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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2013

OMB No 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

		side Salvice	www.iis.govi			<u></u>
		2013 calendar year, or tax year beginning JUN 18, 2013	and ending	DEC 3		
R (Check of applicab	C Name of organization		D Em	ployer ide	entification number
	Addr	ess change United States Olympic and Paralym	pic			
		change Foundation				39841
X	Initial	Number and street (or P.O. box, if mail is not delivered to street address)	Room/si		ephone ni	
	Term	nated One Olympic Plaza		7	<u> 19-6</u>	32-5551
<u>_</u>	Amer	City or town, state or province, country, and ZIP or foreign postal code		F Gro	oup Exemp	otion
		abon pending Colorado Springs, CO 80909			mber ►	
		iting Method: Cash X Accrual Other (specify) >		_ H Ch	eck 🕨 🗀	X_if the organization is not
		e: ▶www.teamusa.org		rec	juired to a	ttach Schedule B
		empt status (check only one) — X 501(c)(3) 501(c) () ◀(insert no.)	4947(a)(1) or	527 (Fo	rm 990, 9	90-EZ, or 990-PF).
		· · — · — — — —	Other			
		es 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 o	r more, or if total assets (Part II,		
_		(B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	<u> </u>		▶ \$	0.
P	art I	Revenue, Expenses, and Changes in Net Assets or Fund	Balances (see the I	nstructions	for Part I)
		Check if the organization used Schedule O to respond to any question in this Part I	<u> </u>			
	1	Contributions, gifts, grants, and similar amounts received			1	
	2	Program service revenue including government fees and contracts			2	
3 3	3	Membership dues and assessments			3	· · · · · · · · · · · · · · · · · · ·
1	4	Investment income			4	
	5a	Gross amount from sale of assets other than inventory	5a			
	b	Less: cost or other basis and sales expenses	5b	_	Ž11	
	6	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c		
	6	Gaming and fundraising events				
9	a	Gross income from gaming (attach Schedule G if greater than			3,5	
Revenue	1	\$15,000)	6a			
Ř	6	Gross income from fundraising events (not including \$	of contributions		\$ \$	
_		from fundraising events reported on line 1) (attach Schedule G if the sum of such	l I			
		gross income and contributions exceeds \$15,000)	6b		104	
	6	Less: direct expenses from gaming and fundraising events	6c			
	_ 0	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and sub	1 1		6d	
		Gross sales of inventory, less returns and allowances	7a		,*<	
	1	Less: cost of goods sold.	7b			
	٦	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	•		7c	
	8	Other revenue (describe in Schedule O)	•		8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			9	0.
	10	Grants and similar amounts paid (list in Schedule 0)			10	
	11	Benefits paid to or for members Salaries, other compensation, and employee handits			11	
Expenses	12	Salaries, other compensation, and employee benefits		-	12	
)en	13	Professional fees and other payments to independent contractors Occupancy, rent, utilities, and maintenance	•	•	13	
Ĕ	14	Printing, publications, postage, and shipping			14	
	15	Other expenses (describe in Schedule O)	•		15	
	16 17	Total expenses. Add lines 10 through 16		_	17	0.
_	┿	Excess or (deficit) for the year (Subtract line 17 from line 9)		. 🚩	18	0.
əts	18	Net assets or fund balances at beginning of year (from line 27, column (A))	•	-	10	
SS	19	(must agree with end-of-year figure reported on prior year's return)			19	0.
Net Assets	20	Other changes in net assets or fund balances (explain in Schedule O)	•	•-	20	0.
ž	21	Net assets or fund balances at end of year. Combine lines 18 through 20			21	0.
	<u> </u>	Parameter Daduction And Mating and the apparate industrial	 -		1.41	Form 000 E7 (0012)

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orm 990-EZ		80-
Part II	Balance Sheets (see the instructions for Part II)	
	Check if the organization used Schedule O to respond to any question in the	his Part II

Part II Balance Sheets (see the instructions for Part	•				
Check if the organization used Schedule O to			÷	(B) F	ad of year
06 Oash savings and investments	(^	A) Beginning of year	+	(6)	nd of year
22 Cash, savings, and investments	·	· · · · · · · · · · · · · · · · · · ·	22	 	
23 Land and buildings 24 Other assets (describe in Schedule O)		······································	24	 	
25 Total assets	-	0	25	-	0.
26 Total liabilities (describe in Schedule 0)		0	26		0.
27 Net assets or fund balances (line 27 of column (B) must agree with line	. 21)	0	27		0.
Part III Statement of Program Service Accomplish	ments (see the instruction		1 21	Fy	penses
Check if the organization used Schedule O to			X	(Required	for section
What is the organization's primary exempt purpose? See Schedule		in this rait in	تمعنا		and 501(c)(4)
Describe the organization's program service accomplishments for each of its three largest pro		s. In a clear and concess	-		ons and section) trusts; optional
nanner, describe the services provided, the number of persons benefited, and other relevant		s in a clear and concise		for others.	
28				T	
			_		
	 				
(Grants \$) If this amount includes fore	eign grants, check here	>		28a	
29					
				1 1	
(Grants \$) If this amount includes fore	eign grants, check here	>		29a	
30					
				1 1	
			_		
(Grants \$) If this amount includes fore	eign grants, check here	<u> </u>		30a	
Other program services (describe in Schedule O)					-
(Grants \$) If this amount includes fore	eign grants, check here .	. •		31a	
32 Total program service expenses (add lines 28a through 31a)			▶	32	0.
Part IV List of Officers, Directors, Trustees, and Ke			ee the	instructions f	
Check if the organization used Schedule O to		in this Part IV			X
	(b) Average hours	(C) Reportable compensation (Forms		alth benefits, ributions to	(e) Estimated
(a) Name and title	per week devoted to position	W-2/1099-MISC) (if not paid, enter -0-)	empl	oyee benefit and deferred	amount of other compensation
	position	(if flot paid, eriter -0-)	con	pensation	Componention
Gordon Crawford		ا م		^	
Chairman of the Board	0.00	0.		0.	0.
Jon M. Denney		ا م		^	<u>ر</u> ا
President Walter R. Glover	0.00	0.		0.	0.
Treasurer	0.00	0.		0.	۸ ا
Rana K. Dershowitz		0.1	-	0.	0.
Secretary	0.00	l o.l		0.	0.
Scott A. Blackmun	0:00	•			0.
Ex-Officio Director	0.00	0.		0.	0.
Lawrence F. Probst					•
Ex-Officio Director		l i		0.	0.
Kevin D. White	0.00	1.0.1			
	0.00	0.		<u> </u>	
Director					
Director	0.00	0.		0.	0.
Director					

