Form **8868**

(Rev. January 2024)

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service File a separate application for each return.

Go to 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. 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 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 Name of exempt organization, employer, or other filer, see instructions. Taxpayer identification number (TIN) Type or **Print** 84-1474714 USA BADMINTON File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filina vour ONE OLYMPIC PLAZA return. See instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. 80909 COLORADO SPRINGS, CO Enter the Return Code for the return that this application is for (file a separate application for each return) 01 Application Is For Return | Application Is For Return Code 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) 12 05 Form 8870 Form 990-T (trust other than above) 06 Form 5330 (individual) 13 07 Form 5330 (other than individual) 14 Form 990-T (corporation) Form 1041-A 80 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 JOHN RUGER ONE OLYMPIC PLAZA - COLORADO SPRINGS, CO 80909 Telephone No. 678-358-6855 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 . 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. 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: X calendar year 20 23 or tax year beginning _____ , 20 ____ , and ending __ If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return 2 Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less За

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

using EFTPS (Electronic Federal Tax Payment System). See instructions.

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.

Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by

any nonrefundable credits. See instructions.

Form 8868 (Rev. 1-2024)

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** PUBLIC DISCLOSURE COPY

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury

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

A For the 2023 calendar year, or tax year beginning and ending C Name of organization D Employer identification number Check if applicable Address change USA BADMINTON Name 84-1474714 Doing business as change Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated ONE OLYMPIC PLAZA 678-358-6855 City or town, state or province, country, and ZIP or foreign postal code 2,151,128. **G** Gross receipts \$ X Amended return COLORADO SPRINGS, CO 80909 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: JOHN RUGER Yes X No for subordinates? SAME AS C ABOVE **H(b)** Are all subordinates included? Yes Tax-exempt status: X 501(c)(3) 501(c) ((insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions HTTPS://USABADMINTON.ORG/ H(c) Group exemption number K Form of organization: X Corporation Other L Year of formation: 1937 M State of legal domicile: CO Trust Association Part I Summary Briefly describe the organization's mission or most significant activities: TO FOSTER THE GROWTH OF **Activities & Governance** BADMINTON FROM THE GRASSROOTS LEVEL TO THE OLYMPIC PODIUM. 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 9 3 Number of voting members of the governing body (Part VI, line 1a) 9 Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h **Prior Year Current Year** 282,568. 465,986. Contributions and grants (Part VIII, line 1h) 8 Revenue 799,453. 640,055. Program service revenue (Part VIII, line 2g) 108. 91. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 13,852. 44,996. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 1,095,981 2.151.128 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 356,529. 528,043. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 836,989. 1,529,692. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 2,057,735. 1,193,518. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -97,537. 93,393. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 416,571. 613,318. Total assets (Part X, line 16) 247,881. 351,235 21 Total liabilities (Part X, line 26) 三年 168,690. 262,083 Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury. I shellare 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. Signature of officer Date Sign JOHN RUGER, INTERIM CHIEF EXECUTIVE OFFICER Here Type or print name and title Date PTIN Check Print/Type preparer's name Preparer's signature 05/06/25 self-employed P01429163 BRIDGET HARTNETT BRIDGET HARTNETT Paid Firm's EIN 41-0746749Firm's name CLIFTONLARSONALLEN LLP Preparer Firm's address 293 EISENHOWER PARKWAY, 2ND FLOOR Use Only Phone no. 973-994-9494 LIVINGSTON, NJ 07039 X Yes May the IRS discuss this return with the preparer shown above? See instructions No

Form	990 (2023) USA BADMINTON	84-1474714	Page 2
	t III Statement of Program Service Accomplishments		
_	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		mn a
	USA BADMINTON WILL FOSTER THE GROWTH OF BADMINTON IN THE		TES
	OF AMERICA AND COMPETITIVE EXCELLENCE BY U.S. ATHLETES IN	<u>N</u>	
	INTERNATIONAL AND OLYMPIC COMPETITION.		
2	Did the organization undertake any significant program services during the year which were not listed on the		_
_			s X No
	prior Form 990 or 990-EZ?	Y6	es 🔼 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?	Ye	es 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 r	neasured by expense	s.
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other		
		s, the total expenses,	anu
	revenue, if any, for each program service reported.	1 000	
4a	(Code:) (Expenses \$1,095,260. including grants of \$) (Revenue)		<u>,529.</u>)
	ELITE ATHLETES AND COACHING - PROMOTION OF ATHLETE QUALIF	FICATIONS I	<u>N</u>
	MAJOR INTERNATIONAL COMPETITIONS.		
	106 055	1 2 2	005 /
4b	(Code:) (Expenses \$) (Expenses \$) (Revenue)		<u>,995.</u>)
	MEMBERSHIP - APPROXIMATELY 3,200 MEMBERS RECEIVE THE ORGA	ANTZATION S	
	MEMBER SERVICES.		
			-
4c	(Code:) (Expenses \$ 201,456 • including grants of \$) (Revenue	235	<u>,531.</u>)
	ATHLETE DEVELOPMENT - PROMOTION OF PROGRAMS TO INCREASE		
			<u> </u>
	AND KNOWLEDGE OF THE SPORT OF BADMINTON AND PARA-BADMINTO	ON IN THE	
	UNITED STATES.		
			-
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 1,402,771.		
70	Total program service expenses + / 4 V L / / / L 4		000 (0000)
		Form	990 (2023)

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Form 990 (2023) USA BADMINTO
Part IV Checklist of Required Schedules

USA BADMINTON

Page 3

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			ا
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			3,7
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			 ₩
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			X
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	8		X
9	Schedule D, Part III	 		125
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		x
10	If "Yes," complete Schedule D, Part IV	ا ا		
10	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,	"		
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
_	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	3			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			l
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	4 41:		x
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		
15		15		x
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<u> </u>		
-	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II			Х
		Гои:	990	(0000

Form	990 (2023) USA BADMINTON 84-147	1714	Р	age 4
Par	TIV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			l
	Schedule K. If "No," go to line 25a	24a		<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
_	any tax-exempt bonds?	24c		_
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		-
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			- V
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	0.51		x
00	Schedule L, Part I	25b		<u> </u>
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	26		x
27	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		<u> </u>
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
u	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L. Part IV	28c		Х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			l
	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		37	
Par	Note: All Form 990 filers are required to complete Schedule O **T V Statements Regarding Other IRS Filings and Tax Compliance	38	X	<u> </u>
Fal	Charle if Cahadula O contains a vacanage or note to any line in this Dart V			
	Check if Schedule O contains a response or note to any line in this Part V		 I 	
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
_		_		
b	Enter the number of Fernie W Zer Holdere of Fine real Enter of the cappillation	4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Х	
333004	(gambling) winnings to prize winners?			(2023)
JJ2004	1 15 51 50	1 0111		(

Form 990 (2023) USA BADMINTON
Part V Statements Regarding Other IRS Filings and Tax Compliance

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ıaı	Statements negariting other instrinings and rax compliance (continued)									
20	Enter the number of ampleyees reported on Form W.2. Transmittel of Wags and Tay Statements	ı	1		Yes	No				
Zd	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	12							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return			2b	х					
	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X				
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b						
	At any time during the calendar year, did the organization have an interest in, or a signature or other a									
	financial account in a foreign country (such as a bank account, securities account, or other financial a			4a		Х				
b	If "Yes," enter the name of the foreign country									
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccoun	ts (FBAR).							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х				
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b		X				
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5с						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th	e orga	anization solicit							
	any contributions that were not tax deductible as charitable contributions?			6a		X				
b	If "Yes," did the organization include with every solicitation an express statement that such contributi	ions o	r gifts							
	were not tax deductible?			6b						
7	Organizations that may receive deductible contributions under section 170(c).									
а	$Did the organization \ receive \ a \ payment \ in \ excess \ of \$75 \ made \ partly \ as \ a \ contribution \ and \ partly \ for \ goods \ and \ sense \ sense$	rvices p	provided to the payor?	7a		_X_				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		<u></u>				
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as req	uired							
	to file Form 8282?									
d	d If "Yes," indicate the number of Forms 8282 filed during the year									
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontrac	t?	7e 7f		<u>X</u>				
f	3 , 3 , 1 , 1									
g										
h										
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by th	е	8						
_	sponsoring organization have excess business holdings at any time during the year?									
9	Sponsoring organizations maintaining donor advised funds.			0-						
a	Did the sponsoring organization make any taxable distributions under section 4966?			9a 9b						
ь 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:			an						
а	Initiation fees and capital contributions included on Part VIII, line 12	10a								
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b								
11	Section 501(c)(12) organizations. Enter:									
	Gross income from members or shareholders	11a								
	Gross income from other sources. (Do not net amounts due or paid to other sources against									
	amounts due or received from them.)	11b								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a						
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.									
а	Is the organization licensed to issue qualified health plans in more than one state?			13a						
	Note: See the instructions for additional information the organization must report on Schedule O.									
b	Enter the amount of reserves the organization is required to maintain by the states in which the									
	organization is licensed to issue qualified health plans	13b								
	Enter the amount of reserves on hand	13c	L							
				14a		X				
b	b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O									
15										
	excess parachute payment(s) during the year?									
	If "Yes," see the instructions and file Form 4720, Schedule N.					v				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t incor	ne?	16		X				
If "Yes," complete Form 4720, Schedule O.										
17										
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17						
	If "Yes," complete Form 6069.				000					

Form 990 (2023) USA BADMINTON 84-1474714 Page 0

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						
Sec	tion A. Governing Body and Management										
				Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	9									
	If there are material differences in voting rights among members of the governing body, or if the governing										
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.										
b	Enter the number of voting members included on line 1a, above, who are independent	9									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other										
	officer, director, trustee, or key employee?		2		Х						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervis	