

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

# Form 990

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](http://www.irs.gov/Form990) for instructions and the latest information.

# 2023

Open to Public Inspection

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

|  |   |   |   |
|--|---|---|---|
| <b>B</b> Check if applicable:<br><br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return/terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization<br>USA VOLLEYBALL   |   | <b>D</b> Employer identification number<br>80-0551967 |
|  | Doing business as   |   | <b>E</b> Telephone number<br>7192286800               |
|  | Number and street (or P.O. box if mail is not delivered to street address)                                  | Room/suite  |   |
|  | 4065 SINTON RD, SUITE 200   |   | <b>G</b> Gross receipts \$ 49,219,093.                |
|  | City or town, state or province, country, and ZIP or foreign postal code<br>COLORADO SPRINGS, CO 80907-5096 |   |   |
| <b>F</b> Name and address of principal officer: JAMES DAVIS<br>SAME AS C ABOVE   |   | <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list. See instructions |   |

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**J** Website: WWW.USAVOLLEYBALL.ORG

**K** Form of organization:  Corporation  Trust  Association  Other

**L** Year of formation: 1928 **M** State of legal domicile: CO

## Part I Summary

|   |  |                           |              |
|---|--|---------------------------|--------------|
| <b>Activities &amp; Governance</b>  | <b>1</b> Briefly describe the organization's mission or most significant activities: <u>SEE SCHEDULE O</u>                                       |                           |              |
|   | <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. |                           |              |
|   | <b>3</b> Number of voting members of the governing body (Part VI, line 1a)   | <b>3</b>                  | 18           |
|   | <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)   | <b>4</b>                  | 14           |
|   | <b>5</b> Total number of individuals employed in calendar year 2023 (Part V, line 2a)  | <b>5</b>                  | 106          |
|   | <b>6</b> Total number of volunteers (estimate if necessary)  | <b>6</b>                  | 100          |
|   | <b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12  | <b>7a</b>                 | 2,776.       |
| <b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11     | <b>7b</b>  | 0.                        |              |
| <b>Revenue</b>  | <b>8</b> Contributions and grants (Part VIII, line 1h)   | Prior Year                | Current Year |
|   | <b>9</b> Program service revenue (Part VIII, line 2g)  | 6,316,329.                | 4,545,744.   |
|   | <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)  | 30,188,554.               | 35,520,749.  |
|   | <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   | -267,078.                 | 629,448.     |
|   | <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)   | 2,086,663.                | 2,097,462.   |
|   |  | 38,324,468.               | 42,793,403.  |
| <b>Expenses</b>   | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)   | 1,062,285.                | 1,475,113.   |
|   | <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)  | 0.                        | 0.           |
|   | <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  | 8,187,515.                | 9,745,132.   |
|   | <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)   | 0.                        | 0.           |
|   | <b>b</b> Total fundraising expenses (Part IX, column (D), line 25)   | 34,718.                   |              |
|   | <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)   | 21,973,317.               | 28,856,093.  |
| <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 31,223,117.  | 40,076,338.               |              |
| <b>19</b> Revenue less expenses. Subtract line 18 from line 12                      | 7,101,351.   | 2,717,065.                |              |
| <b>Net Assets or Fund Balances</b>  | <b>20</b> Total assets (Part X, line 16)   | Beginning of Current Year | End of Year  |
|   | <b>21</b> Total liabilities (Part X, line 26)  | 42,016,038.               | 54,464,133.  |
|   | <b>22</b> Net assets or fund balances. Subtract line 21 from line 20   | 15,476,410.               | 22,904,011.  |
|   | 26,539,628.  | 31,560,122.               |              |

## Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

|                               |  |  |                          |   |                   |
|-------------------------------|--|--|--------------------------|---|-------------------|
| <b>Sign Here</b>              | Signature of officer<br><i>Stacie Kearns</i>                                     | Date<br>11/14/2024                               |                          |   |                   |
|                               | STACIE KEARNS, CFO<br>Type or print name and title                               |  |                          |   |                   |
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name<br>JILL J. GOODWIN, CPA                               | Preparer's signature<br><i>Jill Goodwin, CPA</i> | Date<br>11/14/24         | Check if self-employed <input type="checkbox"/> | PTIN<br>P00450838 |
|                               | Firm's name<br>WAUGH & GOODWIN, LLP  | Firm's EIN<br>20-1766527                         | Phone no. (719) 590-9777 |   |                   |
|                               | Firm's address<br>2925 PROFESSIONAL PLACE, STE 201<br>COLORADO SPRINGS, CO 80904 |  |                          |   |                   |

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission:

LEAD, SERVE, AND GROW ALL AREAS OF THE SPORT OF VOLLEYBALL - INCLUDING BEACH, INDOOR, AND SITTING. FOSTER AND CONDUCT AREA, REGIONAL, STATE,

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No 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] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 9,952,770. including grants of \$ 1,335,113. ) (Revenue \$ 1,848,576. ) NATIONAL TEAMS - PROVIDE SUPPORT TO THE NATIONAL TEAMS.

4b (Code: ) (Expenses \$ 12,604,614. including grants of \$ ) (Revenue \$ 22,387,511. ) NATIONAL EVENTS - PROVIDE THE OPPORTUNITY TO PARTICIPATE DOMESTICALLY IN NATIONAL AND INTERNATIONAL EVENTS.

4c (Code: ) (Expenses \$ 6,245,196. including grants of \$ 140,000. ) (Revenue \$ 11,593,750. ) REGION SERVICES- PROVIDE THE INSURANCE, SAFESPORT PROGRAMMING, COACHING EDUCATION, AND DEVELOPMENT OF OFFICIALS TO OVER 400,000 INDIVIDUALS.

4d Other program services (Describe on Schedule O.) (Expenses \$ 3,607,438. including grants of \$ ) (Revenue \$ 1,785,598. )

4e Total program service expenses 32,410,018.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and schedules A through I.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38 covering various organizational requirements.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V [ ]

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 1a-1c regarding Form 1096 and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (18); 1b Enter the number of voting members included on line 1a, above, who are independent (14); 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? (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? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (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? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 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 (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b 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? (X); 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 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? a The organization's CEO, Executive Director, or top management official (X); b Other officers or key employees of the organization (X); If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? (X).

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NONE
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [ ] Another's website [X] Upon request [ ] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
THE ORGANIZATION - (719)228-6800
4065 SINTON RD, SUITE 200, COLORADO SPRINGS, CO 80907-5096

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

| (A)<br>Name and title                               | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |          | (D)<br>Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|---|---|-----------------------|---------|--------------|------------------------------|----------|---|--|---|
|   |   | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former   |   |  |   |
| (1) JAMIE DAVIS<br>CEO                              | 40.00   |   |                       | X       |              |                              | 612,900. | 0.  | 28,602.  |   |
| (2) CHARLES KIRALY<br>HEAD COACH WNT                | 40.00   |   |                       |         |              | X                            | 403,826. | 0.  | 40,209.  |   |
| (3) JOHN SPERAW<br>HEAD COACH MNT                   | 40.00   |   |                       |         |              | X                            | 282,239. | 0.  | 18,168.  |   |
| (4) CHRISTOPHER VADALA<br>CHIEF OF MEMBER SERVICES  | 40.00   |   |                       | X       |              |                              | 194,629. | 0.  | 36,255.  |   |
| (5) PETER VINT<br>CHIEF OF SPORT                    | 40.00   |   |                       | X       |              |                              | 167,083. | 0.  | 39,224.  |   |
| (6) STACIE KEARNS<br>CFO                            | 40.00   |   |                       | X       |              |                              | 163,223. | 0.  | 34,439.  |   |
| (7) WILLIAM HAMITER<br>DIRECTOR, SITTING PROGRAMS   | 40.00   |   |                       |         |              | X                            | 149,898. | 0.  | 30,016.  |   |
| (8) AARON BROCK<br>DIRECTOR OF SPORTS MEDICINE      | 40.00   |   |                       |         |              | X                            | 138,426. | 0.  | 35,587.  |   |
| (9) RACHAEL STAFFORD<br>IN-HOUSE COUNSEL            | 40.00   |   |                       |         |              | X                            | 141,718. | 0.  | 27,844.  |   |
| (10) KASSIDI GILGENAST<br>CHIEF MARKETING OFFICER   | 40.00   |   |                       | X       |              |                              | 133,200. | 0.  | 10,248.  |   |
| (11) BERNADINE MACLEAN<br>CHIEF OF PEOPLE & CULTURE | 40.00   |   |                       | X       |              |                              | 114,048. | 0.  | 21,083.  |   |
| (12) KAWIKA SHOJI<br>DIRECTOR                       | 1.00  | X   |                       |         |              |                              | 30,000.  | 0.  | 0.   |   |
| (13) SARA HUGHES<br>DIRECTOR                        | 1.00  | X   |                       |         |              |                              | 16,000.  | 0.  | 0.   |   |
| (14) TRI BOURNE<br>DIRECTOR                         | 1.00  | X   |                       |         |              |                              | 16,000.  | 0.  | 0.   |   |
| (15) NICKY NIEVES<br>DIRECTOR                       | 1.00  | X   |                       |         |              |                              | 10,035.  | 0.  | 0.   |   |
| (16) CHRISTOPHER SEILKOP<br>DIRECTOR                | 1.00  | X   |                       |         |              |                              | 8,974.   | 0.  | 0.   |   |
| (17) DAVE GENTILE<br>DIRECTOR/CHAIR                 | 15.00   | X   | X                     |         |              |                              | 0.       | 0.  | 0.   |   |

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|  |   | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| (18) DAVE PEIXOTO<br>DIRECTOR                                  | 1.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (19) DONNA DONAGHY<br>DIRECTOR                                 | 1.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (20) GEORGE THOMPSON<br>TREASURER                              | 1.00  |   |                       | X       |              |                              |        | 0.  | 0.   | 0.  |
| (21) CASSIDY LICHTMAN<br>DIRECTOR                              | 1.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (22) STEVE BISHOP<br>DIRECTOR                                  | 1.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (23) DAIN BLANTON<br>DIRECTOR                                  | 1.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (24) DAVID ELDRIDGE<br>DIRECTOR                                | 1.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (25) ELIZABETH KING<br>DIRECTOR                                | 1.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (26) CICI ROJAS<br>DIRECTOR                                    | 1.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| <b>1b Subtotal</b>   |   |   |                       |         |              |                              |        | 2,582,199.  | 0.   | 321,675.  |
| <b>c Total from continuation sheets to Part VII, Section A</b> |   |   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| <b>d Total (add lines 1b and 1c)</b>                           |   |   |                       |         |              |                              |        | 2,582,199.  | 0.   | 321,675.  |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 15

|  | Yes | No |
|--|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>  |     | X  |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> | X   |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>                       |     | X  |

**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.

| (A)<br>Name and business address  | (B)<br>Description of services        | (C)<br>Compensation |
|---|---------------------------------------|---------------------|
| 360 DG TEXAS LLC<br>101 PACIFICA #155, IRVINE, CA 92618                         | VNL EVENT PRODUCTION & TRANSPORTATION | 189,097.            |
| VOLLEYBALL INSTALLATION & DISMANTLE SERVICE<br>76 JONES DR, CHALMETTE, LA 70043 | INSTALL/DISMANTLE VOLLEYBALL COURTS   | 185,227.            |
|   |                                       |                     |
|   |                                       |                     |

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

SEE PART VII, SECTION A CONTINUATION SHEETS



**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

| (A)<br>Name and title                       | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (check all that apply) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|---|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|   |   | Individual trustee or director         | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (27) BOB BAKER<br>DIRECTOR                  | 1.00  | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (28) STEVE KENYON<br>DIRECTOR               | 1.00  | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (29) JENNY MCGHEE<br>DIRECTOR               | 1.00  | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (30) PENNY LUCAS-WHITE<br>DIRECTOR          | 1.00  | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
|   |   |  |                       |         |              |                              |        |  |   |   |
|   |   |  |                       |         |              |                              |        |  |   |   |
|   |   |  |                       |         |              |                              |        |  |   |   |
|   |   |  |                       |         |              |                              |        |  |   |   |
|   |   |  |                       |         |              |                              |        |  |   |   |
|   |   |  |                       |         |              |                              |        |  |   |   |
|   |   |  |                       |         |              |                              |        |  |   |   |
|   |   |  |                       |         |              |                              |        |  |   |   |
|   |   |  |                       |         |              |                              |        |  |   |   |
|   |   |  |                       |         |              |                              |        |  |   |   |
|   |   |  |                       |         |              |                              |        |  |   |   |
|   |   |  |                       |         |              |                              |        |  |   |   |
|   |   |  |                       |         |              |                              |        |  |   |   |
|   |   |  |                       |         |              |                              |        |  |   |   |
|   |   |  |                       |         |              |                              |        |  |   |   |
|   |   |  |                       |         |              |                              |        |  |   |   |
|   |   |  |                       |         |              |                              |        |  |   |   |
|   |   |  |                       |         |              |                              |        |  |   |   |
|   |   |  |                       |         |              |                              |        |  |   |   |
|   |   |  |                       |         |              |                              |        |  |   |   |
| Total to Part VII, Section A, line 1c ..... |   |  |                       |         |              |                              |        |  |   |   |

**Part VIII Statement of Revenue**

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

|  |  |  | (A)                    | (B)                                | (C)                        | (D)  |  |
|--|--|--|------------------------|------------------------------------|----------------------------|--|--|
|  |  |  | Total revenue          | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 |  |
| Contributions, Gifts, Grants and Other Similar Amounts | <b>1 a</b>   | Federated campaigns .....  | <b>1a</b>              |                                    |                            |  |  |
|  | <b>b</b>   | Membership dues .....  | <b>1b</b>              |                                    |                            |  |  |
|  | <b>c</b>   | Fundraising events .....   | <b>1c</b>              |                                    |                            |  |  |
|  | <b>d</b>   | Related organizations .....  | <b>1d</b>              | 183,000.                           |                            |  |  |
|  | <b>e</b>   | Government grants (contributions) .....  | <b>1e</b>              | 324,218.                           |                            |  |  |
|  | <b>f</b>   | All other contributions, gifts, grants, and similar amounts not included above ... | <b>1f</b>              | 4,038,526.                         |                            |  |  |
|  | <b>g</b>   | Noncash contributions included in lines 1a-1f                                      | <b>1g</b>              | \$ 1,916,123.                      |                            |  |  |
|  | <b>h</b>   | <b>Total.</b> Add lines 1a-1f .....  |                        | 4,545,744.                         |                            |  |  |
|  | Program Service Revenue  | <b>2 a</b>   | COMPETITIONS & CLINICS | <b>Business Code</b>               |                            |  |  |
|  |  |  | 711300                 | 22,177,859.                        | 22,177,859.                |  |  |
| <b>b</b>   |  | MEMBERSHIP DUES AND SE   | 713990                 | 10,797,311.                        | 10,797,311.                |  |  |
| <b>c</b>   |  | SPONSORSHIP & RIGHTS   | 900099                 | 2,545,579.                         | 2,545,579.                 |  |  |
| <b>d</b>   |  |  |                        |                                    |                            |  |  |
| <b>e</b>   |  |  |                        |                                    |                            |  |  |
| <b>f</b>   |  | All other program service revenue .....  |                        |                                    |                            |  |  |
| <b>g</b>   | <b>Total.</b> Add lines 2a-2f .....  |  | 35,520,749.            |                                    |                            |  |  |
| Other Revenue  | <b>3</b>   | Investment income (including dividends, interest, and other similar amounts) ..... |                        | 872,001.                           |                            | 872,001.   |  |
|  | <b>4</b>   | Income from investment of tax-exempt bond proceeds                                 |                        |                                    |                            |  |  |
|  | <b>5</b>   | Royalties .....  |                        | 681,926.                           | 681,926.                   |  |  |
|  | <b>6 a</b>   | Gross rents .....  | <b>6a</b>              | (i) Real                           |                            |  |  |
|  |  |  |                        | (ii) Personal                      |                            |  |  |
|  |  |  |                        |                                    |                            |  |  |
|  | <b>b</b>   | Less: rental expenses ...  | <b>6b</b>              |                                    |                            |  |  |
|  | <b>c</b>   | Rental income or (loss)  | <b>6c</b>              |                                    |                            |  |  |
|  | <b>d</b>   | Net rental income or (loss) .....  |                        |                                    |                            |  |  |
|  | <b>7 a</b>   | Gross amount from sales of assets other than inventory                             | <b>7a</b>              | (i) Securities                     |                            |  |  |
|  |  |  |                        | (ii) Other                         |                            |  |  |
|  |  |  |                        |                                    | 6,089,773.                 |  |  |
|  | <b>b</b>   | Less: cost or other basis and sales expenses .....                                 | <b>7b</b>              | 6,332,326.                         |                            |  |  |
|  | <b>c</b>   | Gain or (loss) .....   | <b>7c</b>              | -242,553.                          |                            |  |  |
|  | <b>d</b>   | Net gain or (loss) .....   |                        | -242,553.                          |                            | -242,553.  |  |
| <b>8 a</b>   | Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 ..... | <b>8a</b>  |                        |                                    |                            |  |  |
| <b>b</b>   | Less: direct expenses .....  | <b>8b</b>  |                        |                                    |                            |  |  |
| <b>c</b>   | Net income or (loss) from fundraising events .....   |  |                        |                                    |                            |  |  |
| <b>9 a</b>   | Gross income from gaming activities. See Part IV, line 19 .....  | <b>9a</b>  |                        |                                    |                            |  |  |
| <b>b</b>   | Less: direct expenses .....  | <b>9b</b>  |                        |                                    |                            |  |  |
| <b>c</b>   | Net income or (loss) from gaming activities .....  |  |                        |                                    |                            |  |  |
| <b>10 a</b>  | Gross sales of inventory, less returns and allowances .....  | <b>10a</b>   |                        | 1,506,124.                         |                            |  |  |
|  |  |  |                        | 93,364.                            |                            |  |  |
|  |  |  |                        |                                    |                            |  |  |
| <b>b</b>   | Less: cost of goods sold .....   | <b>10b</b>   |                        |                                    |                            |  |  |
| <b>c</b>   | Net income or (loss) from sales of inventory .....   |  | 1,412,760.             | 1,412,760.                         |                            |  |  |
| Miscellaneous Revenue                                  | <b>11 a</b>  | ADVERTISING  | <b>Business Code</b>   |                                    |                            |  |  |
|  |  |  | 541860                 | 2,776.                             | 2,776.                     |  |  |
|  | <b>b</b>   |  |                        |                                    |                            |  |  |
|  | <b>c</b>   |  |                        |                                    |                            |  |  |
|  | <b>d</b>   | All other revenue .....  |                        |                                    |                            |  |  |
| <b>e</b>   | <b>Total.</b> Add lines 11a-11d .....  |  | 2,776.                 |                                    |                            |  |  |
| <b>12</b>  | <b>Total revenue.</b> See instructions .....   |  | 42,793,403.            | 37,615,435.                        | 2,776.                     | 629,448.   |  |

