ▶ \$ | , 3 | 3 , |
| 8 | Does each conservation easement reported on line 2(d) above sa | tisfy the requirements of sect | tion 170(h)(4)(B)(i) |
| | and section 170(h)(4)(B)(ii)? | | Von No |
| 9 | In Part XIII, describe how the organization reports conservation | easements in its revenue an | nd expense statement and |
| | balance sheet, and include, if applicable, the text of the footnote | e to the organization's financ | cial statements that describes the |
| | organization's accounting for conservation easements. | | |
| Pa | rt III Organizations Maintaining Collections of Art, Hist | | er Similar Assets. |
| | Complete if the organization answered "Yes" on Fo | rm 990, Part IV, line 8. | |
| 1a | If the organization elected, as permitted under FASB ASC 958 | , not to report in its revenu | ue statement and balance sheet works |
| | of art, historical treasures, or other similar assets held for p service, provide in Part XIII the text of the footnote to its financia | ublic exhibition, education, later than the statements that describes the statements that describes the statements are statements. | , or research in furtherance of public these items. |
| b | If the organization elected, as permitted under FASB ASC 958 | | |
| - | art, historical treasures, or other similar assets held for public provide the following amounts relating to these items: | exhibition, education, or res | search in furtherance of public service, |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | > \$ |
| | (ii) Assets included in Form 990, Part X | | ▶ \$ 151,679. |
| 2 | If the organization received or held works of art, historical | | |
| | following amounts required to be reported under FASB ASC 958 | | 3 , 1 |
| а | Revenue included on Form 990, Part VIII, line 1. | | > \$ |
| b | Assets included in Form 990, Part X | | |

Page 2 Schedule D (Form 990) 2019

| Pa | rt III Organizations Maintaini | ng Collections of | Art, Historical Tr | easures, or Other | Similar Assets (d | continued) |
|-----------|--|------------------------|------------------------|-----------------------|----------------------|---------------------|
| 3 | Using the organization's acquisition | n, accession, and c | ther records, chec | k any of the follow | ving that make sigr | ificant use of its |
| | collection items (check all that app | ly): | | | | |
| а | X Public exhibition | | d Loan | or exchange progra | m | |
| b | Scholarly research | | e Other | | | |
| С | X Preservation for future general | | | | | |
| 4 | Provide a description of the organ | nization's collections | and explain how | they further the or | ganization's exemp | t purpose in Part |
| | XIII. | | | | | |
| 5 | During the year, did the organization | | | | _ | |
| | assets to be sold to raise funds rath | | ained as part of the | organization's colle | ction? L | Yes X No |
| Pa | rt IV Escrow and Custodial A Complete if the organiza | | s" on Form 990, I | Part IV, line 9, or r | eported an amour | nt on Form |
| | 990, Part X, line 21. | | | | | |
| 1 a | Is the organization an agent, truste | | | | | |
| | included on Form 990, Part X? | | | | | Yes No |
| b | If "Yes," explain the arrangement in | n Part XIII and comp | lete the following ta | ble: | | |
| | | | | | Amount | |
| С | Beginning balance | | | 1c | | |
| d | Additions during the year | | | | | |
| е | Distributions during the year | | | | | |
| f | Ending balance | | | | | |
| 2a | Did the organization include an am | | | | | Yes No |
| | If "Yes," explain the arrangement in | n Part XIII. Check he | ere if the explanation | n has been provided | on Part XIII | |
| Pa | rt V Endowment Funds. | | | | | |
| | Complete if the organiza | | | | 1 | |
| | | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
| 1a | Beginning of year balance | 37,508,529. | 25,485,494. | 27,708,681. | 31,772,749. | 39,994,373 |
| b | Contributions | 10,464,094. | 14,099,349. | 6,312,645. | 1,418,367. | 164,630 |
| С | Net investment earnings, gains, | 1 051 040 | 100.000 | E00.005 | 000 000 | 60. |
| | and losses | 1,851,048. | -120,890. | 729,225. | 272,969. | 630 |
| d | Grants or scholarships | 10,067,437. | 3,795,786. | 6,836,513. | 5,172,070. | 6,823,718 |
| е | Other expenditures for facilities | 1 0 4 0 6 5 4 | 1 0 4 0 0 6 0 | 0 400 544 | 500 004 | 1 560 164 |
| | and programs | 1,043,654. | -1,840,362. | 2,428,544. | 583,334. | 1,563,166 |
| f | Administrative expenses | 00 510 500 | | 05 405 404 | 00 000 001 | 01 550 54 |
| g | End of year balance | 38,712,580. | 37,508,529. | 25,485,494. | 27,708,681. | 31,772,749 |
| 2 | Provide the estimated percentage | | end balance (line 1g | , column (a)) held as | s: | |
| а | Board designated or quasi-endowm | ient ▶ | _% | | | |
| b | Permanent endowment 26.9 | <u> </u> | | | | |
| С | Term endowment ► 73.0100 | | | | | |
| _ | The percentages on lines 2a, 2b, a | | | | | |
| 3 a | Are there endowment funds not in | the possession of th | ie organization that | are held and admi | nistered for the | Van Na |
| | organization by: | | | | | Yes No |
| | (i) Unrelated organizations | | | | | 3a(i) X |
| | (ii) Related organizations | | | | | 3a(ii) X |
| _ | If "Yes" on line 3a(ii), are the relate | _ | • | | | 3b X |
| 4 | Describe in Part XIII the intended u | ises of the organizat | tion's endowment fu | nds. | | |
| Pa | rt VI Land, Buildings, and Equ Complete if the organiza | ation answered "Ye | es" on Form 990. | Part IV. line 11a. | See Form 990. Pa | rt X. line 10. |
| | Description of property | (a) Cost or | other basis (b) Cost | or other basis (c) Ac | cumulated (d |) Book value |
| _ | Land | (invest | | other) dep | reciation | 2 210 200 |
| 1a | Land | | | | 21 222 | 3,310,200. |
| b | Buildings | | 138,8 | 391,598. 87,2 | 21,323. | 51,670,275. |
| C | Leasehold improvements | | 20 | 216,721. 24,9 | 001,772. | 3,314,949. |
| d | Equipment | | | 942,163. | /UI, / / Z • | 2,942,163. |
| e Tota | Other | | | | | 61,237,587. |
| rota | i. Add iiries Ta through Te. (Column | (u) must equal Forn | i 990, Pari X, Colum | ri (D), iifie TUC.) | > | 01,431,301. |

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019

| Part VII | Investments - Other Securities. Complete if the organization answered | d "Yes" on Form 990 |). Part IV. line 11b. See Form 990 | Part X. line 12. |
|--------------------------|---|---------------------|---|--------------------|
| | (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuat Cost or end-of-year mark | tion: |
| (1) Financia | al derivatives | | , | |
| | held equity interests | | | |
| | ned equity interests | | | |
| (3) Other _ | | | | |
| (B) | | | | |
| (C) | | | | |
| (D) | | | | |
| (E) | | | | |
| (F) | | | | |
| (G) | | | | |
| (H) | | | | |
| | n (b) must equal Form 990, Part X, col. (B) line 12.) | | | |
| Part VIII | | l "Yes" on Form 990 |). Part IV. line 11c. See Form 990. | Part X. line 13. |
| - | (a) Description of investment | (b) Book value | (c) Method of valuat | |
| | (3) 2 2 2 3 p. 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | (5, 500), 70100 | Cost or end-of-year mark | |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| | n (b) must equal Form 990, Part X, col. (B) line 13.) | | | |
| Part IX | Other Assets. | I | | |
| | Complete if the organization answered | d "Yes" on Form 990 |), Part IV, line 11d. See Form 990 | , Part X, line 15. |
| | (a) De | scription | | (b) Book value |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| Total. (Colu | umn (b) must equal Form 990, Part X, col. (B) l | line 15.) | | |
| Part X | Other Liabilities. Complete if the organization answered line 25. | | | m 990, Part X, |
| 1. | | otion of liability | | (b) Book value |
| (1) Feder | ral income taxes | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| Total. (Colun | nn (b) must equal Form 990, Part X, col. (B) line 25.) | | | |
| - 1 · 1 · 1 · 1 · | | | | |

2. 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

Page 4 Schedule D (Form 990) 2019

| Part 2 | Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | n. |
|---------|--|------------------------------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 |
| | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | |
| | Net unrealized gains (losses) on investments | |
| | Donated services and use of facilities | |
| | Recoveries of prior year grants | |
| | Other (Describe in Part XIII.) | |
| | Add lines 2a through 2d | 2e |
| | Subtract line 2e from line 1 | 3 |
| | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | |
| | Investment expenses not included on Form 990, Part VIII, line 7b 4a | |
| | 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 12.) | 5 |
| Part 2 | Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | ırn. |
| 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 | |
| b | Prior year adjustments | |
| С | Other losses | |
| d | Other (Describe in Part XIII.) | |
| | Add lines 2a through 2d | 2e |
| | Subtract line 2e from line 1 | 3 |
| | Amounts included on Form 990, Part IX, line 25, but not on line 1: | |
| | Investment expenses not included on Form 990, Part VIII, line 7b 4a | |
| | Other (Describe in Part XIII.) | 4.5 |
| | Add lines 4a and 4b | 4c |
| | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5 |
| | e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F | Part V. line 4: Part X. line |
| 2; Part | XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform | |
| | PAGE 5 | |
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Schedule D (Form 990) 2019 Page **5**

Part XIII Supplemental Information (continued)

OLYMPIC ARTIFACTS

SCHEDULE D, PART III, LINE 4

THE USOPC OWNS SEVERAL OLYMPIC-THEMED PAINTINGS BY A RENOWNED PAINTER,

BRONZE SCULPTURES AND OLYMPIC AND PARALYMPIC ARTIFACTS, WHICH HELP

PRESERVE THE HISTORY OF THE OLYMPIC AND PARALYMPIC MOVEMENT IN THE UNITED

STATES.