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Page 3

Forn	990-EZ (2013) Foundation 80-093			Page 3
Pa	art V Other Information (Note the Schedule A and personal benefit contract statement requirement		ne	
	instructions for Part V) Check if the organization used Sch. O to respond to any question in the	s Part	٧	X
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each			
	activity in Schedule O	33		Х
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended			
	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		Х
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported			
	on lines 2, 6a, and 7a, among others)?	35a		X
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	N/	A
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax			
	requirements during the year? If "Yes," complete Schedule C, Part III	35c	<u> </u>	X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			
	complete applicable parts of Schedule N	36		X
	Enter amount of political expenditures, direct or indirect, as described in the instructions	• Zahanana	- ***	22
	Did the organization file Form 1120-POL for this year?	37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made	2	<u></u>	
	ın a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A	_	ή,	
39	Section 501(c)(7) organizations. Enter:	., ,		
	Initiation fees and capital contributions included on line 9 39a N/A		12.24	. 96
D		_ ້ີ	*	. !
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	* á	-,*	No.
_	section 4911 ► 0 · ; section 4912 ► 0 · ; section 4955 ► 0 ·		ه	
U	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the	Nationalist	نفسكك	
	year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	40b	. 5 .	X
·	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	Mar.	, ,3	5° -,
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the	777	8	,
•	organization	4.	13, 196	Wise J
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	7, 7	g 7	V. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
•	transaction? If "Yes," complete Form 8886-T	40e	52/22-	X
41	List the states with which a copy of this return is filed ▶ See Schedule O	400		
42 a	The organization's books are in care of ► Walter Glover Telephone no. ► 719-6	32-5	551	
		8090		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b		Х
	If "Yes," enter the name of the foreign country:			, 10
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		X
	If "Yes," enter the name of the foreign country:			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here			
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A		
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead			
	of Form 990-EZ	44b		X
	Did the organization receive any payments for indoor tanning services during the year?	44c		X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation			ا. ـــــــا
	in Schedule O	44d		
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
45 D	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section		-	_ 1
	512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		
3321	73	Form 9	90-EZ ((2013)

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Dog	_	4
ran	e	4

	•								Yes	No
46		ganization engage, directly or indirectly, in poli	tical campaign activitie	s on behalf of or ir	oppositio	n to candidates for pi	ublic office?			
_		omplete Schedule C, Part I						46	<u></u>	X
Pa		Section 501(c)(3) organizations	=							
		All section 501(c)(3) organizations must a			-	e the tables for line	es 50 and 51	•		
		Check if the organization used Schedule	O to respond to any	question in this	Part VI .	•			Yes	No
47	Did the or	ganization engage in lobbying activities or havi	e a section 501/h) elec	tion in affect during	a tha tay w	ar? If "Vac " complete	Sch C Bart	II 4 7		X
48		anization engage in lobbying activities of have anization a school as described in section 170(· ·			ar: ir res, complett	o ocii. o, i art	" 48	+	X
	-	ganization make any transfers to an exempt no			_		•	49a		X
		as the related organization a section 527 organ		gamzanon.				49b	+	
50		this table for the organization's five highest co		(other than officer	rs. directors	s, trustees and key en	nolovees) who			more
	-	0,000 of compensation from the organization.		•		s, a do los o divo no, o.		, 000	,,,,,,,,	
		(a) Name and title of each employee	<u></u>	(b) Average	hours	(C) Reportable	(d) Health ben	efits,	(e) Estin	nated
		(,		per week dev		compensation (Forms W-2/1099-MISC)	contributions employee ben	to efit an	nount o	
		NON	E	position	ו	W-2 1033-111100)	plans, and defe compensation		ompens	ation
								\vdash		
						1		一		
						1				
								\neg		
			-							
	-		-:							
f	Total num	ber of other employees paid over \$100,000		•	•					
51	Complete	this table for the organization's five highest co	mpensated independer	nt contractors who	each recei	ved more than \$100,	000 of compe	nsation	from th	е
	organizat	on. If there is none, enter "None." NON	E							
	(a) N	ame and business address of each independer	nt contractor	· _	(b)	Type of service	. (c) Com	pensatio	n
						·				
			·							
		ber of other independent contractors each rec	•							
52		ganization complete Schedule A? Note. All sec	tion 501(c)(3) organiz	ations and 4947(a))(1) nonexe	empt		TT.		–
Undel	charitable penanies o	trusts must attach a completed Schedule A	reino accompanyino scret	ures and statements.	and to the b	est of my knowledge and	bellef, it is vue.	CORRECT	res L	No
Decla	ration of pre	parer (other than officer) is based on all information of w	hich preparer has any kno	wledge		-				
O:	.	Signature of officer				·	Date	14_		
Sig Hei	n	Walton Claren Mrss					•			
1101		Walter Glover, Trea	surer							
		Print/Type preparer's name	Droparar's cianatura		Date	Check	T if TPTIN			
		Transtype preparer Straine	Preparer's signature	1 00	Date	self- emplo				
Pai	d	Laura J. Gillespie	Yawa g t	Tillespie	5/13		′ I	0051	5 <i>6</i>	
Pre	parer		1)	1	3, 13				5604	
Use	Only	Firm's name Deloitte Tax			·····	Firm's EIN	7232			<u> </u>
		Firm's address > 111 S. Wack		1		Phone no.	(312)	48	6-10	00_
	45 - 100 :	Chicago, IL		<u>T</u>		-	<u> </u>	177.		
мау	ine IKS dis	scuss this return with the preparer shown abov	er See instructions		<u> </u>			<u> </u>		No No
								Form	990-EZ	(2013)

SCHEDULE A

(Form 990 or 990-EZ)

Name of the organization

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.

2013

Open to Public Inspection

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

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

United States Olympic and Paralympic

Employer identification number

Foundation 80-0939841

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 11, check only one box.)

1 🖳	A church, co	nvention of churches	s, or association of churc	ches desci	nbed in se	ction 170	(b)(1)(A)(i)					
2 🖳	A school des	cribed in section 17	'0(b)(1)(A)(ii). (Attach Scl	hedule E)								
з 📖	A hospital or	a cooperative hospit	tal service organization o	described	ın section	170(b)(1)	(A)(iii).					
4 📖	A medical res	search organization o	operated in conjunction	with a hos	pıtal desci	nbed in <mark>se</mark>	ction 170	(b)(1)(A)(ii	ii). Enter	the hospital	's name,	
	city, and stat	e:										
5 🔲	An organizati	on operated for the	benefit of a college or ur	niversity ov	wned or op	erated by	a governi	mental un	t describ	ed in		
	section 170	(b)(1)(A)(iv). (Comple	ete Part II.)									
6 🔲	A federal, sta	te, or local governme	ent or governmental unit	described	d in sectio	n 170(b)(1	1)(A)(v).					
7	· ·	•	eives a substantial part					r from the	general	public desc	nbed in	
	_	b)(1)(A)(vi). (Comple	•			9			. .	F		
8 🔲	-		ection 170(b)(1)(A)(vi). (Complete	Part II)							
9 🗔	-		eives: (1) more than 33 1	•	-	rom contri	hitione m	ambarehi	n foor	and arose ro	sounts fro	m
<i>-</i>	•	•	nctions - subject to certa		• •		•		•	Ū	•	
		•	•		•	•				_		
			axable income (less sect	ion o i i ia	x) iroin bu	sinesses a	acquired b	y trie orga	anization	anter June 3	0, 1975.	
10 🗆		509(a)(2). (Complete	<u>=</u>	-	C	·	E00/-V/					
11 🕱	•	•	perated exclusively to tes	•	-			•	4 41			
וז בב	_	•	perated exclusively for the						•			
			ations described in section		•		2). See se c	eue noire	a)(3). Ch	eck the box	tnat	
			organization and comple					.—-				١.
e X	a X Type I	•	•	/pe III - Fui	•	•		• • •		n-functional		tea
e 🕰	-		t the organization is not									
_		=	han one or more publicly		_				9(a)(1) or	section 509	(a)(2).	
f	•		ten determination from t	he IRS tha	at it is a Ty	pe I, Type	II, or Type	e III			г	
	• • •	rganization, check th		_							L	X
g	•		organization accepted an	. •		•		• •			г т-	—
	(i) A perso	n who directly or ind	irectly controls, either al	one or tog	ether with	persons o	described	ın (ıi) and ((iii) below			10
	the gove	erning body of the si	upported organization?							11g(i)		<u>X</u>
	(ii) A family	member of a persor	n described in (i) above?							11g(ii)		X
	(iii) A 35% d	controlled entity of a	person described in (i) o	or (11) above	∍?					11g(iii)		X_
h	Provide the f	ollowing information	about the supported org	ganızatıon((s).							
										 		