**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  X

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.   | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...  | 211,288.              | 211,288.                        |  |                             |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....   | 1,263,825.            | 1,263,825.                      |  |                             |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....  |                       |                                 |  |                             |
| <b>4</b> Benefits paid to or for members .....   |                       |                                 |  |                             |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees .....  | 1,619,731.            | 64,150.                         | 1,555,581.                             |                             |
| <b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....  |                       |                                 |  |                             |
| <b>7</b> Other salaries and wages .....  | 6,428,488.            | 5,206,434.                      | 1,222,054.                             |                             |
| <b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)  | 307,288.              | 249,194.                        | 58,094.                                |                             |
| <b>9</b> Other employee benefits .....   | 891,926.              | 650,926.                        | 241,000.                               |                             |
| <b>10</b> Payroll taxes .....  | 497,699.              | 328,765.                        | 168,934.                               |                             |
| <b>11</b> Fees for services (nonemployees):  |                       |                                 |  |                             |
| <b>a</b> Management .....  |                       |                                 |  |                             |
| <b>b</b> Legal .....   |                       |                                 |  |                             |
| <b>c</b> Accounting .....  |                       |                                 |  |                             |
| <b>d</b> Lobbying .....  |                       |                                 |  |                             |
| <b>e</b> Professional fundraising services. See Part IV, line 17   |                       |                                 |  |                             |
| <b>f</b> Investment management fees .....  | 78,477.               |                                 | 78,477.                                |                             |
| <b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)  | 9,736,160.            | 7,040,855.                      | 2,674,955.                             | 20,350.                     |
| <b>12</b> Advertising and promotion .....  | 193,816.              | 125,607.                        | 68,209.                                |                             |
| <b>13</b> Office expenses .....  | 633,162.              | 563,742.                        | 67,925.                                | 1,495.                      |
| <b>14</b> Information technology .....   | 829,045.              | 491,313.                        | 334,866.                               | 2,866.                      |
| <b>15</b> Royalties .....  |                       |                                 |  |                             |
| <b>16</b> Occupancy .....  | 731,161.              | 731,161.                        |  |                             |
| <b>17</b> Travel .....   | 3,745,479.            | 3,626,054.                      | 115,129.                               | 4,296.                      |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...   |                       |                                 |  |                             |
| <b>19</b> Conferences, conventions, and meetings .....   | 133,500.              |                                 | 133,500.                               |                             |
| <b>20</b> Interest .....   |                       |                                 |  |                             |
| <b>21</b> Payments to affiliates .....   |                       |                                 |  |                             |
| <b>22</b> Depreciation, depletion, and amortization .....  | 215,694.              |                                 | 215,694.                               |                             |
| <b>23</b> Insurance .....  | 4,347,669.            | 4,069,778.                      | 277,891.                               |                             |
| <b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)                                    |                       |                                 |  |                             |
| <b>a</b> VIK USAGE   | 1,916,124.            | 1,899,087.                      | 17,037.                                |                             |
| <b>b</b> FACILITIES  | 1,653,246.            | 1,653,246.                      |  |                             |
| <b>c</b> HOST FEES   | 1,086,004.            | 1,086,004.                      |  |                             |
| <b>d</b> OTHER EVENT EXPENSES  | 668,086.              | 637,850.                        | 24,525.                                | 5,711.                      |
| <b>e</b> All other expenses  | 2,888,470.            | 2,510,739.                      | 377,731.                               |                             |
| <b>25</b> Total functional expenses. Add lines 1 through 24e   | 40,076,338.           | 32,410,018.                     | 7,631,602.                             | 34,718.                     |
| <b>26</b> 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) |                       |                                 |  |                             |

**Part X Balance Sheet**

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

|   |  | (A)<br>Beginning of year |             | (B)<br>End of year    |
|---|--|--------------------------|-------------|-----------------------|
| <b>Assets</b>   | <b>1</b> Cash - non-interest-bearing .....   | 2,101,132.               | <b>1</b>    | 3,464,402.            |
|   | <b>2</b> Savings and temporary cash investments .....  | 14,428,407.              | <b>2</b>    | 11,938,538.           |
|   | <b>3</b> Pledges and grants receivable, net .....  |                          | <b>3</b>    |                       |
|   | <b>4</b> Accounts receivable, net .....  | 1,292,285.               | <b>4</b>    | 1,463,405.            |
|   | <b>5</b> 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 ..... |                          | <b>5</b>    |                       |
|   | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....   |                          | <b>6</b>    |                       |
|   | <b>7</b> Notes and loans receivable, net .....   |                          | <b>7</b>    |                       |
|   | <b>8</b> Inventories for sale or use .....   | 35,160.                  | <b>8</b>    | 22,535.               |
|   | <b>9</b> Prepaid expenses and deferred charges .....   | 1,919,585.               | <b>9</b>    | 2,769,458.            |
|   | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....   | <b>10a</b> 9,687,263.    |             |                       |
|   | <b>b</b> Less: accumulated depreciation .....  | <b>10b</b> 6,242,329.    | 2,661,964.  | <b>10c</b> 3,444,934. |
|   | <b>11</b> Investments - publicly traded securities .....   | 18,192,446.              | <b>11</b>   | 29,019,051.           |
|   | <b>12</b> Investments - other securities. See Part IV, line 11 .....   | 650.                     | <b>12</b>   | 650.                  |
|   | <b>13</b> Investments - program-related. See Part IV, line 11 .....  |                          | <b>13</b>   |                       |
|   | <b>14</b> Intangible assets .....  |                          | <b>14</b>   |                       |
|   | <b>15</b> Other assets. See Part IV, line 11 .....   | 1,384,409.               | <b>15</b>   | 2,341,160.            |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) ..... | 42,016,038.  | <b>16</b>                | 54,464,133. |                       |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses .....  | 4,937,163.               | <b>17</b>   | 8,753,496.            |
|   | <b>18</b> Grants payable .....   |                          | <b>18</b>   |                       |
|   | <b>19</b> Deferred revenue .....   | 8,814,982.               | <b>19</b>   | 10,016,846.           |
|   | <b>20</b> Tax-exempt bond liabilities .....  |                          | <b>20</b>   |                       |
|   | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....  |                          | <b>21</b>   |                       |
|   | <b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....     |                          | <b>22</b>   |                       |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties .....   |                          | <b>23</b>   |                       |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties .....   |                          | <b>24</b>   |                       |
|   | <b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....  | 1,724,265.               | <b>25</b>   | 4,133,669.            |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25 .....   | 15,476,410.              | <b>26</b>   | 22,904,011.           |
| <b>Net Assets or Fund Balances</b>  | <b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>  |                          |             |                       |
|   | <b>27</b> Net assets without donor restrictions .....  | 26,515,141.              | <b>27</b>   | 31,535,635.           |
|   | <b>28</b> Net assets with donor restrictions .....   | 24,487.                  | <b>28</b>   | 24,487.               |
|   | <b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>   |                          |             |                       |
|   | <b>29</b> Capital stock or trust principal, or current funds .....   |                          | <b>29</b>   |                       |
|   | <b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....   |                          | <b>30</b>   |                       |
|   | <b>31</b> Retained earnings, endowment, accumulated income, or other funds .....   |                          | <b>31</b>   |                       |
|   | <b>32</b> Total net assets or fund balances .....  | 26,539,628.              | <b>32</b>   | 31,560,122.           |
| <b>33</b> Total liabilities and net assets/fund balances .....            | 42,016,038.  | <b>33</b>                | 54,464,133. |                       |

**Part XI Reconciliation of Net Assets**

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

|           |  |           |             |
|-----------|--|-----------|-------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)  | <b>1</b>  | 42,793,403. |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)   | <b>2</b>  | 40,076,338. |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1   | <b>3</b>  | 2,717,065.  |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                      | <b>4</b>  | 26,539,628. |
| <b>5</b>  | Net unrealized gains (losses) on investments   | <b>5</b>  | 2,303,429.  |
| <b>6</b>  | Donated services and use of facilities   | <b>6</b>  |             |
| <b>7</b>  | Investment expenses  | <b>7</b>  |             |
| <b>8</b>  | Prior period adjustments   | <b>8</b>  |             |
| <b>9</b>  | Other changes in net assets or fund balances (explain on Schedule O)   | <b>9</b>  | 0.          |
| <b>10</b> | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | <b>10</b> | 31,560,122. |

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? .....
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .....

|           | Yes | No |
|-----------|-----|----|
| <b>2a</b> |     | X  |
| <b>2b</b> | X   |    |
| <b>2c</b> | X   |    |
| <b>3a</b> |     | X  |
| <b>3b</b> |     |    |

**SCHEDULE A**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

Open to Public Inspection

|   |   |
|---|---|
| <b>Name of the organization</b><br>USA VOLLEYBALL | <b>Employer identification number</b><br>80-0551967 |
|---|---|

**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).)
- 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.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 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: \_\_\_\_\_
- 10  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **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.**
  - 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.**
  - 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.**
  - e  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.
  - f Enter the number of supported organizations \_\_\_\_\_
  - g Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-10 above (see instructions)) | (iv) Is the organization listed in your governing document? |    | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|---|---|----|---|---|
|                                    |          |   | Yes   | No |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
| <b>Total</b>                       |          |   |   |    |   |   |

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

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

Section A. Public Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f); 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities, whether or not the business is regularly carried on; 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)); 15 Public support percentage from 2022 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2023; b 33 1/3% support test - 2022; 17a 10% -facts-and-circumstances test - 2023; b 10% -facts-and-circumstances test - 2022; 18 Private foundation.

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

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in)   | (a) 2019    | (b) 2020    | (c) 2021    | (d) 2022    | (e) 2023    | (f) Total    |
|---|-------------|-------------|-------------|-------------|-------------|--------------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....   | 4,581,758.  | 3,942,168.  | 4,309,415.  | 6,316,329.  | 4,545,744.  | 23,695,414.  |
| <b>2</b> 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 ..... | 32,194,231. | 14,142,806. | 25,386,207. | 32,337,574. | 37,711,575. | 141,772,393. |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....   |             |             |             |             |             |              |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....  |             |             |             |             |             |              |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....  |             |             |             |             |             |              |
| <b>6 Total.</b> Add lines 1 through 5 .....   | 36,775,989. | 18,084,974. | 29,695,622. | 38,653,903. | 42,257,319. | 165,467,807. |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....  |             |             |             |             |             | 0.           |
| <b>b</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 .....           | 3,180,111.  | 1,599,117.  | 1,701,034.  | 3,107,769.  | 4,412,572.  | 14,000,603.  |
| <b>c</b> Add lines 7a and 7b .....  | 3,180,111.  | 1,599,117.  | 1,701,034.  | 3,107,769.  | 4,412,572.  | 14,000,603.  |
| <b>8 Public support.</b> (Subtract line 7c from line 6.)  |             |             |             |             |             | 151,467,204. |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in)  | (a) 2019    | (b) 2020    | (c) 2021    | (d) 2022    | (e) 2023    | (f) Total    |
|--|-------------|-------------|-------------|-------------|-------------|--------------|
| <b>9</b> Amounts from line 6 .....   | 36,775,989. | 18,084,974. | 29,695,622. | 38,653,903. | 42,257,319. | 165,467,807. |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ..... | 125,555.    | 264,279.    | 469,547.    | 460,799.    | 872,001.    | 2,192,181.   |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....                           |             |             |             |             |             |              |
| <b>c</b> Add lines 10a and 10b .....   | 125,555.    | 264,279.    | 469,547.    | 460,799.    | 872,001.    | 2,192,181.   |
| <b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....      |             |             |             |             |             |              |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....                                  |             |             |             |             |             |              |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)   | 36,901,544. | 18,349,253. | 30,165,169. | 39,114,702. | 43,129,320. | 167,659,988. |

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

|   |           |         |
|---|-----------|---------|
| <b>15</b> Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) ..... | <b>15</b> | 90.34 % |
| <b>16</b> Public support percentage from 2022 Schedule A, Part III, line 15 .....                       | <b>16</b> | 93.22 % |

**Section D. Computation of Investment Income Percentage**

|  |           |        |
|--|-----------|--------|
| <b>17</b> Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) ..... | <b>17</b> | 1.31 % |
| <b>18</b> Investment income percentage from 2022 Schedule A, Part III, line 17 .....                         | <b>18</b> | 1.09 % |

**19a 33 1/3% support tests - 2023.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2022.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions



**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

|  | Yes | No |
|--|-----|----|
| <b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>  |     |    |
| <b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>   |     |    |
| <b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>   |     |    |
| <b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>   |     |    |
| <b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>  |     |    |
| <b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>  |     |    |
| <b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>  |     |    |
| <b>c</b> 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)? <i>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.</i>   |     |    |
| <b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i> |     |    |
| <b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?   |     |    |
| <b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?  |     |    |
| <b>6</b> 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>  |     |    |
| <b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>  |     |    |
| <b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>  |     |    |
| <b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>   |     |    |
| <b>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>  |     |    |
| <b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>   |     |    |
| <b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>  |     |    |
| <b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>   |     |    |

**Part IV Supporting Organizations** (continued)

|  | Yes | No |
|--|-----|----|
| <b>11</b> Has the organization accepted a gift or contribution from any of the following persons?  |     |    |
| <b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? |     |    |
| <b>b</b> A family member of a person described on line 11a above?  |     |    |
| <b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>                              |     |    |
| <b>11a</b>   |     |    |
| <b>11b</b>   |     |    |
| <b>11c</b>   |     |    |

**Section B. Type I Supporting Organizations**

|   | Yes | No |
|---|-----|----|
| <b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i> |     |    |
| <b>2</b> 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? <i>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.</i>   |     |    |
| <b>1</b>  |     |    |
| <b>2</b>  |     |    |

**Section C. Type II Supporting Organizations**

|  | Yes | No |
|--|-----|----|
| <b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i> |     |    |
| <b>1</b>   |     |    |

**Section D. All Type III Supporting Organizations**

|   | Yes | No |
|---|-----|----|
| <b>1</b> 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? |     |    |
| <b>2</b> 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>   |     |    |
| <b>3</b> By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>  |     |    |
| <b>1</b>  |     |    |
| <b>2</b>  |     |    |
| <b>3</b>  |     |    |

**Section E. Type III Functionally Integrated Supporting Organizations**

|   |  |  |  |
|---|--|--|--|
| <b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).  |  |  |  |
| <b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.  |  |  |  |
| <b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.   |  |  |  |
| <b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).   |  |  |  |
| <b>2</b> Activities Test. Answer lines 2a and 2b below.   |  |  |  |
| <b>a</b> 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? <i>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.</i> |  |  |  |
| <b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>  |  |  |  |
| <b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.   |  |  |  |
| <b>a</b> 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>If "Yes" or "No" provide details in Part VI.</i>   |  |  |  |
| <b>b</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>   |  |  |  |
| <b>2a</b>   |  |  |  |
| <b>2b</b>   |  |  |  |
| <b>3a</b>   |  |  |  |
| <b>3b</b>   |  |  |  |

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( *explain in Part VI*). **See instructions.**  
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| <b>Section A - Adjusted Net Income</b> |  | (A) Prior Year | (B) Current Year<br>(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                                      | <b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)  | 8              |                                |

| <b>Section B - Minimum Asset Amount</b> |   | (A) Prior Year | (B) Current Year<br>(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                                       | <b>Total</b> (add lines 1a, 1b, and 1c)   | 1d             |                                |
| e                                       | <b>Discount</b> claimed for blockage or other factors<br>( <i>explain in detail in Part VI</i> ):                               |                |                                |
| 2                                       | Acquisition indebtedness applicable to non-exempt-use assets  | 2              |                                |
| 3                                       | Subtract line 2 from line 1d.   | 3              |                                |
| 4                                       | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).                                  | 4              |                                |
| 5                                       | Net value of non-exempt-use assets (subtract line 4 from line 3)  | 5              |                                |
| 6                                       | Multiply line 5 by 0.035.   | 6              |                                |
| 7                                       | Recoveries of prior-year distributions  | 7              |                                |
| 8                                       | <b>Minimum Asset Amount</b> (add line 7 to line 6)  | 8              |                                |

| <b>Section C - Distributable Amount</b> |   |   | Current Year |
|---|---|---|--------------|
| 1                                       | Adjusted net income for prior year (from Section A, line 8, column A)   | 1 |              |
| 2                                       | Enter 0.85 of line 1.   | 2 |              |
| 3                                       | Minimum asset amount for prior year (from Section B, line 8, column A)  | 3 |              |
| 4                                       | Enter greater of line 2 or line 3.  | 4 |              |
| 5                                       | Income tax imposed in prior year  | 5 |              |
| 6                                       | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).   | 6 |              |
| 7                                       | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). |   |              |

Schedule A (Form 990) 2023

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

| <b>Section D - Distributions</b> |   | <b>Current Year</b> |
|----------------------------------|---|---------------------|
| <b>1</b>                         | Amounts paid to supported organizations to accomplish exempt purposes   | <b>1</b>            |
| <b>2</b>                         | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity               | <b>2</b>            |
| <b>3</b>                         | Administrative expenses paid to accomplish exempt purposes of supported organizations   | <b>3</b>            |
| <b>4</b>                         | Amounts paid to acquire exempt-use assets   | <b>4</b>            |
| <b>5</b>                         | Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )  | <b>5</b>            |
| <b>6</b>                         | Other distributions ( <i>describe in Part VI</i> ). See instructions.   | <b>6</b>            |
| <b>7</b>                         | <b>Total annual distributions.</b> Add lines 1 through 6.   | <b>7</b>            |
| <b>8</b>                         | Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions. | <b>8</b>            |
| <b>9</b>                         | Distributable amount for 2023 from Section C, line 6  | <b>9</b>            |
| <b>10</b>                        | Line 8 amount divided by line 9 amount  | <b>10</b>           |

| <b>Section E - Distribution Allocations</b> (see instructions)   | <b>(i)<br/>Excess Distributions</b> | <b>(ii)<br/>Underdistributions<br/>Pre-2023</b> | <b>(iii)<br/>Distributable<br/>Amount for 2023</b> |
|--|-------------------------------------|---|--|
| <b>1</b> Distributable amount for 2023 from Section C, line 6  |                                     |   |  |
| <b>2</b> Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.   |                                     |   |  |
| <b>3</b> Excess distributions carryover, if any, to 2023   |                                     |   |  |
| <b>a</b> From 2018   |                                     |   |  |
| <b>b</b> From 2019   |                                     |   |  |
| <b>c</b> From 2020   |                                     |   |  |
| <b>d</b> From 2021   |                                     |   |  |
| <b>e</b> From 2022   |                                     |   |  |
| <b>f</b> <b>Total</b> of lines 3a through 3e   |                                     |   |  |
| <b>g</b> Applied to underdistributions of prior years  |                                     |   |  |
| <b>h</b> Applied to 2023 distributable amount  |                                     |   |  |
| <b>i</b> Carryover from 2018 not applied (see instructions)  |                                     |   |  |
| <b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.  |                                     |   |  |
| <b>4</b> Distributions for 2023 from Section D, line 7: \$   |                                     |   |  |
| <b>a</b> Applied to underdistributions of prior years  |                                     |   |  |
| <b>b</b> Applied to 2023 distributable amount  |                                     |   |  |
| <b>c</b> Remainder. Subtract lines 4a and 4b from line 4.  |                                     |   |  |
| <b>5</b> Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions. |                                     |   |  |
| <b>6</b> Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.                        |                                     |   |  |
| <b>7</b> <b>Excess distributions carryover to 2024.</b> Add lines 3j and 4c.   |                                     |   |  |
| <b>8</b> Breakdown of line 7:  |                                     |   |  |
| <b>a</b> Excess from 2019  |                                     |   |  |
| <b>b</b> Excess from 2020  |                                     |   |  |
| <b>c</b> Excess from 2021  |                                     |   |  |
| <b>d</b> Excess from 2022  |                                     |   |  |
| <b>e</b> Excess from 2023  |                                     |   |  |



**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Attach to Form 990, 990-EZ, or 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Name of the organization

USA VOLLEYBALL

Employer identification number

80-0551967

Organization type (check one):

**Filers of:**

**Section:**

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), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

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

Schedule B (Form 990) (2023)

|  |  |
|--|--|
| Name of organization<br><br>USA VOLLEYBALL | Employer identification number<br><br>80-0551967 |
|--|--|

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 1          | <hr/> <hr/> <hr/>                 | \$ 144,287.                | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 2          | <hr/> <hr/> <hr/>                 | \$ 2,070,900.              | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 3          | <hr/> <hr/> <hr/>                 | \$ 1,737,802.              | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 4          | <hr/> <hr/> <hr/>                 | \$ 19,963.                 | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 5          | <hr/> <hr/> <hr/>                 | \$ 6,500.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 6          | <hr/> <hr/> <hr/>                 | \$ 14,071.                 | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |

|  |  |
|--|--|
| Name of organization<br><br>USA VOLLEYBALL | Employer identification number<br><br>80-0551967 |
|--|--|

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

| (a)<br>No.        | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|-------------------|-----------------------------------|----------------------------|---|
| 7                 | <hr/> <hr/> <hr/>                 | \$ 45,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 8                 | <hr/> <hr/> <hr/>                 | \$ 324,218.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| <hr/> <hr/> <hr/> | <hr/> <hr/> <hr/>                 | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| <hr/> <hr/> <hr/> | <hr/> <hr/> <hr/>                 | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| <hr/> <hr/> <hr/> | <hr/> <hr/> <hr/>                 | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| <hr/> <hr/> <hr/> | <hr/> <hr/> <hr/>                 | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |



|  |  |
|--|--|
| Name of organization<br><br>USA VOLLEYBALL | Employer identification number<br><br>80-0551967 |
|--|--|

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

| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given     | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|------------------------------|--|---|----------------------|
| 1                            | EQUIPMENT<br>_____<br>_____<br>_____             | \$ 144,287.                                     | 12/31/23             |
| 3                            | SHOES AND APPAREL VIK<br>_____<br>_____<br>_____ | \$ 1,737,802.                                   | 12/31/23             |
| 4                            | EQUIPMENT<br>_____<br>_____<br>_____             | \$ 19,963.                                      | 12/31/23             |
| 6                            | EQUIPMENT<br>_____<br>_____<br>_____             | \$ 14,071.                                      | 12/31/23             |
|                              | _____<br>_____<br>_____                          | \$ _____  | _____                |
|                              | _____<br>_____<br>_____                          | \$ _____  | _____                |

|  |  |
|--|--|
| Name of organization<br><br>USA VOLLEYBALL | Employer identification number<br><br>80-0551967 |
|--|--|

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

| (a) No. from Part I                     | (b) Purpose of gift | (c) Use of gift                          | (d) Description of how gift is held |
|---|---------------------|--|-------------------------------------|
|   |                     |  |                                     |
| <b>(e) Transfer of gift</b>             |                     |  |                                     |
| Transferee's name, address, and ZIP + 4 |                     | Relationship of transferor to transferee |                                     |
|   |                     |  |                                     |
|   |                     |  |                                     |
| <b>(e) Transfer of gift</b>             |                     |  |                                     |
| Transferee's name, address, and ZIP + 4 |                     | Relationship of transferor to transferee |                                     |
|   |                     |  |                                     |
|   |                     |  |                                     |
| <b>(e) Transfer of gift</b>             |                     |  |                                     |
| Transferee's name, address, and ZIP + 4 |                     | Relationship of transferor to transferee |                                     |
|   |                     |  |                                     |
|   |                     |  |                                     |
| <b>(e) Transfer of gift</b>             |                     |  |                                     |
| Transferee's name, address, and ZIP + 4 |                     | Relationship of transferor to transferee |                                     |
|   |                     |  |                                     |
|   |                     |  |                                     |
| <b>(e) Transfer of gift</b>             |                     |  |                                     |
| Transferee's name, address, and ZIP + 4 |                     | Relationship of transferor to transferee |                                     |
|   |                     |  |                                     |
|   |                     |  |                                     |

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization USA VOLLEYBALL Employer identification number 80-0551967

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Form for Part II Conservation Easements. Includes questions about purpose of easements, total number and acreage, modified easements, monitoring policy, and expenses. Includes a table for 'Held at the End of the Tax Year' with rows 2a-2d.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting requirements for art and historical treasures, and a table for reporting revenue and assets.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange program
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

Part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?
b If "Yes," explain the arrangement in Part XIII and complete the following table:
Table with columns: Amount, 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

Table with 5 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment %
b Permanent endowment %
c Term endowment %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) Unrelated organizations?
(ii) Related organizations?
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

Table with 2 columns: Yes, No. Rows: 3a(i), 3a(ii), 3b

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Table with 4 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))

**Part VII Investments - Other Securities**

Complete if the organization answered "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 valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1) Financial derivatives .....   |                |   |
| (2) Closely held equity interests .....                                 |                |   |
| (3) Other .....   |                |   |
| (A)   |                |   |
| (B)   |                |   |
| (C)   |                |   |
| (D)   |                |   |
| (E)   |                |   |
| (F)   |                |   |
| (G)   |                |   |
| (H)   |                |   |
| <b>Total.</b> (Col. (b) must equal Form 990, Part X, line 12, col. (B)) |                |   |

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment   | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1)   |                |   |
| (2)   |                |   |
| (3)   |                |   |
| (4)   |                |   |
| (5)   |                |   |
| (6)   |                |   |
| (7)   |                |   |
| (8)   |                |   |
| (9)   |                |   |
| <b>Total.</b> (Col. (b) must equal Form 990, Part X, line 13, col. (B)) |                |   |

**Part IX Other Assets**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description   | (b) Book value |
|---|----------------|
| (1)   |                |
| (2)   |                |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B)) |                |

**Part X Other Liabilities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability   | (b) Book value |
|---|----------------|
| (1) Federal income taxes  |                |
| (2) REGIONAL INSURANCE FUND   | 2,003,024.     |
| (3) LEASE LIABILITIES   | 2,130,645.     |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B)) | 4,133,669.     |

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 ...

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

|          |  |           |             |
|----------|--|-----------|-------------|
| <b>1</b> | Total revenue, gains, and other support per audited financial statements                       | <b>1</b>  | 46,211,995. |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                            |           |             |
| <b>a</b> | Net unrealized gains (losses) on investments   | <b>2a</b> | 2,303,429.  |
| <b>b</b> | Donated services and use of facilities   | <b>2b</b> | 1,193,640.  |
| <b>c</b> | Recoveries of prior year grants  | <b>2c</b> |             |
| <b>d</b> | Other (Describe in Part XIII.)   | <b>2d</b> |             |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b>  | <b>2e</b> | 3,497,069.  |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b>   | <b>3</b>  | 42,714,926. |
| <b>4</b> | Amounts included on Form 990, Part VIII, line 12, but not on line 1:                           |           |             |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b                               | <b>4a</b> | 78,477.     |
| <b>b</b> | Other (Describe in Part XIII.)   | <b>4b</b> |             |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b>  | <b>4c</b> | 78,477.     |
| <b>5</b> | Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) | <b>5</b>  | 42,793,403. |

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

|          |   |           |             |
|----------|---|-----------|-------------|
| <b>1</b> | Total expenses and losses per audited financial statements                                      | <b>1</b>  | 41,191,501. |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part IX, line 25:                               |           |             |
| <b>a</b> | Donated services and use of facilities  | <b>2a</b> | 1,193,640.  |
| <b>b</b> | Prior year adjustments  | <b>2b</b> |             |
| <b>c</b> | Other losses  | <b>2c</b> |             |
| <b>d</b> | Other (Describe in Part XIII.)  | <b>2d</b> |             |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b>   | <b>2e</b> | 1,193,640.  |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b>  | <b>3</b>  | 39,997,861. |
| <b>4</b> | Amounts included on Form 990, Part IX, line 25, but not on line 1:                              |           |             |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b                                | <b>4a</b> | 78,477.     |
| <b>b</b> | Other (Describe in Part XIII.)  | <b>4b</b> |             |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b>   | <b>4c</b> | 78,477.     |
| <b>5</b> | Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) | <b>5</b>  | 40,076,338. |

**Part XIII Supplemental Information**

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

PART X, LINE 2:

INCOME TAXES

THE CORPORATION QUALIFIES AS A TAX-EXEMPT ORGANIZATION UNDER SECTION

501(C)(3) OF THE INTERNAL REVENUE CODE AND, ACCORDINGLY, IS NOT SUBJECT TO

FEDERAL INCOME TAX. ACCORDINGLY, NO INCOME TAX PROVISION HAS BEEN

RECORDED.

THE CORPORATION'S FORM 990, RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX

IS SUBJECT TO EXAMINATION BY VARIOUS TAXING AUTHORITIES, GENERALLY FOR

THREE YEARS AFTER THE DATE FILED. MANAGEMENT OF THE CORPORATION BELIEVES

THAT IT DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE

**Part XIII** Supplemental Information *(continued)*

FINANCIAL STATEMENTS.

SCHEDULE D PART XI LINE 2D

THE ORGANIZATION RECORDS INVESTMENT INCOME NET OF INVESTMENT FEES ON THEIR

AUDITED FINANCIAL STATEMENTS.

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

|  |  |
|--|--|
| Name of the organization<br><br>USA VOLLEYBALL | Employer identification number<br><br>80-0551967 |
|--|--|

**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  **Yes**  **No**
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

| (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) is a program service, describe specific type of service(s) in the region | (f) Total expenditures for and investments in the region |
|---|-------------------------------------|--|--|--|--|
| FRANCE  | 0                                   | 0  | PROGRAM SERVICE  | WOMENS NATIONAL TEAM -<br>ATHLETE VISITS   | 1,000.   |
| ITALY   | 0                                   | 0  | PROGRAM SERVICE  | WOMENS NATIONAL TEAM -<br>ATHLETE VISITS   | 12,500.  |
| TURKEY  | 0                                   | 0  | PROGRAM SERVICE  | WOMENS NATIONAL TEAM -<br>ATHLETE VISITS   | 3,500.   |
| BRAZIL  | 0                                   | 0  | PROGRAM SERVICE  | WOMENS NATIONAL TEAM -<br>COMPETITION  | 69,000.  |
| CANADA  | 0                                   | 0  | PROGRAM SERVICE  | WOMENS NATIONAL TEAM -<br>COMPETITION  | 43,000.  |
| DOMINICAN REPUBLIC                                      | 0                                   | 0  | PROGRAM SERVICE  | WOMENS NATIONAL TEAM -<br>COMPETITION  | 50,000.  |
| GUATEMALA   | 0                                   | 0  | PROGRAM SERVICE  | WOMENS NATIONAL TEAM -<br>COMPETITION  | 1,000.   |
| KOREA   | 0                                   | 0  | PROGRAM SERVICE  | WOMENS NATIONAL TEAM -<br>COMPETITION  | 107,000.   |
| <b>3 a</b> Subtotal .....                               | 0                                   | 0  |  |  | 287,000.   |
| <b>b</b> Total from continuation sheets to Part I ..... | 0                                   | 0  |  |  | 1,450,000.   |
| <b>c Totals</b> (add lines 3a and 3b) .....             | 0                                   | 0  |  |  | 1,737,000.   |



**Part I** Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3)

| (a) Region          | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
|---------------------|-------------------------------------|---|--|--|-----------------------------------|
| POLAND              | 0                                   | 0   | PROGRAM SERVICE  | WOMENS NATIONAL TEAM - COMPETITION   | 142,000.                          |
| PUERTO RICO         | 0                                   | 0   | PROGRAM SERVICE  | WOMENS NATIONAL TEAM - COMPETITION   | 35,500.                           |
| TURKEY              | 0                                   | 0   | PROGRAM SERVICE  | WOMENS NATIONAL TEAM - COMPETITION   | 55,500.                           |
| FRANCE              | 0                                   | 0   | PROGRAM SERVICE  | MENS NATIONAL TEAM - ATHLETE VISITS  | 4,000.                            |
| GERMANY             | 0                                   | 0   | PROGRAM SERVICE  | MENS NATIONAL TEAM - ATHLETE VISITS  | 2,500.                            |
| ITALY               | 0                                   | 0   | PROGRAM SERVICE  | MENS NATIONAL TEAM - ATHLETE VISITS  | 1,500.                            |
| POLAND              | 0                                   | 0   | PROGRAM SERVICE  | MENS NATIONAL TEAM - ATHLETE VISITS  | 54,500.                           |
| TURKEY              | 0                                   | 0   | PROGRAM SERVICE  | MENS NATIONAL TEAM - ATHLETE VISITS  | 2,000.                            |
| CANADA              | 0                                   | 0   | PROGRAM SERVICE  | MENS NATIONAL TEAM - COMPETITION   | 69,500.                           |
| JAPAN               | 0                                   | 0   | PROGRAM SERVICE  | MENS NATIONAL TEAM - COMPETITION   | 129,000.                          |
| <b>Totals</b> ..... |                                     |   |  |  |                                   |

**Part I** Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3)

| (a) Region          | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
|---------------------|-------------------------------------|---|--|--|-----------------------------------|
| MEXICO              | 0                                   | 0   | PROGRAM SERVICE  | MENS NATIONAL TEAM - COMPETITION   | 17,500.                           |
| NETHERLANDS         | 0                                   | 0   | PROGRAM SERVICE  | MENS NATIONAL TEAM - COMPETITION   | 50,000.                           |
| POLAND              | 0                                   | 0   | PROGRAM SERVICE  | MENS NATIONAL TEAM - COMPETITION   | 98,000.                           |
| THAILAND            | 0                                   | 0   | PROGRAM SERVICE  | BEACH COMPETITION  | 5,000.                            |
| QATAR               | 0                                   | 0   | PROGRAM SERVICE  | BEACH COMPETITION  | 7,000.                            |
| CANADA              | 0                                   | 0   | PROGRAM SERVICE  | BEACH COMPETITION  | 4,500.                            |
| PORTUGAL            | 0                                   | 0   | PROGRAM SERVICE  | BEACH COMPETITION  | 7,000.                            |
| INDIA               | 0                                   | 0   | PROGRAM SERVICE  | BEACH COMPETITION  | 6,000.                            |
| SWITZERLAND         | 0                                   | 0   | PROGRAM SERVICE  | BEACH COMPETITION  | 9,500.                            |
| CHINA               | 0                                   | 0   | PROGRAM SERVICE  | BEACH COMPETITION  | 6,500.                            |
| <b>Totals</b> ..... |                                     |   |  |  |                                   |

**Part I** Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3)

| (a) Region          | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
|---------------------|-------------------------------------|---|--|--|-----------------------------------|
| GERMANY             | 0                                   | 0   | PROGRAM SERVICE  | BEACH COMPETITION  | 5,500.                            |
| BRAZIL              | 0                                   | 0   | PROGRAM SERVICE  | BEACH COMPETITION  | 21,500.                           |
| LATVIA              | 0                                   | 0   | PROGRAM SERVICE  | BEACH COMPETITION  | 5,500.                            |
| BOLIVIA             | 0                                   | 0   | PROGRAM SERVICE  | BEACH COMPETITION  | 6,000.                            |
| LAGUNA              | 0                                   | 0   | PROGRAM SERVICE  | BEACH COMPETITION  | 4,500.                            |
| CZECH REPUBLIC      | 0                                   | 0   | PROGRAM SERVICE  | BEACH COMPETITION  | 7,000.                            |
| FRANCE              | 0                                   | 0   | PROGRAM SERVICE  | BEACH COMPETITION  | 15,500.                           |
| MEXICO              | 0                                   | 0   | PROGRAM SERVICE  | BEACH COMPETITION  | 20,000.                           |
| EGYPT               | 0                                   | 0   | PROGRAM SERVICE  | WOMENS SITTING TEAM -<br>COMPETITION   | 71,500.                           |
| CANADA              | 0                                   | 0   | PROGRAM SERVICE  | WOMENS SITTING TEAM -<br>COMPETITION   | 44,000.                           |
| <b>Totals</b> ..... |                                     |   |  |  |                                   |

**Part I** Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3)

| (a) Region          | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
|---------------------|-------------------------------------|---|--|--|-----------------------------------|
| AMSTERDAM           | 0                                   | 0   | PROGRAM SERVICE  | WOMENS SITTING TEAM - COMPETITION  | 55,500.                           |
| CANADA              | 0                                   | 0   | PROGRAM SERVICE  | MENS SITTING TEAM - COMPETITION  | 50,500.                           |
| AMSTERDAM           | 0                                   | 0   | PROGRAM SERVICE  | MENS SITTING TEAM - COMPETITION  | 75,000.                           |
| CROATIA             | 0                                   | 0   | PROGRAM SERVICE  | WOMENS U19 - COMPETITION   | 60,000.                           |
| PUERTO RICO         | 0                                   | 0   | PROGRAM SERVICE  | WOMENS U19 - COMPETITION   | 30,000.                           |
| ARGENTINA           | 0                                   | 0   | PROGRAM SERVICE  | MENS U19 - COMPETITION   | 56,000.                           |
| GUATEMALA           | 0                                   | 0   | PROGRAM SERVICE  | MENS U19 - COMPETITION   | 30,000.                           |
| MEXICO              | 0                                   | 0   | PROGRAM SERVICE  | WOMENS U21 - COMPETITION   | 17,000.                           |
| BAHRAIN             | 0                                   | 0   | PROGRAM SERVICE  | MENS U21 - COMPETITION   | 70,000.                           |
| CUBA                | 0                                   | 0   | PROGRAM SERVICE  | MENS U21 - COMPETITION   | 15,000.                           |
| <b>Totals</b> ..... |                                     |   |  |  |                                   |

**Part I** Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3)

| (a) Region          | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
|---------------------|-------------------------------------|---|--|--|-----------------------------------|
| PUERTO RICO         | 0                                   | 0   | PROGRAM SERVICE  | U23 - BEACH COMPETITION  | 4,500.                            |
| DOMINICAN REPUBLIC  | 0                                   | 0   | PROGRAM SERVICE  | U23 - BEACH COMPETITION  | 20,000.                           |
| THAILAND            | 0                                   | 0   | PROGRAM SERVICE  | U21 - BEACH COMPETITION  | 43,500.                           |
| POLAND              | 0                                   | 0   | PROGRAM SERVICE  | CEO TRAVEL   | 4,000.                            |
| JAPAN               | 0                                   | 0   | PROGRAM SERVICE  | CEO TRAVEL   | 7,500.                            |
| SWITZERLAND         | 0                                   | 0   | PROGRAM SERVICE  | CEO TRAVEL   | 3,500.                            |
|                     |                                     |   |  |  |                                   |
|                     |                                     |   |  |  |                                   |
|                     |                                     |   |  |  |                                   |
|                     |                                     |   |  |  |                                   |
|                     |                                     |   |  |  |                                   |
| <b>Totals</b> ..... |                                     |   |  |  | 1,450,000.                        |

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

| <b>1</b><br><b>(a)</b> Name of organization | <b>(b)</b> IRS code section and EIN (if applicable) | <b>(c)</b> Region | <b>(d)</b> Purpose of grant | <b>(e)</b> Amount of cash grant | <b>(f)</b> Manner of cash disbursement | <b>(g)</b> Amount of noncash assistance | <b>(h)</b> Description of noncash assistance | <b>(i)</b> Method of valuation (book, FMV, appraisal, other) |
|---|---|-------------------|-----------------------------|---------------------------------|--|---|--|--|
|   |   |                   |                             |                                 |  |   |  |  |
|   |   |                   |                             |                                 |  |   |  |  |
|   |   |                   |                             |                                 |  |   |  |  |
|   |   |                   |                             |                                 |  |   |  |  |
|   |   |                   |                             |                                 |  |   |  |  |
|   |   |                   |                             |                                 |  |   |  |  |
|   |   |                   |                             |                                 |  |   |  |  |
|   |   |                   |                             |                                 |  |   |  |  |
|   |   |                   |                             |                                 |  |   |  |  |
|   |   |                   |                             |                                 |  |   |  |  |

- 2** Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter .....
- 3** Enter total number of other organizations or entities .....

**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) |
|---------------------------------|------------|--------------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
|                                 |            |                          |                          |                                 |                                  |                                       |   |
|                                 |            |                          |                          |                                 |                                  |                                       |   |
|                                 |            |                          |                          |                                 |                                  |                                       |   |
|                                 |            |                          |                          |                                 |                                  |                                       |   |
|                                 |            |                          |                          |                                 |                                  |                                       |   |
|                                 |            |                          |                          |                                 |                                  |                                       |   |
|                                 |            |                          |                          |                                 |                                  |                                       |   |
|                                 |            |                          |                          |                                 |                                  |                                       |   |
|                                 |            |                          |                          |                                 |                                  |                                       |   |
|                                 |            |                          |                          |                                 |                                  |                                       |   |
|                                 |            |                          |                          |                                 |                                  |                                       |   |
|                                 |            |                          |                          |                                 |                                  |                                       |   |
|                                 |            |                          |                          |                                 |                                  |                                       |   |
|                                 |            |                          |                          |                                 |                                  |                                       |   |

**Part IV 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 the 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 the Instructions for Forms 3520 and 3520-A; don't file with Form 990)* .....  Yes  No
- 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 the Instructions for Form 5471)* .....  Yes  No
- 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 the Instructions for Form 8621)* .....  Yes  No
- 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 the Instructions for Form 8865)* .....  Yes  No
- 6** Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)* .....  Yes  No





**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
**Attach to Form 990.**  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Name of the organization

USA VOLLEYBALL

**Employer identification number**

80-0551967

**Part I General Information on Grants and Assistance**

**1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  **Yes**  **No**

**2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**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.

| <b>1 (a)</b> Name and address of organization or government                                | <b>(b)</b> EIN | <b>(c)</b> IRC section (if applicable) | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of noncash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of noncash assistance | <b>(h)</b> Purpose of grant or assistance  |
|--|----------------|--|---------------------------------|---|--|--|--|
| STARLINGS VB CLUBS, USA<br>PO BOX 4784<br>OCEANSIDE, CA 92052                              | 33-0749769     | 501(C)(3)                              | 0.                              | 20,000.                                 |  |  | TO HELP WITH NATIONAL PROGRAMMING AND CHAMPIONSHIPS FOR UNDERSERVED COMMUNITIES. |
| FIRST POINT VOLLEYBALL FOUNDATION<br>10880 WILSHIRE BLVD STE 1101<br>LOS ANGELES, CA 90024 | 81-4642035     | 501(C)(3)                              | 0.                              | 150,000.                                |  |  | TO HELP SUPPORT FOR TWO NEW MEN'S NCAA D1 PROGRAMS.                              |
|  |                |  |                                 |   |  |  |  |
|  |                |  |                                 |   |  |  |  |
|  |                |  |                                 |   |  |  |  |
|  |                |  |                                 |   |  |  |  |
|  |                |  |                                 |   |  |  |  |

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... 2.

**3** Enter total number of other organizations listed in the line 1 table .....

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

**Schedule I (Form 990) 2023**

**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 noncash assistance |
|---|--------------------------|--------------------------|-----------------------------------|---|---------------------------------------|
| ATHLETE SUPPORT, ATHLETE TRANSITION & PRIZE MONEY | 172                      | 1,263,825.               | 0.                                |   |                                       |
|   |                          |                          |                                   |   |                                       |
|   |                          |                          |                                   |   |                                       |
|   |                          |                          |                                   |   |                                       |
|   |                          |                          |                                   |   |                                       |

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

PART I, LINE 2:

THE USA VOLLEYBALL GRANT COMMITTEE AWARDS GRANTS BASED ON MERIT AND ANTICIPATED BUDGET THROUGH AN APPLICATION PROCESS. RECIPIENTS ARE REQUIRED TO SIGN A GRANT AGREEMENT ADHEARING TO ALL REQUIREMENTS OUTLINED IN THE GRANT APPLICATION AND AGREEING TO SUBMIT A FOLLOW-UP REPORT IN A TIMELY MANNER.

SCHEDULE I, PAGE 2, PART III

AMOUNTS REPORTED FOR SUPPORT OF INDIVIDUALS IS REPORTED UNDER GAAP.

**Part IV** Supplemental Information

CERTAIN FUNDING TYPES ARE ACCRUED, SO THERE MAY BE TIMING DIFFERENCES BETWEEN THE GAAP BASIS AND THE ACTUAL CASH PAYMENTS. THE NUMBER OF INDIVIDUALS LISTED RELATES TO THE ACTUAL NUMBER OF INDIVIDUALS RECEIVING PAYMENTS DURING THE YEAR.

Multiple horizontal lines for supplemental information input.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees  
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

USA VOLLEYBALL

Employer identification number

80-0551967

**Part I Questions Regarding Compensation**

**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.

- |  |   |
|--|---|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use          |
| <input checked="" type="checkbox"/> Travel for companions          | <input type="checkbox"/> Payments for business use of personal residence          |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)        |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**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? .....

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee   | <input checked="" type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** Participate in or receive payment from an equity-based compensation arrangement? .....
- 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:

- a** The organization? .....
- b** Any related organization? .....
- 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:

- a** The organization? .....
- b** Any related organization? .....
- 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 .....

**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 .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

|           | Yes | No |
|-----------|-----|----|
| <b>1b</b> | X   |    |
| <b>2</b>  | X   |    |
| <b>4a</b> |     | X  |
| <b>4b</b> |     | X  |
| <b>4c</b> |     | X  |
| <b>5a</b> |     | X  |
| <b>5b</b> |     | X  |
| <b>6a</b> |     | X  |
| <b>6b</b> |     | X  |
| <b>7</b>  | X   |    |
| <b>8</b>  |     | X  |
| <b>9</b>  |     |    |

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

Schedule J (Form 990) 2023

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

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

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

| (A) Name and Title                                 |      | (B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|--|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
|  |      | (i) Base compensation  | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                 |   |
| (1) JAMIE DAVIS<br>CEO                             | (i)  | 582,750.   | 11,100.                             | 19,050.                             | 26,400.  | 2,202.                  | 641,502.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (2) CHARLES KIRALY<br>HEAD COACH WNT               | (i)  | 369,662.   | 34,121.                             | 43.                                 | 24,400.  | 15,809.                 | 444,035.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (3) JOHN SPERAW<br>HEAD COACH MNT                  | (i)  | 235,859.   | 42,780.                             | 3,600.                              | 18,000.  | 168.                    | 300,407.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (4) CHRISTOPHER VADALA<br>CHIEF OF MEMBER SERVICES | (i)  | 181,893.   | 5,457.                              | 7,279.                              | 13,945.  | 22,310.                 | 230,884.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (5) PETER VINT<br>CHIEF OF SPORT                   | (i)  | 163,170.   | 3,885.                              | 28.                                 | 13,054.  | 26,170.                 | 206,307.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (6) STACIE KEARNS<br>CFO                           | (i)  | 151,612.   | 4,332.                              | 7,279.                              | 12,129.  | 22,310.                 | 197,662.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (7) WILLIAM HAMITER<br>DIRECTOR, SITTING PROGRAMS  | (i)  | 145,688.   | 4,163.                              | 47.                                 | 11,655.  | 18,361.                 | 179,914.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (8) AARON BROCK<br>DIRECTOR OF SPORTS MEDICINE     | (i)  | 117,709.   | 20,614.                             | 103.                                | 9,417.   | 26,170.                 | 174,013.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (9) RACHAEL STAFFORD<br>IN-HOUSE COUNSEL           | (i)  | 138,345.   | 3,294.                              | 79.                                 | 5,534.   | 22,310.                 | 169,562.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |

**Part III Supplemental Information**

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

PART I, LINE 1A:

THE HEAD COACH OF WOMEN'S AND MEN'S INDOOR TEAMS MAY RECEIVE TRAVEL  
COMPANION BENEFITS. THE BENEFITS ARE TREATED AS TAXABLE COMPENSATION AND  
ARE INCLUDED IN OTHER REPORTABLE COMPENSATION ON SCHEDULE J PART II.

PART I, LINE 7:

EMPLOYEES ARE ELIGIBLE FOR DISCRETIONARY BONUSES BASED UPON A VARIETY OF  
CRITERIA, INCLUDING SUBJECTIVE CRITERIA OF PERFORMANCE.

**SCHEDULE L**  
**(Form 990)**

**Transactions With Interested Persons**

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b.

**2023**

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

|   |   |
|---|---|
| Name of the organization<br><b>USA VOLLEYBALL</b> | Employer identification number<br><b>80-0551967</b> |
|---|---|

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b; or Form 990-EZ, Part V, line 40b.

| 1   | (a) Name of disqualified person | (b) Relationship between disqualified person and organization | (c) Description of transaction | (d) Corrected? |    |
|-----|---------------------------------|---|--------------------------------|----------------|----|
|     |                                 |   |                                | Yes            | No |
| (1) |                                 |   |                                |                |    |
| (2) |                                 |   |                                |                |    |
| (3) |                                 |   |                                |                |    |
| (4) |                                 |   |                                |                |    |
| (5) |                                 |   |                                |                |    |
| (6) |                                 |   |                                |                |    |

- 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ..... \$ \_\_\_\_\_
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ..... \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons**

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

|                    | (a) Name of interested person | (b) Relationship with organization | (c) Purpose of loan | (d) Loan to or from the organization? |      | (e) Original principal amount | (f) Balance due | (g) In default? |    | (h) Approved by board or committee? |    | (i) Written agreement? |    |
|--------------------|-------------------------------|------------------------------------|---------------------|---------------------------------------|------|-------------------------------|-----------------|-----------------|----|-------------------------------------|----|------------------------|----|
|                    |                               |                                    |                     | To                                    | From |                               |                 | Yes             | No | Yes                                 | No | Yes                    | No |
| (1)                |                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (2)                |                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (3)                |                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (4)                |                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (5)                |                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (6)                |                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (7)                |                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (8)                |                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (9)                |                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (10)               |                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| <b>Total</b> ..... |                               |                                    |                     |                                       |      |                               | \$              |                 |    |                                     |    |                        |    |

Total ..... \$

**Part III Grants or Assistance Benefiting Interested Persons**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of assistance | (d) Type of assistance | (e) Purpose of assistance |
|-------------------------------|---|--------------------------|------------------------|---------------------------|
| (1) SARA HUGHES               | BOARD MEMBER/ATH  | 16,000.                  |                        | COMPETITION T             |
| (2) TRI BOURNE                | BOARD MEMBER/ATH  | 16,000.                  |                        | COMPETITION T             |
| (3) KAWIKA SHOJI              | BOARD MEMBER/ATH  | 30,000.                  |                        | ATHLETE TRANS             |
| (4) NICKY NIEVES              | BOARD MEMBER/ATH  | 10,035.                  |                        | ATHLETE SUPPO             |
| (5) CHRISTOPHER SEILKO        | BOARD MEMBER/ATH  | 8,974.                   |                        | ATHLETE SUPPO             |
| (6)                           |   |                          |                        |                           |
| (7)                           |   |                          |                        |                           |
| (8)                           |   |                          |                        |                           |
| (9)                           |   |                          |                        |                           |
| (10)                          |   |                          |                        |                           |

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

Schedule L (Form 990) 2023

SEE PART V FOR CONTINUATIONS



**Part IV Business Transactions Involving Interested Persons**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? |    |
|-------------------------------|---|---------------------------|--------------------------------|---|----|
|                               |   |                           |                                | Yes                                     | No |
| (1)                           |   |                           |                                |   |    |
| (2)                           |   |                           |                                |   |    |
| (3)                           |   |                           |                                |   |    |
| (4)                           |   |                           |                                |   |    |
| (5)                           |   |                           |                                |   |    |
| (6)                           |   |                           |                                |   |    |
| (7)                           |   |                           |                                |   |    |
| (8)                           |   |                           |                                |   |    |
| (9)                           |   |                           |                                |   |    |
| (10)                          |   |                           |                                |   |    |

**Part V Supplemental Information**

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

SCH L, PART III, GRANTS OR ASSISTANCE BENEFITTING INTERESTED PERSONS:

(A) NAME OF PERSON: SARA HUGHES

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BOARD MEMBER/ATHLETE

(E) PURPOSE OF ASSISTANCE: COMPETITION TRAVEL SUPPORT

(A) NAME OF PERSON: TRI BOURNE

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BOARD MEMBER/ATHLETE

(E) PURPOSE OF ASSISTANCE: COMPETITION TRAVEL SUPPORT

(A) NAME OF PERSON: KAWIKA SHOJI

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BOARD MEMBER/ATHLETE

(E) PURPOSE OF ASSISTANCE: ATHLETE TRANSITION PAYMENTS

(A) NAME OF PERSON: NICKY NIEVES

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BOARD MEMBER/ATHLETE

(E) PURPOSE OF ASSISTANCE: ATHLETE SUPPORT

**Part V Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

(A) NAME OF PERSON: CHRISTOPHER SEILKOP

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BOARD MEMBER/ATHLETE

(E) PURPOSE OF ASSISTANCE: ATHLETE SUPPORT

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2023**

Open to Public Inspection

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](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

|   |   |
|---|---|
| Name of the organization<br><b>USA VOLLEYBALL</b> | Employer identification number<br><b>80-0551967</b> |
|---|---|

| <b>Part I</b> | <b>Types of Property</b>                                  | <b>(a)</b><br>Check if applicable | <b>(b)</b><br>Number of contributions or items contributed | <b>(c)</b><br>Noncash contribution amounts reported on Form 990, Part VIII, line 1g | <b>(d)</b><br>Method of determining noncash contribution amounts |
|---------------|---|-----------------------------------|--|---|--|
| 1             | Art - Works of art  |                                   |  |   |  |
| 2             | Art - Historical treasures                                |                                   |  |   |  |
| 3             | Art - Fractional interests                                |                                   |  |   |  |
| 4             | Books and publications                                    |                                   |  |   |  |
| 5             | Clothing and household goods                              |                                   |  |   |  |
| 6             | Cars and other vehicles                                   |                                   |  |   |  |
| 7             | Boats and planes  |                                   |  |   |  |
| 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 ( APPAREL )   | X                                 | 1  | 1,737,802.  | FAIR MARKET VALUES   |
| 26            | Other ( EQUIPMENT & BAL )                                 | X                                 | 2  | 178,320.  | FAIR MARKET VALUES   |
| 27            | Other ( )   |                                   |  |   |  |
| 28            | Other ( )   |                                   |  |   |  |

|   |           |
|---|-----------|
| <b>29</b> Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement | <b>29</b> |
|---|-----------|

|  | Yes | No |
|--|-----|----|
| <b>30a</b> During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? |     | X  |
| <b>b</b> If "Yes," describe the arrangement in Part II.  |     |    |
| <b>31</b> Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?   |     | X  |
| <b>32a</b> Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?  |     | X  |
| <b>b</b> If "Yes," describe in Part II.  |     |    |
| <b>33</b> If the organization didn't report an amount in column (c) for a type of property 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) 2023

**Part II** **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.

SCHEDULE M, PART I, COLUMN (B):

COLUMN B REPRESENTS THE NUMBER OF CONTRIBUTIONS FROM SEPARATE ENTITIES.

PART I COLUMN B

THE NUMBER IN COLUMN B REPRESENTS THE NUMBER OF CONTRIBUTIONS.

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

USA VOLLEYBALL

Employer identification number

80-0551967

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE MISSION OF USAV IS TO LEAD, SERVE AND GROW ALL AREAS OF THE SPORT  
OF VOLLEYBALL - INCLUDING BEACH, INDOOR, SITTING, SNOW AND BEACH  
PARAVOLLEY - ACHIEVING EXCELLENCE WHILE PROVIDING A LIFETIME OF  
OPPORTUNITIES FOR ALL TO PARTICIPATE IN A SAFE AND POSITIVE  
ENVIRONMENT.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

AND NATIONAL AMATEUR INSTRUCTIONAL AND COMPETITIVE VOLLEYBALL PROGRAMS  
AND TO REPRESENT THE VOLLEYBALL INTERESTS OF THE NATION TO THE UNITED  
STATES OLYMPIC COMMITTEE AND TO INTERNATIONAL VOLLEYBALL ORGANIZATIONS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

NATIONAL TEAM DEVELOPMENT PROGRAM - PROVIDE VOLLEYBALL ATHLETES WITH  
THE BEST COACHING AND COMPETITION AVAILABLE, AND DEVELOP THE PIPELINE  
TO THE USA NATIONAL VOLLEYBALL TEAMS.

EXPENSES \$ 3,607,438. INCLUDING GRANTS OF \$ 0. REVENUE \$ 1,785,598.

FORM 990, PART VI, SECTION A, LINE 6:

USA VOLLEYBALL HAS ONE CATEGORY OF ORGANIZATION ELIGIBLE TO BE A MEMBER  
ORGANIZATION - REGIONAL VOLLEYBALL ASSOCIATIONS.

FORM 990, PART VI, SECTION A, LINE 7A:

- 6 - ATHLETE DIRECTORS SELECTED BY INTERNATIONAL ATHLETES
- 3 - INDEPENDENT DIRECTORS SELECTED BY THE NOMINATING COMMITTEE
- 3 - RVA DIRECTORS SELECTED BY THE RVA ASSEMBLY

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

Schedule O (Form 990) 2023

|  |  |
|--|--|
| Name of the organization<br>USA VOLLEYBALL | Employer identification number<br>80-0551967 |
|--|--|

1 - INDOOR HP SELECTED BY NCAA

1 - JUNIOR INDOOR SELECTED BY THE JUNIOR ASSEMBLY

1 - BEACH AT-LARGE SELECTED BY THE BEACH ASSEMBLY

1 - BEACH DEVELOPMENT SELECTED BY THE BEACH ASSEMBLY

1 - COACHING SELECTED BY THE AVCA

1 - OFFICIATING SELECTED BY THE OFFICIALS ASSEMBLY

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

THE BOARD RECEIVES THE COMPLETED 990 PRIOR TO FILING AND IS GIVEN THE OPPORTUNITY TO REVIEW THE RETURN AND ASK QUESTIONS BEFORE IT IS FINALIZED.

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

IT IS THE POLICY OF USAV THAT THE EXISTENCE OF ANY CONFLICT OF INTEREST, OR APPARENT CONFLICT OF INTEREST, AS A USAV DIRECTOR, OFFICER, OR MANAGEMENT EMPLOYEE, SHALL BE DISCLOSED BY THAT USAV DIRECTOR, OFFICER, OR MANAGEMENT EMPLOYEE BEFORE ENGAGING IN ANY TRANSACTION IN WHICH THE CONFLICT OF INTEREST, OR APPARENT CONFLICT OF INTEREST, EXISTS. IT SHALL BE THE CONTINUING RESPONSIBILITY OF USAV DIRECTORS, OFFICERS, AND MANAGEMENT EMPLOYEES TO SCRUTINIZE THEIR RESPECTIVE USAV TRANSACTIONS AND PERSONAL RELATIONSHIPS TO DETERMINE ACTUAL, APPARENT OR POTENTIAL CONFLICTS OF INTEREST AND TO REPORT IMMEDIATELY ANY SUCH CONFLICTS. IMMEDIATELY UPON DISCOVERY, ACTUAL, APPARENT AND POTENTIAL CONFLICTS OF INTEREST SHALL BE REPORTED TO THE USAV BOARD OF DIRECTORS THROUGH ITS CHAIR, OR IF THE CHAIR IS THE ONE REPORTING, THEN THROUGH THE CHIEF EXECUTIVE OFFICER (CEO) OF THE CORPORATION. MANAGEMENT EMPLOYEES SHALL REPORT CONFLICT OF INTEREST CIRCUMSTANCES TO THE CEO WHO WILL, IN TURN, CONVEY THE REPORT AND FINDINGS TO THE BOARD OF DIRECTORS THROUGH ITS CHAIR.

|  |  |
|--|--|
| Name of the organization<br>USA VOLLEYBALL | Employer identification number<br>80-0551967 |
|--|--|

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

FOR THE CEO, A COMMITTEE OF 5 OF THE BOARD WAS FORMED. THE CEO IS ASKED AND PREPARED A SELF EVALUATION BASED ON THE GOALS ESTABLISHED IN THE PREVIOUS REVIEW. SALARY COMP DATA, THE PEER REVIEWS, AND THE SELF EVALUATION WERE REVIEWED BY THE COMMITTEE. THE COMMITTEE MET IN PERSON TO DISCUSS CEO PERFORMANCE. THE COMMITTEE DISCUSSED COMPENSATION AND DETERMINED THE SALARY TO OFFER TO THE CEO. THE COMMITTEE MET WITH THE CEO TO DISCUSS THE PEER REVIEW COMMENTS, THE EVALUATION AND THE SALARY OFFER. KEY EMPLOYEES ARE REVIEWED ANNUALLY BY THEIR SUPERVISOR. CHANGES TO COMPENSATION ARE APPROVED BY THE CEO USING COMPARABLE INDUSTRY RATES AND ARE CONSISTENT WITH PROCEDURES FOR ALL USAV STAFF.

FORM 990, PART VI, SECTION C, LINE 19:

THE GOVERNING AND OTHER CORPORATE DOCUMENTS ARE AVAILABLE ON THE WEBSITE AT WWW.USAVOLLEYBALL.ORG. THESE DOCUMENTS ARE ALSO PUBLISHED ANNUALLY IN THE USA VOLLEYBALL OFFICIAL GUDEBOOK WHICH IS DISTRIBUTED TO MEMBER ORGANIZATIONS AND AVAILABLE FOR SALE.

PART VII AND PART IX LINES 2 AND 5

ATHLETE BOARD MEMBERS ATHLETE SUPPORT REPORTED ON PART VII IS PART OF THE GRANTS AND ASSISTANCE TO INDIVIDUALS ON PART IX LINE 2. TO PROPERLY REFLECT THE INFORMATION FOR SCHEDULE I, THEIR ATHLETE SUPPORT AMOUNTS ARE PART OF LINE 2 AND IS NOT INCLUDED ON LINE 5 FOR COMPENSATION TO OFFICERS AND DIRECTORS.

FORM 990, PART IX, LINE 11G, OTHER FEES:

PROFESSIONAL FEES:

|  |  |
|--|--|
| Name of the organization<br>USA VOLLEYBALL | Employer identification number<br>80-0551967 |
|--|--|

PROGRAM SERVICE EXPENSES 79,153.

MANAGEMENT AND GENERAL EXPENSES 2,669,149.

FUNDRAISING EXPENSES 20,350.

TOTAL EXPENSES 2,768,652.

CONTRACT LABOR:

PROGRAM SERVICE EXPENSES 2,697,175.

MANAGEMENT AND GENERAL EXPENSES 0.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 2,697,175.

OFFICIALS FEES:

PROGRAM SERVICE EXPENSES 1,763,313.

MANAGEMENT AND GENERAL EXPENSES 0.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 1,763,313.

EVENT PERSONNEL AND CATERING:

PROGRAM SERVICE EXPENSES 502,462.

MANAGEMENT AND GENERAL EXPENSES 0.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 502,462.

SECURITY:

PROGRAM SERVICE EXPENSES 610,228.

MANAGEMENT AND GENERAL EXPENSES 0.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 610,228.



|  |  |
|--|--|
| Name of the organization<br>USA VOLLEYBALL | Employer identification number<br>80-0551967 |
|--|--|

MEDICAL SERVICES:

|                                 |          |
|---------------------------------|----------|
| PROGRAM SERVICE EXPENSES        | 312,322. |
| MANAGEMENT AND GENERAL EXPENSES | 0.       |
| FUNDRAISING EXPENSES            | 0.       |
| TOTAL EXPENSES                  | 312,322. |

BANK, INTEREST & CREDIT CARD FEES:

|  |            |
|--|------------|
| PROGRAM SERVICE EXPENSES                               | 1,076,202. |
| MANAGEMENT AND GENERAL EXPENSES                        | 5,806.     |
| FUNDRAISING EXPENSES                                   | 0.         |
| TOTAL EXPENSES   | 1,082,008. |
| TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A | 9,736,160. |

PART XII, LINE 2C

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

**Open to Public Inspection**

|  |  |
|--|--|
| Name of the organization<br><p align="center">USA VOLLEYBALL</p> | Employer identification number<br><p align="center">80-0551967</p> |
|--|--|

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

| (a)<br>Name, address, and EIN (if applicable)<br>of disregarded entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling<br>entity |
|--|-------------------------|---|---------------------|---------------------------|-------------------------------------|
|  |                         |   |                     |                           |                                     |
|  |                         |   |                     |                           |                                     |
|  |                         |   |                     |                           |                                     |
|  |                         |   |                     |                           |                                     |
|  |                         |   |                     |                           |                                     |
|  |                         |   |                     |                           |                                     |
|  |                         |   |                     |                           |                                     |
|  |                         |   |                     |                           |                                     |
|  |                         |   |                     |                           |                                     |
|  |                         |   |                     |                           |                                     |

**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)<br>Name, address, and EIN<br>of related organization   | (b)<br>Primary activity   | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Exempt Code<br>section | (e)<br>Public charity<br>status (if section<br>501(c)(3)) | (f)<br>Direct controlling<br>entity | (g)<br>Section 512(b)(13)<br>controlled<br>entity? |    |
|--|---------------------------|---|-------------------------------|---|-------------------------------------|--|----|
|  |                           |   |                               |   |                                     | Yes  | No |
| USA VOLLEYBALL FOUNDATION - 84-1412045<br>4065 SINTON RD SUITE 200<br>COLORADO SPRINGS, CO 80907 | TO SUPPORT USA VOLLEYBALL | COLORADO  | 501C(3)                       | 509(A)(3)   | USA VOLLEYBALL                      | X  |    |
|  |                           |   |                               |   |                                     |  |    |
|  |                           |   |                               |   |                                     |  |    |
|  |                           |   |                               |   |                                     |  |    |
|  |                           |   |                               |   |                                     |  |    |
|  |                           |   |                               |   |                                     |  |    |
|  |                           |   |                               |   |                                     |  |    |
|  |                           |   |                               |   |                                     |  |    |
|  |                           |   |                               |   |                                     |  |    |
|  |                           |   |                               |   |                                     |  |    |

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

**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)<br>Name, address, and EIN<br>of related organization | (b)<br>Primary activity | (c)<br>Legal domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Percentage<br>ownership | (i)<br>Section<br>512(b)(13)<br>controlled<br>entity? |    |
|--|-------------------------|---|-------------------------------------|--|---------------------------------|--|--------------------------------|---|----|
|  |                         |   |                                     |  |                                 |  |                                | Yes   | No |
|  |                         |   |                                     |  |                                 |  |                                |   |    |
|  |                         |   |                                     |  |                                 |  |                                |   |    |
|  |                         |   |                                     |  |                                 |  |                                |   |    |
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|  |                         |   |                                     |  |                                 |  |                                |   |    |

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

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

|  | Yes | No |
|--|-----|----|
| <b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity ..... |     | X  |
| <b>b</b> Gift, grant, or capital contribution to related organization(s) .....                                 |     | X  |
| <b>c</b> Gift, grant, or capital contribution from related organization(s) .....                               | X   |    |
| <b>d</b> Loans or loan guarantees to or for related organization(s) .....                                      |     | X  |
| <b>e</b> Loans or loan guarantees by related organization(s) .....   |     | X  |
| <b>f</b> Dividends from related organization(s) .....  |     | X  |
| <b>g</b> Sale of assets to related organization(s) .....   |     | X  |
| <b>h</b> Purchase of assets from related organization(s) .....   |     | X  |
| <b>i</b> Exchange of assets with related organization(s) .....   |     | X  |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....                      |     | X  |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....                    |     | X  |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....  |     | X  |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....   |     | X  |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....   | X   |    |
| <b>o</b> Sharing of paid employees with related organization(s) .....  | X   |    |
| <b>p</b> Reimbursement paid to related organization(s) for expenses .....                                      |     | X  |
| <b>q</b> Reimbursement paid by related organization(s) for expenses .....                                      |     | X  |
| <b>r</b> Other transfer of cash or property to related organization(s) .....                                   |     | X  |
| <b>s</b> Other transfer of cash or property from related organization(s) .....                                 |     | X  |

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

| (a)<br>Name of related organization | (b)<br>Transaction type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|-------------------------------------|-------------------------------|------------------------|--|
| (1) USA VOLLEYBALL FOUNDATION       | C                             | 183,000.               | CASH   |
| (2)                                 |                               |                        |  |
| (3)                                 |                               |                        |  |
| (4)                                 |                               |                        |  |
| (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)<br>Name, address, and EIN<br>of entity | (b)<br>Primary activity | (c)<br>Legal domicile<br>(state or foreign<br>country) | (d)<br>Predominant income<br>(related, unrelated,<br>excluded from tax under<br>sections 512-514) | (e)<br>Are all<br>partners sec.<br>501(c)(3)<br>orgs.? |    | (f)<br>Share of<br>total<br>income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Dispropor-<br>tionate<br>allocations? |    | (i)<br>Code V-UBI<br>amount in box 20<br>of Schedule K-1<br>(Form 1065) | (j)<br>General or<br>managing<br>partner? |    | (k)<br>Percentage<br>ownership |
|--|-------------------------|--|---|--|----|------------------------------------|--|--|----|---|---|----|--------------------------------|
|  |                         |  |   | Yes  | No |                                    |  | Yes  | No |   | Yes                                       | No |                                |
|  |                         |  |   |  |    |                                    |  |  |    |   |   |    |                                |
|  |                         |  |   |  |    |                                    |  |  |    |   |   |    |                                |
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|  |                         |  |   |  |    |                                    |  |  |    |   |   |    |                                |



Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

2023

For calendar year 2023 or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Department of the Treasury Internal Revenue Service

Open to Public Inspection for 501(c)(3) Organizations Only

Form header section containing: A Check box if address changed, B Exempt under section 501(c)(3), C Book value of all assets at end of year, D Employer identification number, E Group exemption number, F Check box if an amended return.

G Check organization type: 501(c) corporation, 501(c) trust, 401(a) trust, Other trust, State college/university, 6417(d)(1)(A) Applicable entity

H Check if filing only to claim Credit from Form 8941, Refund shown on Form 2439, Elective payment amount from Form 3800

I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation

J Enter the number of attached Schedules A (Form 990-T) 1

K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No

L The books are in care of THE ORGANIZATION Telephone number (719) 228-6800

Part I Total Unrelated Business Taxable Income

Table with 11 rows for Part I: Total Unrelated Business Taxable Income. Columns include line number, description, and amount. Total amount is 0.

Part II Tax Computation

Table with 7 rows for Part II: Tax Computation. Columns include line number, description, and amount. Total amount is 0.

Part III Tax and Payments

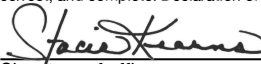

Table with 5 main rows for Part III: Tax and Payments. Includes sub-rows 1a-1d, 3a-3e, and 4. Total tax amount is 0.

| <b>Part III Tax and Payments</b> <i>(continued)</i> |  |           |  |
|---|--|-----------|--|
| 6 a   | Payments: Preceding year's overpayment credited to the current year .....  | <b>6a</b> |  |
| b   | Current year's estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/> .....                       | <b>6b</b> |  |
| c   | Tax deposited with Form 8868 .....   | <b>6c</b> |  |
| d   | Foreign organizations: Tax paid or withheld at source (see instructions) .....   | <b>6d</b> |  |
| e   | Backup withholding (see instructions) .....  | <b>6e</b> |  |
| f   | Credit for small employer health insurance premiums (attach Form 8941) .....   | <b>6f</b> |  |
| g   | Elective payment election amount from Form 3800 .....  | <b>6g</b> |  |
| h   | Payment from Form 2439 .....   | <b>6h</b> |  |
| i   | Credit from Form 4136 .....  | <b>6i</b> |  |
| j   | Other (see instructions) .....   | <b>6j</b> |  |
| <b>7</b>  | <b>Total payments.</b> Add lines 6a through 6j .....   | <b>7</b>  |  |
| <b>8</b>  | Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/> .....                              | <b>8</b>  |  |
| <b>9</b>  | <b>Tax due.</b> If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed .....                                    | <b>9</b>  |  |
| <b>10</b>   | <b>Overpayment.</b> If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid .....                             | <b>10</b> |  |
| <b>11</b>   | Enter the amount of line 10 you want: <b>Credited to 2024 estimated tax</b> <span style="float: right;"><b>Refunded</b></span> ..... | <b>11</b> |  |

| <b>Part IV Statements Regarding Certain Activities and Other Information</b> (see instructions) |  |                                   |                 |
|---|--|-----------------------------------|-----------------|
| 1   | At any time during the 2023 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here ..... |                                   | Yes No<br><br>X |
| 2   | During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? .....  |                                   | X               |
| 3   | Enter the amount of tax-exempt interest received or accrued during the tax year ..... \$ .....   |                                   |                 |
| 4   | Enter available pre-2018 NOL carryovers here \$ <u>45,355.</u> Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.   |                                   |                 |
| 5   | Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.   |                                   |                 |
| Business Activity Code  |  | Available post-2017 NOL carryover |                 |
| 541800  |  | \$ 22,909.                        |                 |
|   |  | \$                                |                 |
|   |  | \$                                |                 |
|   |  | \$                                |                 |
| 6 a   | Reserved for future use .....  |                                   |                 |
| b   | Reserved for future use .....  |                                   |                 |

**Part V Supplemental Information**

Provide any additional information. See instructions.

|                               |  |   |                          |   |
|-------------------------------|--|---|--------------------------|---|
| <b>Sign Here</b>              | Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. |   |                          |   |
|                               |   | 11/14/2024  | CFO                      |   |
|                               | Signature of officer   | Date  | Title                    | <div style="border: 1px solid black; padding: 2px;">                     May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                 </div> |
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name   | Preparer's signature  | Date                     | Check <input type="checkbox"/> if self-employed   |
|                               | JILL J. GOODWIN, CPA   |  | 11/14/24                 | PTIN P00450838  |
|                               | Firm's name WAUGH & GOODWIN, LLP   | Firm's EIN 20-1766527   |                          |   |
|                               | Firm's address 2925 PROFESSIONAL PLACE, STE 201 COLORADO SPRINGS, CO 80904   |   | Phone no. (719) 590-9777 |   |



FORM 990-T

PRE-2018 NET OPERATING LOSS DEDUCTION

STATEMENT 1

| <u>TAX YEAR</u>                   | <u>LOSS SUSTAINED</u> | <u>LOSS PREVIOUSLY APPLIED</u> | <u>LOSS REMAINING</u> | <u>AVAILABLE THIS YEAR</u> |
|-----------------------------------|-----------------------|--------------------------------|-----------------------|----------------------------|
| 12/31/17                          | 45,355.               | 0.                             | 45,355.               | 45,355.                    |
| NOL CARRYOVER AVAILABLE THIS YEAR |                       |                                | 45,355.               | 45,355.                    |

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

2023

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

A Name of the organization USA VOLLEYBALL B Employer identification number 80-0551967 C Unrelated business activity code (see instructions) 541800 D Sequence: 1 of 1

E Describe the unrelated trade or business ADVERTISING

Table with 4 columns: Part I Unrelated Trade or Business Income, (A) Income, (B) Expenses, (C) Net. Rows include 1a Gross receipts or sales, 2 Cost of goods sold, 3 Gross profit, 4a Capital gain net income, 5 Income (loss) from a partnership, 11 Advertising income, 12 Other income, 13 Total.

Part II Deductions Not Taken Elsewhere. See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

Table with 3 columns: Line number, Description, Amount. Rows include 1 Compensation of officers, 2 Salaries and wages, 3 Repairs and maintenance, 7 Depreciation, 8 Less depreciation claimed, 15 Total deductions, 16 Unrelated business income before net operating loss deduction, 17 Deduction for net operating loss, 18 Unrelated business taxable income.

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2023

**Part III Cost of Goods Sold** Enter method of inventory valuation

|   |  |   |  |
|---|--|---|--|
| 1 | Inventory at beginning of year   | 1 |  |
| 2 | Purchases  | 2 |  |
| 3 | Cost of labor  | 3 |  |
| 4 | Additional section 263A costs (attach statement)   | 4 |  |
| 5 | Other costs (attach statement)   | 5 |  |
| 6 | <b>Total.</b> Add lines 1 through 5  | 6 |  |
| 7 | Inventory at end of year   | 7 |  |
| 8 | <b>Cost of goods sold.</b> Subtract line 7 from line 6. Enter here and in Part I, line 2                           | 8 |  |
| 9 | Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? |   | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**Part IV Rent Income (From Real Property and Personal Property Leased With Real Property)**

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A  \_\_\_\_\_

B  \_\_\_\_\_

C  \_\_\_\_\_

D  \_\_\_\_\_

|   | A  | B | C | D |
|---|----|---|---|---|
| 2 Rent received or accrued  |    |   |   |   |
| a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)                           |    |   |   |   |
| b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) |    |   |   |   |
| c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D   |    |   |   |   |
| 3 Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A)                           | 0. |   |   |   |
| 4 Deductions directly connected with the income in lines 2a and 2b (attach statement)   |    |   |   |   |
| 5 <b>Total deductions.</b> Add line 4, columns A through D. Enter here and on Part I, line 6, column (B)                                    | 0. |   |   |   |

**Part V Unrelated Debt-Financed Income** (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A  \_\_\_\_\_

B  \_\_\_\_\_

C  \_\_\_\_\_

D  \_\_\_\_\_

|   | A  | B | C | D |
|---|----|---|---|---|
| 2 Gross income from or allocable to debt-financed property  |    |   |   |   |
| 3 Deductions directly connected with or allocable to debt-financed property   |    |   |   |   |
| a Straight line depreciation (attach statement)   |    |   |   |   |
| b Other deductions (attach statement)   |    |   |   |   |
| c Total deductions (add lines 3a and 3b, columns A through D)   |    |   |   |   |
| 4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)                   |    |   |   |   |
| 5 Average adjusted basis of or allocable to debt-financed property (attach statement)                               |    |   |   |   |
| 6 Divide line 4 by line 5   | %  | % | % | % |
| 7 Gross income reportable. Multiply line 2 by line 6  |    |   |   |   |
| 8 <b>Total gross income</b> (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)         | 0. |   |   |   |
| 9 Allocable deductions. Multiply line 3c by line 6  |    |   |   |   |
| 10 <b>Total allocable deductions.</b> Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) | 0. |   |   |   |
| 11 <b>Total dividends-received deductions</b> included in line 10   | 0. |   |   |   |

**Part VI Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

|                                    |   | Exempt Controlled Organizations                   |  |   |  |
|------------------------------------|---|---|--|---|--|
| 1. Name of controlled organization | 2. Employer identification number                 | 3. Net unrelated income (loss) (see instructions) | 4. Total of specified payments made  | 5. Part of column 4 that is included in the controlling organization's gross income | 6. Deductions directly connected with income in column 5 |
| (1)                                |   |   |  |   |  |
| (2)                                |   |   |  |   |  |
| (3)                                |   |   |  |   |  |
| (4)                                |   |   |  |   |  |
| Nonexempt Controlled Organizations |   |   |  |   |  |
| 7. Taxable Income                  | 8. Net unrelated income (loss) (see instructions) | 9. Total of specified payments made               | 10. Part of column 9 that is included in the controlling organization's gross income | 11. Deductions directly connected with income in column 10                          |  |
| (1)                                |   |   |  |   |  |
| (2)                                |   |   |  |   |  |
| (3)                                |   |   |  |   |  |
| (4)                                |   |   |  |   |  |
|                                    |   |   | Add columns 5 and 10. Enter here and on Part I, line 8, column (A).                  | Add columns 6 and 11. Enter here and on Part I, line 8, column (B).                 |  |
| <b>Totals</b>                      |   |   | 0.   | 0.  |  |

**Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

| 1. Description of income | 2. Amount of income | 3. Deductions directly connected (attach statement)                    | 4. Set-asides (attach statement) | 5. Total deductions and set-asides (add cols 3 and 4)                  |
|--------------------------|---------------------|--|----------------------------------|--|
| (1)                      |                     |  |                                  |  |
| (2)                      |                     |  |                                  |  |
| (3)                      |                     |  |                                  |  |
| (4)                      |                     |  |                                  |  |
|                          |                     | Add amounts in column 2. Enter here and on Part I, line 9, column (A). |                                  | Add amounts in column 5. Enter here and on Part I, line 9, column (B). |
| <b>Totals</b>            |                     | 0.   |                                  | 0.   |

**Part VIII Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

|   |  |   |  |
|---|--|---|--|
| 1 | Description of exploited activity: _____   |   |  |
| 2 | Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) .....                                    | 2 |  |
| 3 | Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) .....                  | 3 |  |
| 4 | Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 .....                   | 4 |  |
| 5 | Gross income from activity that is not unrelated business income .....   | 5 |  |
| 6 | Expenses attributable to income entered on line 5 .....  | 6 |  |
| 7 | Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 ..... | 7 |  |

**Part IX Advertising Income**

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis. STATEMENT 3

A  VOLLEYBALL USA

B

C

D

Enter amounts for each periodical listed above in the corresponding column.

|  | A      | B | C | D      |
|--|--------|---|---|--------|
| 2 Gross advertising income   | 2,776. |   |   |        |
| Add columns A through D. Enter here and on Part I, line 11, column (A) |        |   |   | 2,776. |

a

|  |        |  |  |        |
|--|--------|--|--|--------|
| 3 Direct advertising costs by periodical                                 | 9,459. |  |  |        |
| a Add columns A through D. Enter here and on Part I, line 11, column (B) |        |  |  | 9,459. |

|  |         |  |  |  |
|--|---------|--|--|--|
| 4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter -0- on line 8 | -6,683. |  |  |  |
|--|---------|--|--|--|

|  |  |  |  |  |
|--|--|--|--|--|
| 5 Readership costs   |  |  |  |  |
| 6 Circulation income   |  |  |  |  |
| 7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter -0-  |  |  |  |  |
| 8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7 |  |  |  |  |

a Add line 8, columns A through D. Enter the greater of the line 8a columns total or -0- here and on Part II, line 13

|  |  |  |  |    |
|--|--|--|--|----|
|  |  |  |  | 0. |
|--|--|--|--|----|

**Part X Compensation of Officers, Directors, and Trustees** (see instructions)

| 1. Name | 2. Title | 3. Percentage of time devoted to business | 4. Compensation attributable to unrelated business |
|---------|----------|---|--|
| (1)     |          | %   |  |
| (2)     |          | %   |  |
| (3)     |          | %   |  |
| (4)     |          | %   |  |

Total. Enter here and on Part II, line 1

|  |    |
|--|----|
|  | 0. |
|--|----|

**Part XI Supplemental Information** (see instructions)

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990-T SCH A POST-2017 NET OPERATING LOSS DEDUCTION STATEMENT 2

| TAX YEAR                          | LOSS SUSTAINED | LOSS PREVIOUSLY APPLIED | LOSS REMAINING | AVAILABLE THIS YEAR |
|-----------------------------------|----------------|-------------------------|----------------|---------------------|
| 12/31/18                          | 22,909.        | 0.                      | 22,909.        | 22,909.             |
| NOL CARRYOVER AVAILABLE THIS YEAR |                |                         | 22,909.        | 22,909.             |

SEPARATE PERIODICALS INCLUDED IN A CONSOLIDATED PERIODICAL STATEMENT 3

|                |                  | GROSS INCOME | DIRECT COSTS | CIRC. INCOME | RDRSHIP COSTS |
|----------------|------------------|--------------|--------------|--------------|---------------|
| VOLLEYBALL USA | - VOLLEYBALL USA | 2,776.       | 9,459.       | 247,933.     | 936,398.      |
|                | SUBTOTAL         | 2,776.       | 9,459.       | 247,933.     | 936,398.      |

# Alternative Minimum Tax-Corporations

**2023**

Attach to your tax return.  
 Go to [www.irs.gov/Form4626](http://www.irs.gov/Form4626) for instructions and the latest information.

|                            |  |
|----------------------------|--|
| Name<br><br>USA VOLLEYBALL | Employer identification number<br><br>80-0551967 |
|----------------------------|--|

- A** Is the corporation filing this form a member of a controlled group treated as a single employer under sections 59(k)(1)(D) and 52? .....  Yes  No  
 If "Yes," the corporation must complete Part V listing the names, EINs, and separate company financial statement income or loss for each member of the controlled group treated as a single employer taken into account in the determination of "applicable corporation" under section 59(k)(1)(D).
- B** Is the corporation filing this form a member of a foreign-parented multinational group (FPMG) within the meaning of section 59(k)(2)(B)?  Yes  No  
 If "Yes," the corporation must complete Part V listing the names, EINs, and separate company financial statement income or loss for each member of the FPMG under section 59(k)(2)(B).

**Part I Applicable Corporation Determination** (Report all amounts in U.S. dollars.)

*If you have already determined in current or prior years you are an applicable corporation, skip Part I and continue to Part II.*

|   | (a) First Preceding Year Ended | (b) Second Preceding Year Ended | (c) Third Preceding Year Ended |
|---|--------------------------------|---------------------------------|--------------------------------|
| <b>1</b> Net income or loss per applicable financial statement(s) (AFS) (see inst):   |                                |                                 |                                |
| <b>a</b> Consolidated net income or loss per the AFS of the corporation .....   | <b>1a</b>                      |                                 |                                |
| <b>b</b> Include AFS net income or loss of other includible entities (add net income and subtract net loss) .....   | <b>1b</b>                      |                                 |                                |
| <b>c</b> Exclude AFS net income or loss of excludible entities (add net loss and subtract net income) .....   | <b>1c</b>                      |                                 |                                |
| <b>d</b> Adjustment for certain consolidating entries (see instructions) .....  | <b>1d</b>                      |                                 |                                |
| <b>e</b> Specified additional net income or loss item B. Reserved for future use  | <b>1e</b>                      |                                 |                                |
| <b>f</b> AFS net income or loss of all entities in the test group before adjustments. Combine lines 1a through 1d .....   | <b>1f</b>                      |                                 |                                |
| <b>2</b> Adjustments:   |                                |                                 |                                |
| <b>a</b> Financial statements covering different tax years .....  | <b>2a</b>                      |                                 |                                |
| <b>b</b> Corporations that are not included on the taxpayer's consolidated return (see instructions) .....  | <b>2b</b>                      |                                 |                                |
| <b>c</b> Pro-rata share of net income from controlled foreign corporations for which the corporation is a U.S. shareholder. If zero or less, enter -0- (see instructions for special rules if completing this form for an FPMG) | <b>2c</b>                      |                                 |                                |
| <b>d</b> Amounts that are not effectively connected to a U.S. trade or business (see instructions for special rules if completing this form for an FPMG)  | <b>2d</b>                      |                                 |                                |
| <b>e</b> Certain taxes (see instructions) .....   | <b>2e</b>                      |                                 |                                |
| <b>f</b> Patronage dividends and per-unit retain allocations (cooperatives only)  | <b>2f</b>                      |                                 |                                |
| <b>g</b> Alaska native corporations .....   | <b>2g</b>                      |                                 |                                |
| <b>h</b> Certain credits (see instructions) .....   | <b>2h</b>                      |                                 |                                |
| <b>i</b> Mortgage servicing income .....  | <b>2i</b>                      |                                 |                                |
| <b>j</b> Tax-exempt entities (organizations subject to tax under section 511) ...   | <b>2j</b>                      |                                 |                                |
| <b>k</b> Depreciation .....   | <b>2k</b>                      |                                 |                                |
| <b>l</b> Qualified wireless spectrum .....  | <b>2l</b>                      |                                 |                                |
| <b>m</b> Covered transactions .....   | <b>2m</b>                      |                                 |                                |
| <b>n</b> Adjustments related to bankruptcy and insolvency .....   | <b>2n</b>                      |                                 |                                |
| <b>o</b> Certain insurance company adjustments .....  | <b>2o</b>                      |                                 |                                |
| <b>p</b> Adjustment P - Reserved for future use .....   | <b>2p</b>                      |                                 |                                |
| <b>q</b> Adjustment Q - Reserved for future use .....   | <b>2q</b>                      |                                 |                                |
| <b>r</b> Adjustment R - Reserved for future use .....   | <b>2r</b>                      |                                 |                                |
| <b>s</b> Adjustment S - Reserved for future use .....   | <b>2s</b>                      |                                 |                                |
| <b>z</b> Other (see instructions) .....   | <b>2z</b>                      |                                 |                                |
| <b>3</b> Specified adjustment. Reserved for future use .....  | <b>3</b>                       |                                 |                                |
| <b>4</b> Total adjustments. Combine lines 2a through 2z .....   | <b>4</b>                       |                                 |                                |
| <b>5</b> AFSI. Combine lines 1f and 4 .....   | <b>5</b>                       |                                 |                                |
| <b>6</b> AFSI of first, second, and third preceding tax years. Combine columns (a), (b), and (c) of line 5 .....  | <b>6</b>                       |                                 |                                |
| <b>7</b> 3-year average annual AFSI (see instructions) .....  | <b>7</b>                       |                                 |                                |

**Part I** **Applicable Corporation Determination** (Report all amounts in U.S. dollars.) *(continued)*

- 8** Is line 7 more than \$1 billion?  
 **Yes.** Continue to line 9.  
 **No.** STOP here and attach to your tax return.
- 9** Is the corporation a member of an FPMG within the meaning of section 59(k)(2)(B)?  
 **Yes.** Continue to line 10.  
 **No.** Continue to Part II.

|   | (a)<br>First Preceding<br>Year Ended | (b)<br>Second Preceding<br>Year Ended | (c)<br>Third Preceding<br>Year Ended |           |
|---|--------------------------------------|---------------------------------------|--------------------------------------|-----------|
| <b>10</b> AFSI for purposes of the \$100 million test before adjustments:   |                                      |                                       |                                      |           |
| <b>a</b> AFSI from line 5 .....   | <b>10a</b>                           |                                       |                                      |           |
| <b>b</b> Aggregation differences (see instructions) .....   | <b>10b</b>                           |                                       |                                      |           |
| <b>c</b> Total AFSI for purposes of the \$100 million test before adjustments.<br>Combine lines 10a and 10b .....       | <b>10c</b>                           |                                       |                                      |           |
| <b>11</b> Adjustments:  |                                      |                                       |                                      |           |
| <b>a</b> Income not effectively connected to a U.S. trade or business .....   | <b>11a</b>                           |                                       |                                      |           |
| <b>b</b> Pro-rata share of CFC net income described in section 56A(c)(3)<br>(attach worksheet) (see instructions) ..... | <b>11b</b>                           |                                       |                                      |           |
| <b>c</b> Reserved for future use - Other adjustments 1 .....  | <b>11c</b>                           |                                       |                                      |           |
| <b>d</b> Reserved for future use - Other adjustments 2 .....  | <b>11d</b>                           |                                       |                                      |           |
| <b>12</b> Total adjustments. Combine lines 11a and 11b .....  | <b>12</b>                            |                                       |                                      |           |
| <b>13</b> Total AFSI for purposes of the \$100 million test. Combine lines<br>10c and 12 .....                          | <b>13</b>                            |                                       |                                      |           |
| <b>14</b> AFSI of first, second, and third preceding tax years. Combine columns (a), (b), and (c) of line 13 .....      |                                      |                                       |                                      | <b>14</b> |
| <b>15</b> 3-year average annual AFSI for purposes of the \$100 million test .....                                       |                                      |                                       |                                      | <b>15</b> |

- 16** Is line 15 \$100 million or more?  
 **Yes.** Continue to Part II.  
 **No.** STOP here. Attach to your tax return.



**Part II Corporate Alternative Minimum Tax**

|   |  |                   |
|---|--|-------------------|
| <b>1</b> Net income or loss per applicable financial statement(s) (AFS) (see instructions): |  |                   |
| <b>a</b>  | Consolidated net income or loss per the AFS of the corporation   | <b>1a</b> -7,683. |
| <b>b</b>  | Include AFS net income or loss of other includible entities (add net income and subtract net loss)   | <b>1b</b>         |
| <b>c</b>  | Exclude AFS net income or loss of excludible entities (add net loss and subtract net income)   | <b>1c</b>         |
| <b>d</b>  | Adjustment for certain consolidating entries (see instructions)  | <b>1d</b>         |
| <b>e</b>  | Specified additional net income or loss item D. Reserved for future use  | <b>1e</b>         |
| <b>f</b>  | AFS net income or loss before adjustments. Combine lines 1a through 1d   | <b>1f</b> -7,683. |
| <b>2</b> Adjustments:   |  |                   |
| <b>a</b>  | Financial statements covering different tax years  | <b>2a</b>         |
| <b>b</b>  | Reserved for future use - Adjustment 2b  | <b>2b</b>         |
| <b>c</b>  | Corporations that are not included on the taxpayers - consolidated return (see instructions)   | <b>2c</b>         |
| <b>d</b>  | The corporation's distributive share of adjusted financial statement income of partnerships  | <b>2d</b>         |
| <b>e</b>  | Pro-rata share of net income from controlled foreign corporations for which the corporation is a U.S. shareholder. If zero or less, enter -0-. (See instructions)                                  | <b>2e</b>         |
| <b>f</b>  | Amounts that are not effectively connected to a U.S. trade or business   | <b>2f</b>         |
| <b>g</b>  | Certain taxes. Enter the amount from Part III, line 7  | <b>2g</b>         |
| <b>h</b>  | Patronage dividends and per-unit retain allocations (cooperatives only)  | <b>2h</b>         |
| <b>i</b>  | Alaska native corporations   | <b>2i</b>         |
| <b>j</b>  | Certain credits (see instructions)   | <b>2j</b>         |
| <b>k</b>  | Mortgage servicing income  | <b>2k</b>         |
| <b>l</b>  | Covered benefit plans described in section 56A(c)(11)(B)   | <b>2l</b>         |
| <b>m</b>  | Tax-exempt entities (organizations subject to tax under section 511)   | <b>2m</b>         |
| <b>n</b>  | Depreciation   | <b>2n</b>         |
| <b>o</b>  | Qualified wireless spectrum  | <b>2o</b>         |
| <b>p</b>  | Covered transactions   | <b>2p</b>         |
| <b>q</b>  | Adjustments related to bankruptcy and insolvency   | <b>2q</b>         |
| <b>r</b>  | Certain insurance company adjustments  | <b>2r</b>         |
| <b>s</b>  | AFSI adjustment S - Reserved for future use  | <b>2s</b>         |
| <b>t</b>  | AFSI adjustment T - Reserved for future use  | <b>2t</b>         |
| <b>u</b>  | AFSI adjustment U - Reserved for future use  | <b>2u</b>         |
| <b>z</b>  | Other (see instructions)   | <b>2z</b>         |
| <b>3</b>  | Total adjustments. Combine lines 2a through 2z   | <b>3</b>          |
| <b>4</b>  | AFSI before financial statement net operating loss carryover. Combine lines 1f and 3   | <b>4</b> -7,683.  |
| <b>5</b>  | Financial statement net operating loss (FSNOL) (see instructions)  | <b>5</b>          |
| <b>6</b>  | AFSI. Subtract line 5 from line 4. If zero or less, enter -0-  | <b>6</b>          |
| <b>7</b>  | Multiply line 6 by 15% (0.15)  | <b>7</b>          |
| <b>8</b>  | Corporate alternative minimum tax foreign tax credit (CAMT FTC). Enter amount from Part IV, Section I, line 6 (see inst)   | <b>8</b>          |
| <b>9</b>  | Tentative minimum tax. Subtract line 8 from line 7. If zero or less, enter -0-   | <b>9</b>          |
| <b>10</b>   | Regular tax liability (see instructions)   | <b>10</b>         |
| <b>11</b>   | Base erosion minimum tax (see instructions)  | <b>11</b>         |
| <b>12</b>   | Combine lines 10 and 11  | <b>12</b>         |
| <b>13</b>   | Alternative minimum tax. Subtract line 12 from line 9. If zero or less, enter -0-. Enter here and on Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return | <b>13</b>         |

**Part III Adjustment for Certain Taxes Under Section 56A(c)(5)**

|           |   |           |
|-----------|---|-----------|
| <b>1</b>  | Current income tax provision - Foreign                                | <b>1</b>  |
| <b>2</b>  | Current income tax provision - Federal                                | <b>2</b>  |
| <b>3</b>  | Deferred income tax provision - Foreign                               | <b>3</b>  |
| <b>4</b>  | Deferred income tax provision - Federal                               | <b>4</b>  |
| <b>5</b>  | Income taxes included in equity method investment income              | <b>5</b>  |
| <b>6a</b> | Adjustment A - Reserved for future use                                | <b>6a</b> |
| <b>b</b>  | Adjustment B - Reserved for future use                                | <b>6b</b> |
| <b>c</b>  | Adjustment C - Reserved for future use                                | <b>6c</b> |
| <b>d</b>  | Adjustment D - Reserved for future use                                | <b>6d</b> |
| <b>e</b>  | Adjustment E - Reserved for future use                                | <b>6e</b> |
| <b>f</b>  | Adjustment F - Reserved for future use                                | <b>6f</b> |
| <b>g</b>  | Adjustment G - Reserved for future use                                | <b>6g</b> |
| <b>h</b>  | Adjustment H - Reserved for future use                                | <b>6h</b> |
| <b>z</b>  | Income taxes in other places  | <b>6z</b> |
| <b>7</b>  | Total. Combine lines 1 through 6z. Enter here and on Part II, line 2g | <b>7</b>  |

**Part IV Alternative Minimum Tax - Corporations Foreign Tax Credit**

**Section I - AMT Foreign Tax Credit**

|          |   |           |     |           |
|----------|---|-----------|-----|-----------|
| <b>1</b> | Domestic corporation AMT foreign income taxes:  |           |     |           |
| <b>a</b> | Total foreign taxes paid or accrued as reported on Form 1118, Schedule B, Part I, column 2(j) .....         | <b>1a</b> |     |           |
| <b>b</b> | Adjustment .....  | <b>1b</b> |     |           |
| <b>c</b> | Adjustment .....  | <b>1c</b> |     |           |
| <b>d</b> | Adjustment .....  | <b>1d</b> |     |           |
| <b>e</b> | Adjustment .....  | <b>1e</b> |     |           |
| <b>f</b> | Adjustment .....  | <b>1f</b> |     |           |
| <b>g</b> | Adjustment .....  | <b>1g</b> |     |           |
| <b>2</b> | Total domestic corporation AMT foreign income taxes. Combine lines 1a through 1g .....                      |           |     | <b>2</b>  |
| <b>3</b> | Allowable controlled foreign corporation (CFC) AMT foreign income taxes:                                    |           |     |           |
| <b>a</b> | Pro-rata share of CFC AMT foreign income taxes from Part IV, Section II, line 11, column (n) .....          | <b>3a</b> |     |           |
| <b>b</b> | Carryover of excess foreign taxes (from Part IV, Section III, line 4, column (vii)) .....                   | <b>3b</b> |     |           |
| <b>c</b> | Total CFC AMT foreign income taxes. Add lines 3a and 3b .....   |           |     | <b>3c</b> |
| <b>d</b> | Percentage specified in section 55(b)(2)(A)(i) .....  | <b>3d</b> | 15% |           |
| <b>e</b> | Pro-rata share of CFC net income described in section 56A(c)(3) (attach worksheet) (see instructions) ..... | <b>3e</b> |     |           |
| <b>f</b> | CFC AMT foreign tax credit limitation (multiply line 3d by line 3e) .....                                   |           |     | <b>3f</b> |
| <b>g</b> | Allowable CFC AMT foreign income taxes (lesser of line 3c or line 3f) .....                                 |           |     | <b>3g</b> |
| <b>4</b> | CAMT FTC Line 4 - Reserved for future use .....   |           |     | <b>4</b>  |
| <b>5</b> | CAMT FTC Line 5 - Reserved for future use .....   |           |     | <b>5</b>  |
| <b>6</b> | Total AMT foreign income taxes. Combine lines 2 and 3g. Enter this amount on Part II, line 8 .....          |           |     | <b>6</b>  |

**Application for Extension of Time To File an Exempt Organization  
Return or Excise Taxes Related to Employee Benefit Plans**

Department of the Treasury  
Internal Revenue Service

File a separate application for each return.  
Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.

**Electronic filing (e-file).** You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

**Part I - Identification**

|  |  |  |
|--|--|--|
| <b>Type or Print</b>   | Name of exempt organization, employer, or other filer, see instructions.<br><br>USA VOLLEYBALL                         | Taxpayer identification number (TIN)<br><br>80-0551967 |
| File by the due date for filing your return. See instructions. | Number, street, and room or suite no. If a P.O. box, see instructions.<br>C/O 1365 GARDEN OF THE GODS RD, #150         |  |
|  | City, town or post office, state, and ZIP code. For a foreign address, see instructions.<br>COLORADO SPRINGS, CO 80907 |  |

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

| Application Is For                       | Return Code | Application Is For                | Return Code |
|--|-------------|-----------------------------------|-------------|
| Form 990 or Form 990-EZ                  | 01          | Form 4720 (other than individual) | 09          |
| Form 4720 (individual)                   | 03          | Form 5227                         | 10          |
| Form 990-PF                              | 04          | Form 6069                         | 11          |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05          | Form 8870                         | 12          |
| Form 990-T (trust other than above)      | 06          | Form 5330 (individual)            | 13          |
| Form 990-T (corporation)                 | 07          | Form 5330 (other than individual) | 14          |
| Form 1041-A                              | 08          |                                   |             |

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name \_\_\_\_\_  
 Plan Number \_\_\_\_\_  
 Plan Year Ending (MM/DD/YYYY) \_\_\_\_\_

**Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)**

The books are in the care of THE ORGANIZATION  
4065 SINTON RD, SUITE 200 - COLORADO SPRINGS, CO 80907-5096

Telephone No. (719) 228-6800 Fax No. \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until NOVEMBER 15, 20 24, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 calendar year 20 23 or  
 tax year beginning \_\_\_\_\_, 20 \_\_\_\_\_, and ending \_\_\_\_\_, 20 \_\_\_\_\_

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

|   |           |    |    |
|---|-----------|----|----|
| <b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.   | <b>3a</b> | \$ | 0. |
| <b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | <b>3b</b> | \$ | 0. |
| <b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.              | <b>3c</b> | \$ | 0. |

**For Privacy Act and Paperwork Reduction Act Notice, see instructions.**



230112 11019

## 2023 Colorado C Corporation Income Tax Return

**Do not submit federal return, forms or schedules when filing this return.**

**(0023)**

|  |                           |   |                              |
|--|---------------------------|---|------------------------------|
| Fiscal Year Beginning (MM/DD/23)               |                           | Year Ending (MM/DD/YY)  |                              |
|  | 01/01/23                  |   | 12/31/23                     |
| Name of Corporation                            | USA VOLLEYBALL            |   | • Colorado Account Number    |
| Address  | 4065 SINTON RD, SUITE 200 |   | • Federal Employer ID Number |
| City   | COLORADO SPRINGS          | State   | CO                           |
|  |                           | ZIP   | 80907-5096                   |
| <input type="checkbox"/> Mark for Final Return |                           | <input type="checkbox"/> If you are submitting a statement disclosing a listed or reported transaction, mark this box |                              |

• **A. Apportionment of Income.** This return is being filed for:

|   |  |
|---|--|
| <input checked="" type="checkbox"/> <b>(42)</b> A corporation not apportioning income;  | <input type="checkbox"/> <b>(46)</b> A corporation claiming an exemption under P.L. 86-272;  |
| <input type="checkbox"/> <b>(43)</b> A corporation engaged in interstate business apportioning income using receipts-factor apportionment (DR 0112RF required); | <input type="checkbox"/> <b>(47)</b> Other apportionment method, see instructions concerning the requirement for approval by the Department (fill in below); |
| <input type="checkbox"/> <b>(44)</b> A corporation engaged in interstate business apportioning income using special regulation (DR 0112RF required);            | <div style="border: 1px solid black; height: 20px; width: 100%;"></div>  |

• **B. Separate/Consolidated/Combined Filing.** This return is being filed for:

|   |   |
|---|---|
| <input checked="" type="checkbox"/> A single corporation filing a separate return;  | <input type="checkbox"/> An affiliated group of corporations required to file a combined return (Schedule C required);  |
| <input type="checkbox"/> An affiliated group of corporations electing to file a consolidated report. <b>Warning:</b> such election is binding for four years. If your election was made in a prior year, enter the year of election in line below. (Schedule C required); | <input type="checkbox"/> An affiliated group of corporations required to file a combined return that includes another affiliated, consolidated group (Schedule C required); |
| <input type="checkbox"/> Enter the year of election (YYYY) <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px; vertical-align: middle;"></span>  |   |

| Federal Taxable Income   | Round to nearest dollar |      |
|--|-------------------------|------|
| 1. Federal taxable income from Federal form 1120 or 990-T          | • 1                     | 0 00 |
| 2. Federal taxable income of companies not included in this return | • 2                     | 0 00 |
| 3. Net federal taxable income, subtract line 2 from line 1         | 3                       | 0 00 |
| <b>Additions</b>   |                         |      |
| 4. Federal net operating loss deduction                            | • 4                     | 00   |
| 5. Colorado income tax deduction                                   | • 5                     | 00   |



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| Name   | Account Number |   |    |
|--|----------------|---|----|
| USA VOLLEYBALL   |                |   |    |
| 6. Other additions, submit explanation   | • 6            |   | 00 |
| 7. Sum of lines 3 through 6  | 7              | 0 | 00 |
| <b>Subtractions</b>  |                |   |    |
| 8. Exempt federal interest   | • 8            |   | 00 |
| 9. Excludable foreign source income  | • 9            |   | 00 |
| 10. Colorado Marijuana Business Deduction  | • 10           |   | 00 |
| 11. Other subtractions, explanation required below   | • 11           |   | 00 |
| Explain:   |                |   |    |
| 12. Sum of lines 8 through 11  | 12             |   | 00 |
| <b>Taxable Income</b>  |                |   |    |
| 13. Modified federal taxable income, subtract line 12 from line 7  | 13             | 0 | 00 |
| 14. Colorado taxable income before net operating loss deduction  | • 14           | 0 | 00 |
| 15. Colorado net operating loss deduction: (see instructions)  |                |   |    |
| (a) Colorado net operating losses carried forward from tax years beginning before January 1, 2018  | • 15(a)        |   | 00 |
| (b) Subtract line 15(a) from line 14, if zero skip to 15(d)  | 15(b)          |   | 00 |
| (c) Colorado net operating losses carried forward from tax years beginning on or after January 1, 2018   | • 15(c)        |   | 00 |
| (d) Colorado net operating loss deduction, sum of (a) and (c)  | 15(d)          |   | 00 |
| 16. Carryforward deduction from Income Tax Year 2021, subtractions from HB21-1002 (see instructions)   | • 16           |   | 00 |
| 17. Colorado taxable income, subtract the sum of lines 15(d) and 16 from line 14   | 17             | 0 | 00 |
| 18. Tax, 4.4% of the amount on line 17   | • 18           | 0 | 00 |
| <b>Credits</b>   |                |   |    |
| 19. Sum of nonrefundable credits from line 26B, form DR 0112CR (the sum of lines 19, 20, and 21 cannot exceed tax on line 18.) You must submit the DR 0112CR with your return.                             | • 19           |   | 00 |
| 20. Non-refundable Enterprise Zone credits used - as calculated, or from the DR 1366 line 85 (the sum of lines 19, 20, and 21 cannot exceed tax on line 18). You must submit the DR 1366 with your return. | • 20           |   | 00 |
| 21. Strategic capital tax credit from DR 1330 line 8b, the sum of lines 19, 20, and 21 cannot exceed line 18, you must submit the DR 1330 with your return.  | • 21           |   | 00 |
| 22. Net tax, sum of lines 19, 20, and 21. Subtract that sum from line 18.  | 22             | 0 | 00 |
| 23. Recapture of prior year credits  | • 23           |   | 00 |



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| Name   |             | Account Number |
|--|-------------|----------------|
| USA VOLLEYBALL   |             |                |
| 24. Sum of lines 22 and 23   | <b>24</b>   | 0 00           |
| 25. Estimated tax, extension payments, and credits   | • <b>25</b> | 00             |
| 26. W-2G Withholding from lottery winnings, you must submit the W-2G(s) with your return.  | • <b>26</b> | 00             |
| 27. Gross Conservation Easement Credit from the DR 1305G line 33, you must submit the DR 1305G with your return.   | • <b>27</b> | 00             |
| 28. Innovative Motor Vehicle and Innovative Truck Credit from form DR 0617, you must submit the DR 0617(s) with your return.                                       | • <b>28</b> | 00             |
| 29. Business Personal Property Credit: Use the worksheet in the 112 book instructions to calculate, you must submit copy of assessor's statement with your return. | • <b>29</b> | 00             |
| 30. Renewable Energy Tax Credit from form DR 1366 line 86, you must submit the DR 1366 with your return.   | • <b>30</b> | 00             |
| 31. SALT Parity Act Credit (see instructions).   | • <b>31</b> | 00             |
| 32. Credit for conversion costs to an employee-owned business model. You must submit the certificate from the Office of Economic Development with your return.     | • <b>32</b> | 00             |
| 33. Alternative Transportation Options Credit.   | • <b>33</b> | 00             |
| 34. Refundable Residential Energy Storage Systems Credit (assigned to you by the building owner) from line 10 of DR 1307, which you must submit with your return.  | • <b>34</b> | 00             |
| 35. Refundable Heat Pump Credit (assigned to you by the building owner) from line 8 of DR 1322, which you must submit with your return.                            | • <b>35</b> | 00             |
| 36. Sum of lines 25 through 35   | <b>36</b>   | 00             |
| 37. Net tax due. Subtract line 36 from line 24   | <b>37</b>   | 00             |
| 38. Penalty  | • <b>38</b> | 00             |
| 39. Interest   | • <b>39</b> | 00             |
| 40. Estimated tax penalty due  | • <b>40</b> | 00             |
| 41. Total due. Enter the sum of lines 37 through 40  | • <b>41</b> | 00             |
| 42. Overpayment, subtract line 24 from line 36   | <b>42</b>   | 00             |
| 43. Amount from line 42 to carry forward to the next year's estimated tax  | • <b>43</b> | 00             |
| 44. Amount from line 42 to be refunded   | • <b>44</b> | 00             |

**Direct Deposit**

Routing Number

Type:  Checking  Savings

Account Number

The State may convert your check to a one-time electronic banking transaction. Your bank account may be debited as early as the same day received by the State. If converted, your check will not be returned. If your check is rejected due to insufficient or uncollected funds, the Department of Revenue may collect the payment directly from your bank account electronically.

File and pay at: [Colorado.gov/RevenueOnline](https://colorado.gov/revenueonline) or  
**Mail and Make Checks Payable to:** Colorado Department of Revenue  
 Denver, CO 80261-0006



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|   |  |   |   |
|---|--|---|---|
| Name  |  | Account Number  |   |
| USA VOLLEYBALL  |  |   |   |
| <b>C. The corporation's books are in care of:</b>   |  |   |   |
| Last Name   |  | First Name  | Middle Initial  |
|   |  |   |   |
| Address   |  | City  | State   |
|   |  |   | ZIP   |
|   |  |   |   |
| <b>D. Business code number per federal return (NAICS)</b>   |  | <b>E. Year corporation began doing business in Colorado</b> |   |
| • 5 4 1 8 6 0   |  | •   |   |
| <b>F. Do you want to allow the paid preparer shown below to discuss this return and any related information with the Colorado Department of Revenue? See the instructions.</b>  |  |   | • <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>G. Kind of business in detail</b><br>ADVERTISING   |  |   |   |
| <b>H. Has the Internal Revenue Service made any adjustments in the corporation's income or tax or have you filed amended federal income tax returns at any time during the last four years?</b>   |  |   | • <input type="checkbox"/> Yes <input type="checkbox"/> No            |
| If yes, for which year(s)? (YYYY)   |  |   |   |
| Did you file amended Colorado returns to reflect such changes or submit copies of the Federal Agent's reports?  |  |   | • <input type="checkbox"/> Yes <input type="checkbox"/> No            |
| Last Name of person or firm preparing return  |  | First Name  | Middle Initial  |
| GOODWIN CPA   |  | JILL  | J   |
| Address of person or firm preparing return  |  | Phone Number  |   |
| 2925 PROFESSIONAL PLACE, STE 201  |  | (719) 590-9777  |   |
| City  |  | State   | ZIP   |
| COLORADO SPRINGS  |  | CO  | 80904   |
| Under penalties of perjury in the second degree, I declare that I have examined this return and to the best of my knowledge is true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. |  |   |   |
| Signature or Title of Officer   |  | Date (MM/DD/YY)   |   |
|   |  |   |   |
| <b>Do Not Submit Federal Return, Forms or Schedules when Filing this Return</b>   |  |   |   |

|  |  |
|--|--|
| If you are filing this return <b>with</b> a check or payment, please mail the return to:<br><br>COLORADO DEPARTMENT OF REVENUE<br>Denver, CO 80261-000 6 | If you are filing this return <b>without</b> a check or payment please mail the return to:<br><br>COLORADO DEPARTMENT OF REVENUE<br>Denver, CO 80261-000 5 |
| These addresses and ZIP codes are exclusive to the Colorado Department of Revenue, so a street address is not required.                                  |  |