ENDOWMENT

SCHEDULE D, PART V, LINE 4

INCOME FROM RESTRICTED FUNDS IS USED TO PROVIDE GRANTS AND SUPPORT FOR U.S. OLYMPIC AND PARALYMPIC ATHLETES.

FIN 48 (ASC 740) FOOTNOTE

SCHEDULE D, PART X, LINE 2

THE USOPC IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES ON INCOME FROM ACTIVITIES RELATED TO ITS EXEMPT PURPOSES UNDER IRC SECTION 501(A) OF THE INTERNAL REVENUE CODE (IRC) AS AN ORGANIZATION DESCRIBED IN IRC SECTION 501(C)(3). THE ENTITY IS ALSO A PUBLIC CHARITY UNDER IRC SECTION 509(A). THE USOPC DID NOT HAVE MATERIAL AMOUNTS OF UNRELATED BUSINESS INCOME FOR THE YEAR ENDED DECEMBER 31, 2019.

THE USOPC RECOGNIZES THE FINANCIAL STATEMENT BENEFIT OF A TAX POSITION

ONLY AFTER DETERMINING THAT THE RELEVANT TAX AUTHORITY WOULD

MORE-LIKELY-THAN-NOT SUSTAIN THE POSITION FOLLOWING AN AUDIT. FOR TAX

POSITIONS MEETING THE MORE-LIKELY-THAN-NOT THRESHOLD, THE AMOUNT

RECOGNIZED IN THE FINANCIAL STATEMENTS IS THE LARGEST BENEFIT THAT HAS A

GREATER THAN 50 PERCENT LIKELIHOOD OF BEING REALIZED UPON ULTIMATE

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019 Page 5

Part XIII Supplemental Information (continued)

SETTLEMENT WITH THE RELEVANT TAX AUTHORITY. THE USOPC HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990.

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

OMB No. 1545-0047 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

| UNI' | TED STATES OLYMPIC COMM | MITTEE | | | 13-154 | 8339 |
|-----------------|--|---|--|--|--|----------------------------------|
| Part | General Information o Form 990, Part IV, line 14b | | Outside the | United States. Comple | ete if the organizatio | n answered "Yes" or |
| | For grantmakers. Does the orgother assistance, the grantees' award the grants or assistance? | eligibility for t | he grants or | assistance, and the selec | ction criteria used to | Yes X No |
| | For grantmakers. Describe in Foutside the United States. | | | | - | and other assistance |
| 3 | Activities per Region. (The follow (a) Region | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in the region | (d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) a program service, describe specific type of | expenditures for and investments |
| (1) | CENTRAL AMERICA/CARIBBEAN | 0. | 0. | PROGRAM SERVICES | OLYMPIC MEETINGS | 76,844. |
| (2) | EAST ASIA AND THE PACIFIC | 0. | 0. | PROGRAM SERVICES | OLYMPIC MEETINGS | 13,749,317. |
| (3) | EUROPE | 0. | 0. | PROGRAM SERVICES | OLYMPIC MEETINGS | 3,779,349. |
| (4) | MIDDLE EAST AND NORTH AFRICA | 0. | 0. | PROGRAM SERVICES | OLYMPIC MEETINGS | 435,118. |
| (5) | NORTH AMERICA | 0. | 0. | PROGRAM SERVICES | OLYMPIC MEETINGS | 1,482,935. |
| (6) | RUSSIA/INDEPENDENT STATES | 0. | 0. | PROGRAM SERVICES | OLYMPIC MEETINGS | 2,798. |
| (7) | SOUTH AMERICA | 1. | 1. | PROGRAM SERVICES | OLYMPIC MEETINGS | 4,094,160. |
| (8) | SOUTH ASIA | 0. | 0. | PROGRAM SERVICES | OLYMPIC MEETINGS | 26,368. |
| (9) | SUB-SAHARAN AFRICA | 0. | 0. | PROGRAM SERVICES | OLYMPIC MEETINGS | 5,951. |
| (10) | | | | | | |
| (11) | | | | | | |
| (12) | | | | | | |
| (13) | | | | | | |
| (14) | | | | | | |
| (15) | | | | | | |
| (16) (17) | | | | | | |
| (17) 3a b | Subtotal Total from continuation sheets to Part I | 1. | 1. | | | 23,652,840. |
| С | Totals (add lines 3a and 3b) | 1. | 1. | | | 23,652,840. |

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

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0178548

| 1 | (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV, appraisal, other |
|------|-----------------------------|--|-----------------------|----------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
| (1) | | | | | | | | | |
| (2) | | | | | | | | | |
| (3) | | | | | | | | | |
| (4) | | | | | | | | | |
| (5) | | | | | | | | | |
| (6) | | | | | | | | | |
| (7) | | | | | | | | | |
| (8) | | | | | | | | | |
| (9) | | | | | | | | | |
| (10) | | | | | | | | | |
| (11) | | | | | | | | | |
| (12) | | | | | | | | | |
| (13) | | | | | | | | | |
| (14) | | | | | | | | | |
| (15) | | | | | | | | | |
| (16) | | | | | | | | | |
| by t | | organizations listed above t | d a section 501(c)(3) | equivalency letter | r | | . | | |

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of noncash assistance | (g) Description of noncash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
|---------------------------------|------------|--------------------------|-----------------------------|---------------------------------|--|---|--|
| (1) | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| _ (5) | | | | | | | |
| (6) | | | | | | | |
| (7) | | | | | | | |
| (8) | | | | | | | |
| (9) | | | | | | | |
| <u>(</u> 10) | | | | | | | |
| <u>(11)</u> | | | | | | | |
| <u>(12)</u> | | | | | | | |
| (13) | | | | | | | |
| (14) | | | | | | | |
| <u>(</u> 15) | | | | | | | |
| (16) | | | | | | | |
| (17) | | | | | | | |
| (18) | | | | | | | |

Schedule F (Form 990) 2019 Page 4

| rari | V Foreign Forms | |
|------|--|--|
| 1 | Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," | |
| ' | the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign | |
| | | |
| | Corporation (see Instructions for Form 926) Yes No | |
| 2 | Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization | |
| | may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign | |
| | Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign | |
| | Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990) Yes X | |
| | | |
| 3 | Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," | |
| | the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to | |
| | Certain Foreign Corporations (see Instructions for Form 5471) | |
| | | |
| 4 | Was the organization a direct or indirect shareholder of a passive foreign investment company or a | |
| | qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, | |
| | Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing | |
| | Fund (see Instructions for Form 8621) | |
| | | |
| 5 | Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," | |
| | the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain | |
| | Foreign Partnerships (see Instructions for Form 8865) | |
| | | |
| 6 | Did the organization have any operations in or related to any boycotting countries during the tax year? If | |
| | "Ves." the organization may be required to separately file Form 5713. International Roycott Report (see | |

Instructions for Form 5713; don't file with Form 990)

Schedule F (Form 990) 2019

Yes

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

OMB No. 1545-0047
2019

Department of the Treasury
Internal Revenue Service
Name of the organization

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.

Open to Public Inspection

Schedule I (Form 990) (2019)

Employer identification number

| UNITED STATES OLYMPIC COMMITTEE | | | | | | 13-154833 | 39 | | | |
|--|-----------------|--|------------------------|-----|------------------------|-----------------------|--------------------|--|--|--|
| Part I General Information on Grants an | d Assistanc | tantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and assistance? | | | | | | | | |
| the selection criteria used to award the grant | s or assistand | ce? | | | | | X Yes No | | | |
| Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. | | | | | | | | | | |
| 1 (a) Name and address of organization or government | (b) EIN | | · · · | | (book, FMV, appraisal, | | | | | |
| (1) NATIONAL SPORTS CENTER FOR THE DISABLED | | | | | | | OLYMPIC/PARALYMPIC | | | |
| 1801 MILE HIGH STADIUM CIRCLE, #1500 | 84-0738419 | 501(C)(3) | 7,500. | | | | SUPPORT | | | |
| (2) USA BOCCIA, INC. | | | | | | | OLYMPIC/PARALYMPIC | | | |
| 1398 PENATAQUIT AVE BAY SHORE, NY 11706 | 20-1954953 | 501 (C) (3) | 18,051. | | | | SUPPORT | | | |
| (3) DISABLED SPORTS EASTERN SIERRA | | | | | | | OLYMPIC/PARALYMPIC | | | |
| PO BOX 7275 MAMMOTH LAKES, CA 93546 | 31-1732524 | 501 (C) (3) | 20,000. | | | | SUPPORT | | | |
| (4) OLYMPIANS FOR OLYMPIANS RELIEF FUND | | | | | | | OLYMPIC/PARALYMPIC | | | |
| 1 OLYMPIC PLAZA COLORADO SPRINGS, CO 80909 | 84-1497252 | 501 (C) (3) | 25,000. | | | | SUPPORT | | | |
| (5) CROSSCUT MOUNTAIN SPORTS CENTER | | | | | | | OLYMPIC/PARALYMPIC | | | |
| PO BOX 6400 BOZEMAN, MT 59771 | 81-1818317 | 501 (C) (3) | 27,000. | | | | SUPPORT | | | |
| (6) USA GOLF FEDERATION INC. | | | | | | | OLYMPIC/PARALYMPIC | | | |
| PO BOX 1065 PONTE VEDRA BEACH, FL 32004 | 45-4319643 | 501 (C) (3) | 28,400. | | | | SUPPORT | | | |
| (7) US RACQUETBALL ASSOCIATION | | | | | | | OLYMPIC/PARALYMPIC | | | |
| 1661 MESA AVE COLORADO SPRINGS, CO 80906 | 73-0954204 | 501 (C) (3) | 50,000. | | | | SUPPORT | | | |
| (8) US TENNIS ASSN INC | | | | | | | OLYMPIC/PARALYMPIC | | | |
| 70 WEST RED OAK LANE WHITE PLAINS, NY 10604 | 13-5459420 | 501 (C) (3) | 50,000. | | | | SUPPORT | | | |
| (9) USA ROLLER SPORTS | | | | | | | OLYMPIC/PARALYMPIC | | | |
| 4730 SOUTH STREET, PO BOX 6579 | 47-0550989 | 501 (C) (3) | 50,571. | | | | SUPPORT | | | |
| (10) LOGAN UNIVERSITY | | | | | | | OLYMPIC/PARALYMPIC | | | |
| 1851 SCHOETTLER ROAD CHESTERFIELD, MO 63018 | 47-0746185 | 501 (C) (3) | 68,500. | | | | SUPPORT | | | |
| (11) USA PENTATHLON INC. | | | | | | | OLYMPIC/PARALYMPIC | | | |
| 1 OLYMPIC PLAZA COLORADO SPRINGS, CO 80909 | 26-3563446 | 501 (C) (3) | 88,003. | | | | SUPPORT | | | |
| (12) US BADMINTON ASSOCIATION | | | | | | | OLYMPIC/PARALYMPIC | | | |
| 2099 S. STATE COLLEGE BLVD., STE. 600 | 84-1474714 | 501 (C) (3) | 137,172. | | | | SUPPORT | | | |
| 2 Enter total number of section 501(c)(3) and | government | organizations lis | sted in the line 1 tal | ole | | > | • | | | |
| 3 Enter total number of other organizations lis | ted in the line | 1 table | <u> </u> | | | <u></u> . > | | | | |

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

OMB No. 1545-0047
2019

Department of the Treasury Internal Revenue Service 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.

Open to Public Inspection

Schedule I (Form 990) (2019)

| Name of the organization | | | | | | Employer identificat | ion number |
|--|--|---|--------------------------|---------------------------------------|---|---------------------------------------|------------------------------------|
| UNITED STATES OLYMPIC COMMITTEE | | | | | | 13-154833 | 39 |
| Part I General Information on Grants an | d Assistanc | е | | | | ' | |
| Does the organization maintain records to s the selection criteria used to award the gran Describe in Part IV the organization's procedert II Grants and Other Assistance to Describe in Part IV, line 21, for any recipient to the selection of the selection o | ts or assistand dures for mor Domestic Or | ce? nitoring the use ganizations ar | of grant funds in the | e United States. | nplete if the organiz | ation answered "Y | X Yes No Yes" on Form 990, |
| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
| (1) AMERICAN CANOE ASSOCIATION | | | | | | | OLYMPIC/PARALYMPIC |
| 503 SOPHIA STREET, SUITE 100 | 84-0619411 | 501 (C) (3) | 171,280. | | | | SUPPORT |
| (2) U.S. SKATEBOARDING FEDERATION | | | | | | | OLYMPIC/PARALYMPIC |
| 1315 S ALLEN ST, STE 310 | 20-2842212 | 501 (C) (3) | 176,245. | | | | SUPPORT |
| (3) US SYNCHRONIZED SWIMMING | | | | | | | OLYMPIC/PARALYMPIC |
| 1 OLYMPIC PLAZA COLORADO SPRINGS, CO 80909 | 31-0994560 | 501(C)(3) | 195,941. | | | | SUPPORT |
| (4) USA NATIONAL KARATE DO FEDERATION | | | | | | | OLYMPIC/PARALYMPIC |
| 1631 MESA AVE., STE. A | 91-1646543 | 501(C)(3) | 203,933. | | | | SUPPORT |
| (5) LAKESHORE FOUNDATION | | | | | | | OLYMPIC/PARALYMPIC |
| 4000 RIDGEWAY DR. BIRMINGHAM, AL 35209 | 63-0288847 | 501(C)(3) | 319,942. | | | | SUPPORT |
| (6) USA TEAM HANDBALL | | | | | | | OLYMPIC/PARALYMPIC |
| 1 OLYMPIC PLAZA COLORADO SPRINGS, CO 80909 | 20-2179012 | 501(C)(3) | 270,893. | | | | SUPPORT |
| _(7) USA SURFING INC. | | | | | | | OLYMPIC/PARALYMPIC |
| 1001 AVENIDA PICO, STE. C229 | 81-4742350 | 501(C)(3) | 273,610. | | | | SUPPORT |
| (8) NATIONAL WHEELCHAIR BASKETBALL | | | | | | | OLYMPIC/PARALYMPIC |
| 1130 ELKTON ST. STE. A | 36-2884730 | 501(C)(3) | 295,985. | | | | SUPPORT |
| (9) USA TABLE TENNIS | | | | | | | OLYMPIC/PARALYMPIC |
| 4065 SINTON RD., STE. 120 | 51-6016365 | 501(C)(3) | 317,767. | | | | SUPPORT |
| (10) US ASSOCIATION FOR BLIND ATHLETES | | | | | | | OLYMPIC/PARALYMPIC |
| 1 OLYMPIC PLAZA COLORADO SPRINGS, CO 80909 | 31-0977121 | 501(C)(3) | 384,232. | | | | SUPPORT |
| (11) USA WEIGHTLIFTING | | | | | | | OLYMPIC/PARALYMPIC |
| 1 OLYMPIC PLAZA COLORADO SPRINGS, CO 80909 | 31-1012362 | 501(C)(3) | 431,731. | | | | SUPPORT |
| (12) USA CLIMBING | | | | | | | OLYMPIC/PARALYMPIC |
| 537 W 600 S, UNIT 300 | 91-1899953 | 501(C)(3) | 516,250. | | | | SUPPORT |
| 2 Enter total number of section 501(c)(3) and3 Enter total number of other organizations lis | - | - | | | | | |

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

OMB No. 1545-0047
2019

Department of the Treasury
Internal Revenue Service
Name of the organization

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.

Open to Public Inspection

Schedule I (Form 990) (2019)

Employer identification number

| UNITED STATES OLYMPIC COMMITTEE | | | | | | 13-154833 | 39 | | | |
|--|--|-------------------|---------------------------------------|-----|------------------------|-----------|--------------------|--|--|--|
| Part I General Information on Grants an | maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and ed to award the grants or assistance? | | | | | | | | | |
| the selection criteria used to award the gran | ts or assistand | ce? | | | | | X Yes No | | | |
| Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. | | | | | | | | | | |
| (a) Name and address of organization or government | (b) EIN | | , , , , , , , , , , , , , , , , , , , | | (book, FMV, appraisal, | | | | | |
| (1) USA SOFTBALL | | | | | | | OLYMPIC/PARALYMPIC | | | |
| 2801 NE 50TH STREET OKLAHOMA CITY, OK 73111 | 23-7132249 | 501 (C) (3) | 626,876. | | | | SUPPORT | | | |
| (2) USA TAEKWONDO | | | | | | | OLYMPIC/PARALYMPIC | | | |
| 1015 GARDEN OF THE GODS RD, STE 100 | 52-1194967 | 501 (C) (3) | 673,050. | | | | SUPPORT | | | |
| (3) PARTNERSHIP FOR CLEAN COMPETITION | | | | | | | OLYMPIC/PARALYMPIC | | | |
| 1 OLYMPIC PLAZA COLORADO SPRINGS, CO 80909 | 42-1763805 | 501 (C) (3) | 750,000. | | | | SUPPORT | | | |
| (4) US SOCCER FEDERATION | | | | | | | OLYMPIC/PARALYMPIC | | | |
| 1801 S. PRAIRIE AVE. CHICAGO, IL 60616 | 13-5591991 | 501 (C) (3) | 750,000. | | | | SUPPORT | | | |
| (5) UNITED STATES JUDO INC. | | | | | | | OLYMPIC/PARALYMPIC | | | |
| 1 OLYMPIC PLAZA COLORADO SPRINGS, CO 80909 | 74-2160691 | 501 (C) (3) | 788,618. | | | | SUPPORT | | | |
| (6) USA ARCHERY | | | | | | | OLYMPIC/PARALYMPIC | | | |
| 4065 SINTON RD., STE. 110 | 36-6118407 | 501 (C) (3) | 868,428. | | | | SUPPORT | | | |
| (7) USA BOXING FEDERATION | | | | | | | OLYMPIC/PARALYMPIC | | | |
| 1 OLYMPIC PLAZA COLORADO SPRINGS, CO 80909 | 31-1012361 | 501 (C) (3) | 1,047,588. | | | | SUPPORT | | | |
| (8) US BIATHLON ASSOCIATION | | | | | | | OLYMPIC/PARALYMPIC | | | |
| 49 PINELAND DRIVE NEW GLOUCESTER, ME 04260 | 03-0279959 | 501 (C) (3) | 1,048,439. | | | | SUPPORT | | | |
| (9) US FENCING ASSOCIATION | | | | | | | OLYMPIC/PARALYMPIC | | | |
| 4065 SINTON RD., STE. 140 | 11-6075952 | 501 (C) (3) | 1,052,920. | | | | SUPPORT | | | |
| (10) UNITED STATES DIVING INC | | | | | | | OLYMPIC/PARALYMPIC | | | |
| 1060 N. CAPITOL AVE., STE. E-310 | 31-0986868 | 501 (C) (3) | 1,095,908. | | | | SUPPORT | | | |
| (11) US FIELD HOCKEY ASSOCIATION | | | | | | | OLYMPIC/PARALYMPIC | | | |
| 5540 N. ACADEMY BLVD., STE. 100 | 23-6299893 | 501 (C) (3) | 1,096,307. | | | | SUPPORT | | | |
| (12) USA TRIATHLON | | | | | | | OLYMPIC/PARALYMPIC | | | |
| 5825 DELMONICO DR., STE. 200 | 68-0047940 | 501 (C) (3) | 1,162,334. | | | | SUPPORT | | | |
| 2 Enter total number of section 501(c)(3) and | government | organizations lis | ted in the line 1 tal | ble | | | ' | | | |
| 3 Enter total number of other organizations lis | • | • | | | | | | | | |

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

OMB No. 1545-0047
2019

Department of the Treasury
Internal Revenue Service
Name of the organization

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.

Open to Public Inspection

Schedule I (Form 990) (2019)

Employer identification number

| UNITED STATES OLYMPIC COMMITTEE | | | | | | 13-1548339 | | |
|--|-----------------|------------------------------------|--------------------------|---------------------------------------|---|---------------------------------------|------------------------------------|--|
| Part I General Information on Grants and | d Assistanc | е | | | | | | |
| Does the organization maintain records to so the selection criteria used to award the grant Describe in Part IV the organization's proced | ts or assistand | ce? | | | | | X Yes N | |
| Part II Grants and Other Assistance to D Part IV, line 21, for any recipient tl | | • | | | . • | | es" on Form 990, | |
| (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance | |
| (1) USA CURLING | | | | | | | OLYMPIC/PARALYMPIC | |
| 5525 CLEM'S WAY STEVENS POINT, WI 54482 | 36-6066248 | 501(C)(3) | 1,186,960. | | | | SUPPORT | |
| (2) USA BASKETBALL | | | | | | | OLYMPIC/PARALYMPIC | |
| 27 S. TEJON STREET, SUITE 100 | 37-0996441 | 501(C)(3) | 1,295,890. | | | | SUPPORT | |
| (3) US FIGURE SKATING ASSOCIATION | | | | | | | OLYMPIC/PARALYMPIC | |
| 20 FIRST STREET COLORADO SPRINGS, CO 80906 | 84-0768715 | 501(C)(3) | 1,307,741. | | | | SUPPORT | |
| (4) UNITES STATED LUGE ASSOCIATION INC | | | | | | | OLYMPIC/PARALYMPIC | |
| 57 CHURCH ST. LAKE PLACID, NY 12946 | 14-1638206 | 501(C)(3) | 1,335,952. | | | | SUPPORT | |
| (5) US SAILING ASSOCIATION | | | | | | | OLYMPIC/PARALYMPIC | |
| 1 ROGER WILLIAMS UNIVERSITY WAY | 13-1671529 | 501 (C) (3) | 1,356,198. | | | | SUPPORT | |
| (6) UNITED STATES EQUESTRIAN FEDERATION | | | | | | | OLYMPIC/PARALYMPIC | |
| 4001 WING COMMANDER WAY LEXINGTON, KY 40511 | 56-2350714 | 501(C)(3) | 1,358,940. | | | | SUPPORT | |
| (7) US WATER POLO | | | | | | | OLYMPIC/PARALYMPIC | |
| 6 MORGAN, STE. 150 IRVINE, CA 92618 | 84-1357609 | 501(C)(3) | 1,375,391. | | | | SUPPORT | |
| (8) USA RUGBY | | | | | | | OLYMPIC/PARALYMPIC | |
| 2655 CRESCENT DR., STE. A | 16-1118870 | 501(C)(3) | 1,349,481. | | | | SUPPORT | |
| (9) USA HOCKEY INC | | | | | | | OLYMPIC/PARALYMPIC | |
| 1775 BOB JOHNSON DR. | 51-0204742 | 501(C)(3) | 1,649,251. | | | | SUPPORT | |
| 10) US ROWING ASSOCIATION | | | | | | | OLYMPIC/PARALYMPIC | |
| 2 WALL STREET PRINCETON, NJ 08540 | 23-6275472 | 501(C)(3) | 1,704,229. | | | | SUPPORT | |
| 11) USA WRESTLING | | | | | | | OLYMPIC/PARALYMPIC | |
| 6155 LEHMAN DR. COLORADO SPRINGS, CO 80918 | 36-2667348 | 501(C)(3) | 1,791,846. | | | | SUPPORT | |
| 12) US SPEEDSKATING ASSOCIATION | | | | | | | OLYMPIC/PARALYMPIC | |
| 5662 S. COUGAR LANE KEARNS, UT 84118 | 43-6065836 | 501 (C) (3) | 1,896,212. | 1 | | | SUPPORT | |

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

OMB No. 1545-0047
2019

Schedule I (Form 990) (2019)

Department of the Treasury
Internal Revenue Service
Name of the organization

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.

Open to Public Inspection

Employer identification number

| the selection criteria used to award the granDescribe in Part IV the organization's proce | | | | | | | X Yes No | | | | |
|--|----------------|------------------------------------|--------------------------|---------------------------------------|---|---------------------------------------|------------------------------------|--|--|--|--|
| Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. | | | | | | | | | | | |
| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance | | | | |
| (1) USA SHOOTING | | | | | | | OLYMPIC/PARALYMPIC | | | | |
| 1 OLYMPIC PLAZA COLORADO SPRINGS, CO 80909 | 84-1263863 | 501(C)(3) | 1,950,373. | | | | SUPPORT | | | | |
| (2) USA VOLLEYBALL ASSOCIATION | | | | | | | OLYMPIC/PARALYMPIC | | | | |
| 4065 SINTON RD. COLORADO SPRINGS, CO 80907 | 80-0551967 | 501(C)(3) | 2,038,587. | | | | SUPPORT | | | | |
| (3) USA BOBSLED & SKELETON FEDERATION | | | | | | | OLYMPIC/PARALYMPIC | | | | |
| 1631 MESA AVE. COLORADO SPRINGS, CO 80906 | 16-1172380 | 501(C)(3) | 2,066,163. | | | | SUPPORT | | | | |
| (4) USA CYCLING | | | | | | | OLYMPIC/PARALYMPIC | | | | |
| 210 USA CYCLING POINT STE. 100 | 84-1284437 | 501 (C) (3) | 2,211,900. | | | | SUPPORT | | | | |
| (5) USA GYMNASTICS | | | | | | | OLYMPIC/PARALYMPIC | | | | |
| 130 E. WASHINGTON #700 | 75-1847871 | 501 (C) (3) | 2,227,033. | | | | SUPPORT | | | | |
| (6) US SWIMMING | | | | | | | OLYMPIC/PARALYMPIC | | | | |
| 1 OLYMPIC PLAZA COLORADO SPRINGS, CO 80909 | 31-0981848 | 501 (C) (3) | 3,548,924. | | | | SUPPORT | | | | |
| (7) USA TRACK & FIELD | | | | | | | OLYMPIC/PARALYMPIC | | | | |
| 130 E. WASHINGTON #800 | 35-1475463 | 501 (C) (3) | 3,976,780. | | | | SUPPORT | | | | |
| (8) US SKI & SNOWBOARD ASSOCIATION | | | | | | | OLYMPIC/PARALYMPIC | | | | |
| 1 VICTORY LANE PARK CITY, UT 84060 | 87-0480724 | 501 (C) (3) | 6,315,000. | | | | SUPPORT | | | | |
| (9) U.S. CENTER FOR SAFESPORT | | | | | | | OLYMPIC/PARALYMPIC | | | | |
| 1 OLYMPIC PLAZA COLORADO SPRINGS, CO 80909 | 47-2475870 | 501 (C) (3) | 7,531,312. | | | | SUPPORT | | | | |
| (10) UNITED STATES OLYMPIC AND PARALYMPIC FDN | | | | | | | OLYMPIC/PARALYMPIC | | | | |
| 1 OLYMPIC PLAZA COLORADO SPRINGS, CO 80909 | 80-0939841 | 501 (C) (3) | 11,421,934. | | | | SUPPORT | | | | |
| (11) | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | 1 | 1 | | | | | | | | |

Schedule I (Form 990) (2019)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|--|--------------------------|--------------------------|-----------------------------------|---|--|
| 1 ATHLETE PERFORMANCE-SUPPORT TRAINING | 1,484. | 15,101,619. | | | |
| 2 ELITE ATHLETE HEALTH INSURANCE | 1,326. | 7,286,934. | | | |
| | | | | | |
| 3 NATIONAL MEDICAL NETWORK | 817. | 3,657,292. | | | |
| 4 OPERATION GOLD-TOP PLACE FINISHES | 595. | 3,377,273. | | | |
| 5 TUITION AND CAREER ASSISTANCE | 397. | 2,453,297. | | | |
| 6 | | | | | |
| 7 | | | | | |

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

SCHEDULE I, PART I, LINE 2

USOPC GRANT FUNDS ARE AWARDED TO INDIVIDUAL SPORTS THROUGH EACH NATIONAL GOVERNING BODIES (NGBS) AND ARE AGREED UPON AND ADMINISTERED THROUGH A PERFORMANCE PARTNERSHIP AGREEMENT (PPA). THE APPROVED PROJECTS FOR ELITE ATHLETE TRAINING ARE OUTLINED AND AGREED UPON IN THE PPA. NGBS RECEIVE PAYMENTS FROM THE USOPC ON A QUARTERLY BASIS. PRIOR TO RELEASING FUNDS, NGBS ARE REQUIRED TO PROVIDE A QUARTERLY REPORT OUTLINING THE AMOUNT OF DOLLARS SPENT ON EACH OF THE USOPC-APPROVED TRAINING PROJECTS. AT THE END OF THE YEAR, NGBS ARE REQUIRED TO PROVIDE A FINAL REPORT ON EACH OF THE

Schedule I (Form 990) (2019)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| _1 | | | | | |
| _ 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

USOPC-APPROVED PROJECTS. THE NGBS ARE THEN PERIODICALLY AUDITED BY THE

USOPC AUDIT AND COMPLIANCE DIVISION.

ATHLETE PERFORMANCE GRANTS PROGRAM IS ALSO AGREED UPON AND ADMINISTERED THROUGH THE PPA. THE PAYMENT SCHEDULE FOR ATHLETES IS OUTLINED IN THE PPA AS WELL AND TYPICALLY THE PAYMENTS ARE EITHER MONTHLY OR QUARTERLY. THE NGB SUBMITS THE ATHLETE DESIGNATION LIST AND A SIGNED (BY THE ATHLETE) ATHLETE SUPPORT DESIGNEE FORM BEFORE THE USOPC WILL BEGIN THE PROCESS FOR ATHLETE PAYMENTS. PRIOR TO PAYMENTS BEING MADE TO AN ATHLETE, THE USOPC CONFIRMS THAT THE ATHLETE IS COMPLIANT WITH ANTI-DOPING REQUIREMENTS.

Schedule I (Form 990) (2019)

Schedule I (Form 990) (2019)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| | | | | | |
| 1 | | | | | |
| | | | | | |
| l . | | | | | |
| 1 | | | | | |
| i. | | | | | |
| | | | | | |

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

ONCE COMPLIANCE IS CONFIRMED, THE ATHLETE WILL THEN BE PAID. THERE IS NO

REPORTING REQUIREMENT FOR ATHLETES OTHER THAN MAINTAINING THEIR STATUS IN

THEIR SPORT.

Compensation InformationFor 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.

OMB No. 1545-0047 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

UNITED STATES OLYMPIC COMMITTEE

Part I Questions Regarding Compensation

Employer identification number

13-1548339

| | | | 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. | | | |
| | X First-class or charter travel Housing allowance or residence for personal use | | | |
| | X Travel for companions Payments for business use of personal residence | | | |
| | Tax indemnification and gross-up payments Health or social club dues or initiation fees | | | |
| | Discretionary spending account Personal services (such as maid, chauffeur, chef) | | | |
| | If any of the house on the Asian absoluted did the consciention follows a smith or reliable manner of | | | |
| D | 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 | Х | |
| 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 | Х | |
| • | Indicate which, if any, of the following the organization used to establish the compensation of the | | | |
| 3 | organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a | | | |
| | related organization to establish compensation of the CEO/Executive Director, but explain in Part III. | | | |
| | X Compensation committee X Written employment contract | | | |
| | X Independent compensation consultant X Compensation survey or study | | | |
| | X Form 990 of other organizations X Approval by the board or compensation committee | | | |
| 4 | | | | |
| 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: | | | |
| а | The organization? | 5a | | Х |
| b | Any related organization? | 5b | Х | |
| | If "Yes" on line 5a or 5b, describe in Part III. | | | |
| 6 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any | | | |
| | compensation contingent on the net earnings of: | | | |
| а | The organization? | 6a | | Х |
| 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 | | Х |
| 9 | If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in | | | |
| | Regulations section 53.4958-6(c)? | 9 | | |

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

Schedule J (Form 990) 2019

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 | f W-2 and/or 1099-MIS | SC compensation | (C) Retirement and | (D) Nontaxable | (E) Total of columns | (F) Compensation |
|---|------|---------------------------|-------------------------------------|-------------------------------------|-----------------------------|------------------|----------------------|--|
| (A) Name and Title | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | other deferred compensation | benefits | (B)(i)-(D) | in column (B) reported as deferred on prior Form 990 |
| WALTER R. GLOVER | (i) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 1 FORMER CHIEF FINANCIAL OFFICER | (ii) | 110,147. | 10,000. | 0. | 0. | 8,298. | 128,445. | 0. |
| SARAH C. HIRSHLAND | (i) | 596,446. | 160,000. | 29 , 270. | 7,662. | 24,300. | 817,678. | 0. |
| 2 ^{CHIEF} EXECUTIVE OFFICER | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| MORANE B. KEREK | (i) | 257 , 358. | 68 , 375. | 390. | 19,957. | 26,732. | 372 , 812. | 0. |
| 3 ^{CHIEF} FINANCIAL OFFICER | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| RICHARD W. ADAMS | (i) | 321,009. | 84 , 720. | 1,439. | 21,000. | 24,853. | 453,021. | 0. |
| 4 ^{CHIEF} OF PARALYMPICS & NGB | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| JON M. DENNEY | (i) | 75 , 032. | 120,319. | 15,470. | 4,192. | 5 , 219. | 220,232. | 0. |
| 5 ^{CHIEF} DVPMT. OFF. END 3/19 | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| KEVIN E. PENN | (i) | 295,144. | 81 , 375. | 19,490. | 15,400. | 25,115. | 436,524. | 0. |
| 6 ^{CHIEF} OF BUSINESS OPERATIONS | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| RUSSELL C. HUEBNER | (i) | 232,987. | 53,409. | 998. | 8,486. | 27 , 687. | 323 , 567. | 0. |
| 7FORMER CHIEF OF PARALYMPICS | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| BRIAN H. GORDON | (i) | 204,119. | 90,750. | 457. | 3,036. | 21,615. | 319 , 977. | 0. |
| 8 ^{SVP} , MARKETING AND MEDIA | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| PATRICK D. SANDUSKY | (i) | 61,861. | 85,613. | 266,548. | 3,585. | 5 , 697. | 423,304. | 0. |
| 9 ^{CHIEF OF COMMS. END 3/19} | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| CHRISTINE V. WALSHE | (i) | 272,124. | 57 , 876. | 19,290. | 21,000. | 837. | 371 , 127. | 0. |
| 10 ^{CHIEF} DEVELOPMENT OFFICER | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| DAVID ZODIKOFF | (i) | 229,167. | 62,743. | 971. | 13,056. | 21,111. | 327,048. | 0. |
| 11 CHIEF INFORMATION OFFICER | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| DESIREE G. FILIPPONE | (i) | 242,195. | 54,759. | 0. | 18,518. | 21,575. | 337,047. | 0. |
| 12 ^{VP, GOVT RELATIONS} | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| CHRISTOPHER D. MCCLEARY | (i) | 357,580. | 134,834. | 301. | 15,400. | 22,830. | 530,945. | 0. |
| 13 ^{GENERAL COUNSEL} | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| KATHLEEN C. WALLACE | (i) | 217,425. | 48,546. | 478. | 12,253. | 17,096. | 295,798. | 0. |
| 14 ATHLETE OMBUDSMAN | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| 15 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 16 | (ii) | | | | | | | |

Part | 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.

EXECUTIVE TRAVEL AND TRAVEL FOR COMPANIONS

SCHEDULE J, PART I, LINE 1A

VICE PRESIDENTS AND ABOVE MAY FLY BUSINESS CLASS AT THEIR DISCRETION ON FLIGHTS WITH SEGMENTS OF FIVE HOURS OR MORE IN DURATION. THE USOPC DETERMINED THAT IT IS SOMETIMES BENEFICIAL FOR THE CEO AND BOARD MEMBERS TO HAVE GUESTS ACCOMPANY THEM TO PARTICULAR EVENTS, SUCH AS THE OLYMPIC GAMES. IN SUCH CASES THOSE EXPENSES CAN BE PAID BY THE USOPC AND THE COSTS ASSOCIATED WITH THE GUESTS' TRAVEL ARE EVALUATED FOR BUSINESS PURPOSE. THOSE DETERMINED NOT TO BE NECESSARY BUSINESS EXPENSES ARE REPORTED TO THE CEO AND BOARD MEMBERS AS TAXABLE WAGES OR NON-EMPLOYEE COMPENSATION ON EITHER FORM W-2 OR 1099-MISC. DURING 2019, THE USOPC HAD NO GUEST TRAVEL EXPENSE. SEE SCHEDULE O FOR FURTHER DISCUSSION OF AMOUNTS PAID TO BOARD MEMBERS.

SEVERANCE

SCHEDULE J, PART I, LINE 4A

PATRICK SANDUSKY RECEIVED A SEVERANCE PAYMENT DURING 2019 TOTALING \$245,311, WHICH IS INCLUDED AS PART OF HIS OTHER REPORTABLE COMPENSATION IN SCHEDULE J, PART II, COLUMN B(III).

Schedule J (Form 990) 2019

Part | 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.

NONFIXED PAYMENTS

SCHEDULE J, PART I, LINE 5B & 7

THE COMPENSATION PRACTICE OF THE USOPC IS THAT BASE PAY PLUS AT-RISK BONUS IS THE TOTAL CASH COMPENSATION FOR ALL REGULAR FULL-TIME AND PART-TIME EXEMPT POSITIONS. AT-RISK BONUS COMPENSATION IS BASED UPON A COMBINATION OF ORGANIZATIONAL AND INDIVIDUAL GOAL ACHIEVEMENT. THE COMPENSATION COMMITTEE OF THE USOPC'S BOARD OF DIRECTORS DETERMINES THE ORGANIZATIONAL ACHIEVEMENT BY USING A PERFORMANCE SCREEN THAT IDENTIFIES AND QUANTIFIES ANNUAL GOALS AND OBJECTIVES FOR THE ORGANIZATION. TWO OF THOSE GOALS ARE MEETING THE BOARD APPROVED ANNUAL BUDGET AND A USOPF FUNDRAISING GOAL. THE COMPENSATION COMMITTEE OF THE USOPC'S BOARD OF DIRECTORS DETERMINES THE ACHIEVEMENT OF THESE GOALS OVER THE COURSE OF THE YEAR AND, AT YEAR END, EXPRESSES THEM AS A PERCENTAGE OF THE GOALS. ONCE THAT PERCENTAGE IS DETERMINED, IT IS APPLIED ACROSS THE ORGANIZATION IN A CONSISTENT FORMULA TO ELIGIBLE EXEMPT EMPLOYEES, WHOSE ELIGIBILITY IS BASED UPON AN INDIVIDUAL'S OVERALL PERFORMANCE AND CONTRIBUTIONS FOR THE YEAR.

Part || 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.

FORMER OFFICER COMPENSATED BY RELATED ORGANIZATION

SCHEDULE J, PART II

WALTER R. GLOVER WAS THE CHIEF FINANCIAL OFFICER AT THE USOPC DURING 2016, AFTER WHICH HIS EMPLOYMENT ENDED. HE THEN BEGAN EMPLOYMENT WITH THE USOE, A RELATED ORGANIZATION AS DISCLOSED IN SCHEDULE R. BECAUSE OF WALTER'S ROLE AS AN OFFICER OF THE USOPC DURING PART OF 2016, THE IRS REQUIRES COMPENSATION FROM THE USOE TO BE REPORTED IN SCHEDULE J, PART II AND PART VII. ALTHOUGH THE USOE IS A RELATED ORGANIZATION, IT OPERATES INDEPENDENTLY WITH A SEPARATE BOARD AND MANAGEMENT. THE USOPC DOES NOT PROVIDE INPUT INTO ITS STAFFING AND COMPENSATION MATTERS.

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► 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.

Name of the organization UNITED STATES OLYMPIC COMMITTEE

13-1548339

Employer identification number

| Par | 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 | Method o | | | |
| 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 | | 1. | 14,600. | | | | |
| 7 | Boats and planes | | | | | | | |
| 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 | Scientific specimens | | | | | | | |
| 24 | Archeological artifacts | | | | | | | |
| 25 | Other ►() | | | | | | | |
| 26 | Other ►() | | | | | | | |
| 27 | Other ►() | | | | | | | |
| 28 | Other ►(| | | | | | | |
| | Number of Forms 8283 received | by the org | anization during the tax v | ear for contributions for | | | | |
| | which the organization completed I | | | | 29 | | | 1. |
| | 3 | , | , | | | | Yes | No |
| 30a | During the year, did the organizat | ion receive | by contribution any prope | rty reported in Part I, line | s 1 through | | | |
| | 28, that it must hold for at least the | | | • | - | | | i |
| | to be used for exempt purposes for | • | | | • | 30a | | X |
| b | If "Yes," describe the arrangement i | | | | | | | |
| 31 | Does the organization have a | | tance policy that require | es the review of anv | nonstandard | | | |
| | contributions? | • | | • | | 31 | Х | |
| 32a | Does the organization hire or use | e third parti | es or related organization | s to solicit, process, or s | sell noncash | | | |
| | contributions? | • | J | | | 32a | | X |
| b | If "Yes," describe in Part II. | | | | | | | |
| 33 | If the organization didn't report an | amount in c | column (c) for a type of pro | perty for which column (a) | is checked, | | | |
| | describe in Part II. | | , , , , , , , , , , , , , , , , , , , | . (-) | | | | |

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

Schedule M (Form 990) 2019

Schedule M (Form 990) (2019) Page **2**

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

NUMBER OF CONTRIBUTIONS

SCHEDULE M, PART I, COLUMN B

THE NUMBERS LISTED IN PART I, COLUMN B, REFLECT THE NUMBER OF

CONTRIBUTIONS FOR EACH ITEM.

REPORTING PLEDGES

SCHEDULE M, PART I, LINE 33

THE USOPC OCCASIONALLY RECEIVES PAYMENT ON PLEDGE COMMITMENTS FROM DONORS IN THE FORM OF PUBLICLY TRADED SECURITIES. THE USOPC RECORDS CONTRIBUTION REVENUE FROM PLEDGES WHEN THE PLEDGE IS UNCONDITIONALLY MADE. AS A RESULT, IT COULD BE THE CASE THAT PLEDGE PAYMENTS VIA GIFTS OF PUBLICLY TRADED SECURITIES ARE NOT RECORDED IN CURRENT YEAR CONTRIBUTION REVENUE, AS SOME PAYMENTS MAY ALREADY HAVE BEEN RECOGNIZED AS CONTRIBUTION REVENUE IN A PRIOR YEAR WHEN THE RELATED PLEDGE WAS MADE.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization
UNITED STATES OLYMPIC COMMITTEE

13-1548339

OTHER PROGRAM SERVICES

FORM 990, PART III, LINE 4D

TEAM USA MEDIA & PROMOTION - A VARIETY OF PROGRAMS RELATED TO THE PUBLIC PROMOTION OF TEAM USA, AND THE OLYMPIC AND PARALYMPIC MOVEMENTS TO POSITIVELY IMPACT ATHLETES' PERSONAL BRANDING AND SPONSORSHIP OPPORTUNITIES. THIS INCLUDES TRADITIONAL AND DIGITAL MEDIA, BROADCASTING INITIATIVES, AND INTERNATIONAL OUTREACH.

OLYMPIC & PARALYMPIC COMPETITIONS - THE USOPC PROVIDES LOGISTICAL AND ORGANIZATIONAL SUPPORT FOR ATHLETE PERFORMANCE AT THE OLYMPIC AND PARALYMPIC GAMES, PAN AND PARAPAN AMERICAN GAMES, AND YOUTH OLYMPIC GAMES. THIS INCLUDES TRAVEL AND OUTFITTING, ON-THE-GROUND STAFFING AND SUPPORT, AS WELL AS HIGH PERFORMANCE TRAINING CENTERS.

VOTING MEMBERS

FORM 990, PART VI, SECTION A, LINE 1

MEMBERS OF THE USOPC BOARD WHO ALSO SERVE ON THE INTERNATIONAL OLYMPIC COMMITTEE'S (IOC) BOARD OF DIRECTORS ARE ALLOCATED ONE VOTE AND ALL OTHER MEMBERS ARE ALLOCATED A NUMBER OF VOTES EQUAL TO THE NUMBER OF MEMBERS ALSO SERVING ON THE INTERNATIONAL OLYMPIC COMMITTEE. AT THE END OF 2019, THERE WERE TWO MEMBERS OF THE BOARD WHO ALSO SERVED ON THE IOC BOARD.

THEREFORE, THE NON-IOC BOARD MEMBERS HAVE TWO VOTES EACH, WHILE THE IOC BOARD MEMBERS HAVE ONE VOTE EACH.

Name of the organization
UNITED STATES OLYMPIC COMMITTEE

13-1548339

UPDATED BYLAWS

FORM 990, PART VI, SECTION A, LINE 4

IN 2019, THE USOPC AMENDED ITS BYLAWS TO 1) UPDATE THE USOPC MISSION AND CORE PRINCIPLES; 2) ENACT USOPC BOARD AND COMMITTEE REFORM, INCLUDING COMPOSITION CHANGES AND TERM LIMITS; 3) ENACT REFORM OF BOARD EVALUATION; 4) UPDATE LEADERSHIP TRAINING RESOURCES; 5) INCREASE AAC RIGHTS AND RESOURCES; 6) INCREASE NGB AND CONGRESSIONAL OVERSIGHT; 7) ENACT REFORM OF OMBUDSMAN OFFICE; 8) INSTITUTE NEW WHISTLEBLOWER AND ANTI-RETALIATION POLICY; AND 9) ADOPT THE NEW USOPC NAME. VISIT HTTPS://www.teamusa.org/footer/legal/public-notices/proposed bylaw AMENDMENTS 2020 FOR ADDITIONAL INFORMATION.

FORM 990 REVIEW

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

A COMPLETE COPY OF THE USOPC FORM 990 WILL BE PROVIDED TO THE AUDIT COMMITTEE. THE CFO WILL MEET OR CONDUCT A MEETING WITH THE AUDIT COMMITTEE TO DISCUSS ANY ISSUES OR CONCERNS. THE CFO WILL TAKE IMMEDIATE ACTION TO RESOLVE ANY OUTSTANDING ISSUES RAISED BY THE AUDIT COMMITTEE. THE AUDIT COMMITTEE WILL FORMALLY APPROVE THE COMPLETED 990 AND A COMPLETE COPY IS THEN SENT TO THE USOPC BOARD OF DIRECTORS PRIOR TO IT BEING FILED WITH THE INTERNAL REVENUE SERVICE.

CONFLICT OF INTEREST POLICY

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

THE USOPC OBTAINS ANNUAL CERTIFICATIONS FROM THE ORGANIZATION'S STAFF,
BOARD OF DIRECTORS, AND COMMITTEE MEMBERS. THE ETHICS OFFICER REVIEWS THE

COMPLETED DISCLOSURE STATEMENTS AND PROVIDES COPIES TO THE CHAIR OF THE ETHICS COMMITTEE. THE CHAIR OF THE ETHICS COMMITTEE HAS THE DISCRETION TO SHARE THE DISCLOSURE STATEMENTS WITH THE ENTIRE ETHICS COMMITTEE, BOARD OF DIRECTORS AND/OR CEO. THE ETHICS OFFICER AND THE CHAIR OF THE ETHICS COMMITTEE, IN SOME CASES IN CONSULATION WITH THE ENTIRE ETHICS COMMITTEE, DETERMINE IN EACH CASE WHETHER A CONFLICT EXISTS AND SO RECORD THEIR DECISION IN CONNECTION WITH EACH RELEVANT DISCLOSURE STATEMENT, ALSO INDICATING ANY REQUIRED CORRECTIVE ACTION (WHICH MAY INCLUDE, BUT IS NOT LIMITED TO, PROHIBITING THE PERSON FROM PARTICIPATION IN THE ORGANIZATION'S DELIBERATIONS AND DECISIONS IN AN AFFECTED TRANSACTION).

ALL EMPLOYEE COMPENSATION

FORM 990, PART VI, SECTION B, LINES 15A/15B

AS PART OF DETERMINING THE CEO, OFFICER, AND KEY EMPLOYEES' COMPENSATION, THE USOPC USES COMPARABILITY DATA FROM INDEPENDENT SALARY SURVEY DATA TO PRESENT COMPENSATION AMOUNTS AND POLICIES TO AN INDEPENDENT COMPENSATION COMMITTEE AND MANAGEMENT FOR APPROVAL. THE DISCUSSIONS ABOUT COMPENSATION STRATEGIES AND KEY PROGRAMS ARE CONTEMPORANEOUSLY DOCUMENTED, AND DECISIONS ABOUT COMPENSATION AND BENEFITS ARE MADE BY THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS IN STRICT ACCORDANCE WITH THE BYLAWS OF THE ORGANIZATION. THE USOPC SPECIFICALLY PERFORMS THE FOLLOWING STEPS IN DETERMINING COMPENSATION OF ALL EMPLOYEES (INCLUDING OFFICERS AND KEY EMPLOYEES) AS WELL AS THE CEO'S COMPENSATION PACKAGE.

THE USOPC HAS AN ESTABLISHED SALARY STRUCTURE CONSISTING OF 40+
OVERLAPPING, SYMMETRICAL SALARY RANGES FOR EXEMPT AND NON-EXEMPT

POSITIONS. EACH RANGE INCLUDES A MINIMUM, MIDPOINT AND MAXIMUM PAY LEVEL.

THE SALARY RANGES HAVE BEEN DEVELOPED BY BLENDING OUR COMPENSATION

PHILOSOPHY, NATIONALLY AND REGIONALLY AVAILABLE INDEPENDENT SALARY SURVEY

DATA AND ECONOMIC BUSINESS CONDITIONS DATA. A JOB DESCRIPTION AND PAY

GRADE FOR EACH JOB TITLE IS ESTABLISHED IN COLLABORATION WITH THE

SUPERVISOR OF THE POSITION AND WITH FINAL APPROVAL BY HUMAN RESOURCES.

FINAL DETERMINATION OF THE PAY GRADE MAY ALSO TAKE INTO ACCOUNT AVAILABLE

DATA REGARDING SALARIES PAID FOR SIMILAR JOBS IN THE MARKETPLACE AS WELL

AS INTERNAL EQUITY CONSIDERATIONS.

ALL FULL-TIME AND PART-TIME REGULAR EMPLOYEES ARE ELIGIBLE FOR ANNUAL MERIT INCREASES BASED UPON PERFORMANCE. THE APPROVED MERIT POOL FOR ALL EMPLOYEES IS APPROVED BY THE COMPENSATION COMMITTEE OF THE USOPC BOARD OF DIRECTORS BASED ON COMPENSATION PHILOSOPHY, NATIONALLY AVAILABLE INDEPENDENT SALARY SURVEY DATA, ECONOMIC BUSINESS CONDITIONS DATA AND THE RECOMMENDATIONS OF MANAGEMENT.

ALL FULL-TIME AND PART-TIME REGULAR EXEMPT EMPLOYEES ARE ELIGIBLE FOR

AT-RISK BONUS COMPENSATION BASED UPON ORGANIZATIONAL GOAL ATTAINMENT AS

DETERMINED BY THE COMPENSATION COMMITTEE OF THE USOPC BOARD OF DIRECTORS

AND INDIVIDUAL GOAL ATTAINMENT. THE FUNDING BUDGET OF THE AT-RISK BONUS

IS ALSO REVIEWED AND APPROVED BY THE COMPENSATION COMMITTEE.

THE CEO'S MERIT INCREASES AND AT-RISK COMPENSATION ARE DETERMINED BY THE COMPENSATION COMMITTEE USING PROCESSES SIMILAR TO THOSE DESCRIBED ABOVE

Name of the organization
UNITED STATES OLYMPIC COMMITTEE

Employer identification number

13-1548339

FOR ALL EMPLOYEES. THE COMPENSATION COMMITTEE THEN PROVIDES A WRITTEN CONFIRMATION OF THE PROCESS AND OUTCOME TO HUMAN RESOURCES AND FINANCE FOR DOCUMENTATION AND AUDIT PURPOSES.

PUBLIC DISCLOSURE

FORM 990, PART VI, SECTION C, LINE 19

UNITED STATES OLYMPIC AND PARALYMPIC COMMITTEE'S BYLAWS, CONFLICT OF

INTEREST POLICY, AND AUDITED FINANCIAL STATEMENTS, ALONG WITH THE CODE OF

CONDUCT AND ANNUAL REPORT, CAN BE FOUND AT TEAMUSA.ORG.

COMPENSATION

FORM 990, PART VII, SECTION A, LINE 1A

RUSSELL C. HUEBNER IS INCLUDED ON PART VII, SECTION A, LINE 1A AS A FORMER KEY EMPLOYEE BECAUSE OF HIS PREVIOUS ROLE AS CHIEF OF PARALYMPICS. THE COMPENSATION REPORTED IS FOR HIS CURRENT ROLE AS VP OF DEVELOPMENT, WHICH IS NOT A KEY EMPLOYEE POSITION. KIKKAN RANDALL AND BRAD SNYDER, WHO ARE BOTH MEMBERS OF THE BOARD, RECEIVED 1099S FROM THE USOPC IN 2019. THE PAYMENTS MADE WERE RELATED TO ELITE ATHLETE HEALTH INSURANCE APPEARANCES AND DIRECT ATHLETE SUPPORT AS BOTH MEMBERS ARE ACTIVE ATHLETES.

| FORM 990, PART III, LINE 4D - OTHER | PROGRAM SERVICES | | ATTACHMENT 1 | |
|-------------------------------------|------------------|-------------|--------------|------------|
| DESCRIPTION | | GRANTS | EXPENSES | REVENUE |
| TEAM USA MEDIA AND PROMOTIONS | | 3,211,847. | 22,612,707. | 1,494,652. |
| OLYMPIC AND PARALYMPIC COMPETITIONS | | | 8,770,497. | |
| OTHER PROGRAMS | | 11,421,934. | 11,421,934. | |
| | TOTALS | 14,633,781. | 42,805,138. | 1,494,652. |

Schedule O (Form 990 or 990-EZ) 2019 Page **2**

Name of the organization
UNITED STATES OLYMPIC COMMITTEE

13-1548339
ATTACHMENT 2

FORM 990, PART V, LINE 4B - FOREIGN COUNTRIES

BRAZIL

RUSSIA

ATTACHMENT 3

FORM 990, PART VI, LINE 17 - STATES

AL, AR, CA, CT,

FL, GA, HI, IL, KS, KY, ME, MD, MA, MI,

MN, MS, NH, NJ, NY, ND, OK, OR, PA,

RI, TN, VA, WV, WI,

ATTACHMENT 4

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

| NAME AND ADDRESS | DESCRIPTION OF SERVICES | COMPENSATION |
|--|-------------------------|--------------|
| US ANTI-DOPING AGENCY 5555 TECH CENTER DRIVE, SUITE 200 COLORADO SPRINGS, CO 80919 | ANTI-DOPING | 4,437,597. |
| JET SET SPORTS P.O. BOX 366 FAR HILLS, NJ 03086 | GAMES HOSPITALITY | 7,844,458. |
| TOKYO 2020 ORGANISING COMMITTEE 1-47-1 HATSUDAI, SHIBUYAKU TOKYO JAPAN 151-0061 | COSTS/TICKETING | 6,095,879. |
| NBCUNIVERSAL MEDIA, LLC 30 ROCKEFELLER PLAZA NEW YORK CITY, NY 10112 | BROADCASTING | 4,828,212. |
| COVINGTON & BURLING LLP ONE CITY CENTER, 850 10TH ST NW WASHINGTON, DC 20001 | LEGAL COUNSEL | 4,012,597. |

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.

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

| OMB No. 1545-0047 |
|-------------------|
| 2019 |
| |
| Open to Public |
| Inspection |

Name of the organization

Department of the Treasury

Internal Revenue Service

UNITED STATES OLYMPIC COMMITTEE

Employer identification number 13-1548339

| Part I | identification of Disregarded Entities. Complete if the organization | answered "Yes" on | Form 990, Part I | v, line 33. | | |
|--------|--|--------------------------------|---|----------------------------|---------------------------|-------------------------------|
| | (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| (5) | | | | | | |
| (6) | | | | | | |

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

| (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 501(c)(3)) | (f) Direct controlling entity | cont | g) 512(b)(13) rolled tity? |
|--|--------------------------------|---|----------------------------|--|-------------------------------|------|--|
| | | | | | | Yes | No |
| (1) UNITED STATES OLYMPIC ENDOWMENT 74-2327838 10 LAKE CIRCLE COLORADO SPRINGS, CO 80909 | ENDOWMENT | СО | 501(C)(3) | 12-I | N/A | | X |
| (2) UNITED STATES OLYMPIC AND PARALYMPIC FDN 80-0939841 1 OLYMPIC PLAZA COLORADO SPRINGS, CO 80909 | FUNDRAISING | | 501(C)(3) | 7 | USOPC | X | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (6) | | | | | | | |
| (7) | | | | | | | |

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

Schedule R (Form 990) 2019

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (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 | Dispro | h) portionate ations? | (i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065) | Gene man | (j) eral or laging tner? | (k) Percentage ownership |
|--|--------------------------------|---|-------------------------------------|---|---------------------------------|--|--------|-----------------------------|---|-------------|-----------------------------------|--------------------------------|
| | | | | , | | | Yes | No | | Yes | No | |
| (1) | | | | | | | | | | | | |
| ~ / | | | | | | | | | | | | |
| (2) | | | | | | | | | | | | |
| (-) | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | |
| (0) | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | |
| (5) | | | | | | | | | | | | |
| (0) | | | | | | | | | | | | |
| (6) | | | | | | | | | | | | |
| (0) | | | | | | | | | | | | |
| (7) | | | | | | | | | | | | |
| (1) | \dashv | | | | | | | | | | | |
| (7) | | | | | | | | | | | | |

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) Primary activity | (c) Legal domicile (state or foreign country) | | (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 | (i) Section 512(b)(13 controlled entity? |
| | | | | | | | | Yes No |
| (1) USOC HOSPITALITY, SERVICOS, COMERCIO | | | | | | | | |
| AVENIDA VIEIRA SOUTO, NO. 22 IPANEMA, CEP BR | PROMOTE OLYMPICS | BR | USOPC | C CORP | 0. | 0. | 99.0000 | x |
| (2) | | | | | | | | |
| | | | | | | | | |
| (3) | | | | | | | | |
| | | | | | | | | |
| (4) | | | | | | | | |
| | | | | | | | | |
| (5) | | | | | | | | |
| | | | | | | | | |
| (6) | | | | | | | | |
| | 1 | | | | | | | |
| (7) | | | | | | | | |
| | 1 | | | | | | | |

Page 3 Schedule R (Form 990) 2019

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

| Not | e: 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 more | related organizations lis | sted in Parts II-IV? | | | | |
| а | Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | _ | | | 1a | | Χ |
| | Gift, grant, or capital contribution to related organization(s) | | | | 1b | Х | |
| | Gift, grant, or capital contribution from related organization(s) | | | | 1c | Х | |
| d | Loans or loan guarantees to or for related organization(s) | | | | 1d | | X |
| e | Loans or loan guarantees by related organization(s) | | | | 1e | | X |
| | | | | | | | |
| f | Dividends from related organization(s) | | | | 1f | | Χ |
| | Sale of assets to related organization(s) | | | | 1g | | Χ |
| | Purchase of assets from related organization(s). | | | | 1h | | X |
| ï | Exchange of assets with related organization(s). | | | | 1i | | X |
| i | Lease of facilities, equipment, or other assets to related organization(s). | | | | 1j | | X |
| , | Lease of facilities, equipment, of other assets to related organization(s), | | | | | | |
| k | Lease of facilities, equipment, or other assets from related organization(s) | | | | 1k | | Χ |
| | Performance of services or membership or fundraising solicitations for related organization(s) | | | | 11 | Х | |
| | Performance of services or membership or fundraising solicitations by related organization(s) | | | | 1m | | X |
| | | | | | 1n | Х | |
| | Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | | | | 10 | | X |
| 0 | Sharing of paid employees with related organization(s) | • • • • • • • • • • • • • | | | 10 | | |
| | D: 1 | | | | 4.0 | | Х |
| | Reimbursement paid to related organization(s) for expenses | | | | 1p | Х | |
| q | Reimbursement paid by related organization(s) for expenses | | | | 1q | - 1 | |
| | | | | | | | Χ |
| r | Other transfer of cash or property to related organization(s) | | | | 1r | | X |
| s_ | Other transfer of cash or property from related organization(s). | Alaba Bara Saraha Bara aras | | | 1s | | |
| 2 | If the answer to any of the above is "Yes," see the instructions for information on who must complete | | | action thre | | 3. | |
| | (a) Name of related organization | (b) Transaction | (c) Amount involved | Method | (d) of dete | rminin | ıa |
| | ······· - · · · · · · · · · · · · · · · | type (a-s) | | | int invo | | 3 |
| | | | | | | | |
| | | | | | | _ | |
| (1) | UNITED STATES OLYMPIC AND PARALYMPIC FDN | В | 11,421,934. | FAIR V | /ALUI | 3 | |
| | | | | | | | |

| Name of related organization | Transaction type (a-s) | Amount involved | Method of determining amount involved |
|--|---------------------------|-----------------|--|
| | | | |
| (1) UNITED STATES OLYMPIC AND PARALYMPIC FDN | В | 11,421,934. | FAIR VALUE |
| (2) UNITED STATES OLYMPIC AND PARALYMPIC FDN | С | 26,091,150. | FAIR VALUE |
| (3) UNITED STATES OLYMPIC AND PARALYMPIC FDN | L | 5,147,989. | FAIR VALUE |
| (4) UNITED STATES OLYMPIC AND PARALYMPIC FDN | N | 1,400,375. | FAIR VALUE |
| (5) | | | |
| (6) | | | |

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

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

| (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | unrelated, excluded from tax under | (e) Are all partners section 501(c)(3) organizations? | | (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 K-1 (Form 1065) | partner? | | (k) Percentage ownership |
|--------------------------------------|-------------------------|---|------------------------------------|---|----|---------------------------------|--|-----------------------------------|----|---|----------|----|--------------------------------|
| | | | sections 512-514) | Yes | No | | | Yes | No | | Yes | No | |
| | | | | | | | | | | | | | |
| (2) | | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | | |
| (5) | | | | | | | | | | | | | |
| (6) | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| (8) | | | | | | | | | | | | | |
| (9) | | | | | | | | | | | | | |
| (10) | | | | | | | | | | | | | |
| (11) | | | | | | | | | | | | | |
| (12) | | | | | | | | | | | | | |
| (13) | | | | | | | | | | | | | |
| (14) | | | | | | | | | | | | | |
| (15) | | | | | | | | | | | | | |
| (40) | | | | | | | | | | | | | |
| (16) | | | | | | | | | | | | | |

Schedule R (Form 990) 2019 Page 5

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

SCHEDULE R, PART II, LINE 2

THE USOPC ENTERED INTO A SERVICE AGREEMENT WITH THE USOPF FOR THE

PURPOSES OF PROVIDING THE USE OF CERTAIN SERVICES, PERSONNEL, ASSETS AND

FACILITIES, AND THE LIMITED RIGHT TO LICENSE AND USE CERTAIN INTELLECTUAL

PROPERTY OF THE USOPC, IN ORDER TO ASSIST AND/OR FACILITATE THE USOPF IN

THE PERFORMANCE OF ITS FUNDRAISING MISSION, ON BEHALF OF THE USOPC, IN

THE MOST EFFECTIVE AND EFFICIENT MANNER.

AGREEMENT WITH THE UNITED STATES OLYMPIC AND PARALYMPIC FOUNDATION

SCHEDULE R, PART V, LINE 1B

THE USOPC ALSO HAS AN AGREEMENT WITH THE USOPF TO PROVIDE A GRANT TO THE USOPF TO BE USED BY THE USOPF EXCLUSIVELY FOR ITS OWN ADMINISTRATIVE AND FUNDRAISING EXPENSES.