(i) Name	of supported	(ii) EIN	(iii) Type of organization		rganization			(vi) Is organizatio		(vii) Amount	of moneta	ary
org	anızatıon		(described on lines 1-9		sted in your			(i) organız	ed in the	sup	port	
			above or IRC section (see instructions))	governing	document?	L <u>``</u>	Supporte	U.S	5,7			
	_		(000 1110111011011011011011)	Yes	No	Yes	No	Yes	No			
Jnite	_		_							İ		_
<u>State</u>	s Olymp	13-1548339	7	X			X	X	<u> </u>	ļ		<u>0.</u>
		ļ							1			
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Total	1	<u></u>	<u></u>					l				<u>0.</u>

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

Schedule A (Form 990 or 990-EZ) 2013

332021 09-25-13

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.)

Sec	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not					į		
	include any "unusual grants.")							
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to					İ		
	the organization without charge							
4	Total. Add lines 1 through 3						· · · · · · · · · · · · · · · · · · ·	
5	The portion of total contributions	,						
	by each person (other than a		, 8	94.5				
	governmental unit or publicly			`,		,		
	supported organization) included		٠, ٠,٠		-			
	on line 1 that exceeds 2% of the	, , ,	,,	,		" .		
	amount shown on line 11,			`, `.	,	,		
	column (f)	,	-	` `				
	Public support. Subtract line 5 from line 4	*						
_	tion B. Total Support				,			
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total	
	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					İ		
	business is regularly carned on							
10	Other income. Do not include gain					l l		
	or loss from the sale of capital					l		
	assets (Explain in Part IV.)							
	Total support. Add lines 7 through 10			•				
	Gross receipts from related activities,	•	•			12		
13	First five years. If the Form 990 is for	-	s first, second, thir	d, fourth, or fifth ta	ex year as a section	n 501(c)(3)	, \Box	
Sec	organization, check this box and store ction C. Computation of Publication		rcentage					
	Public support percentage for 2013 (ookump (fl)		14	0/	
	Public support percentage from 2012		-	Joidinin (i))		15	<u>%</u> %	
			-	n line 13, and line	14 is 33 1/3% or n			
	a 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization							
ь	b 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box							
Ī	and stop here. The organization qual					, or more, encountry	▶ □	
17a	10% -facts-and-circumstances tes	• •	• • •		 13 16a or 16b :	and line 14 is 10%	or more	
	and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization							
h	10% -facts-and-circumstances tes	Ū	•	. , , , ,	J	 17a. and line 15 is 1	10% or	
_	more, and if the organization meets the	_						
	organization meets the "facts-and-circ				•		▶□	
18	Private foundation. If the organization		-	•			· · · •	
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Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 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.)

Celentary year (or fiscal year beginning is) 1 Orits, grants, contributions, and membership fees received. (Do not include any "unusual grants") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's bax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues leved for the organization's baseful and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified paraons D Amounts included on lines 1, 2, and 3 received from disqualified paraons D Amounts included on lines 1, 2, and 3 received from disqualified paraons D Amounts included on lines 1, 2, and 3 received from disqualified paraons D Amounts included on lines 1, 2, and 3 received from disqualified paraons D Amounts included on lines 1, 2, and 3 received from disqualified paraons D Amounts included on lines 1, 2, and 3 received from disqualified paraons D Amounts included on lines 1, 2, and 3 received from disqualified paraons D Amounts included on lines 1, 2, and 3 received from disqualified paraons D Amounts included on lines 1, 2, and 3 received from disqualified paraons D Amounts included on lines 1, 2, and 3 received from disqualified paraons D Amounts included on lines 1, 2, and 3 received from disqualified paraons D Amounts from lines 1 to the second paraons of the secon	1 Gifts, grants, contributions, and membership fees received. (Do not motude any "unusual grants") 2 Gross recepts from admissions, merchandies sold or services performed, of facilities Standed in organization's bareled in organization's bareled in organization's bareled in organization's bareled and enter purpose of sorganization's bareled and enter purpose organization's benefit and either paid to or expended on its obhalf 3 Tax revenues leved for the organization's benefit and either paid to or expended on the obhalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total, Add lines 1 through 5 7 a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from disqualified persons between the support geographs and the other than degratified person that should be grant of the degrated persons that should be grant of the degrated persons that should be grant of the degrated persons that should be grant of the degrated persons that should be grant of the degrated persons that should be grant of the degrated persons that should be grant of the degrated persons that should be grant of the degrated persons that should be grant of the degrated persons that should be grant of the degrated persons that should be grant of the degrated persons the grant of the degrated persons the grant of the degrated persons the grant of the degrated persons the grant of the degrated persons the grant of the degrated persons the grant of the degrated persons the grant of the degrated persons the grant of the degrated persons the grant of the degrated persons the grant of the degrated persons the grant of the degrated persons the grant of the degrated persons the grant of the degrated persons the grant of the degrated persons the grant of the degrated persons the grant of the degrated persons the grant of the degrated persons the grant of the degra	Sec	ction A. Public Support	, p		-	····		
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United States Olympic and Paralympic Schedule A (Form 990 or 990-EZ) 2013 Foundation 80-0939841 Page 4 Part V Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

Open to Public

OMB No 1545-0047

Inspection

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 United States Olympic and Paralympic Foundation

Employer identification number 80-0939841

Form 990-EZ, Part III, Primary Exempt Purpose - The purpose for which the United States Olympic and Paralympic Foundation (USOPF) is organized is to generate philanthropic support for the United States Olympic Committee (USOC).

Form 990-EZ, Part III

Headquartered in Colorado Springs, Colo., the USOPF is a nonprofit organization established in 2013 to transform the level of philanthropic support directed to America's Olympic and Paralympic athletes. The USOC is the sole beneficiary of the Foundation. The USOPF's fundraising initiatives are grounded in the USOC's mission and designed to help American athletes achieve sustained competitive excellence.

The USOPF has entered into a service agreement with the USOC for the purposes of obtaining the use of certain services, personnel, assets and facilities, and the limited right to license and use certain intellectual property of the USOC, in order to assist and/or facilitate the USOPF in the performance of its fundraising mission in the most effective and efficient manner. There was no financial activity under this service agreement during 2013.

Form 990-EZ, Part IV

The business and affairs of the USOPF are managed by or under the direction of the USOPF Board. The activities of the USOPF Board shall LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2013) 332211 09-04-13

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2013

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.us.gov/form9900
United States Olympic and Paralympic Emplo
Foundation 80

Employer identification number 80-0939841

be limited to fundraising, and maintaining and investing endowment funds, for the benefit of the Member. The initial USOPF Board members are Gordon Crawford, Kevin White and Scott Blackmun. Except for the initial members of the USOPF, the number of members of the USOPF Board shall be at least two, and not more than sixty. At December 31, 2013, the USOPF Board was comprised of only the initial board members. The USOPF has one class of membership, which has all voting rights of membership and consists of one corporate member (Member), the USOC. As the sole Member, the USOC has all rights and powers entitled to the Member, including the authority to approve or reject nominations to the USOPF board of directors. Form 990-EZ Part V, Line 41, List of States receiving copy of Form 990-EZ: AK, AZ, CA, CT, DC, FL, GA, HI, IL, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, AR, NC, ND, NH, NJ, NM NY, OH, OR, PA, RI, SC, TN, UT, VA, WA, WI, WV Form 990-EZ, Part V, Information Regarding Personal Benefit Contracts: The organization did not, during the year, receive any funds, directly, or indirectly, to pay premiums on a personal benefit contract. The organization, did not, during the year, pay any premiums, directly, or indirectly, on a personal benefit contract.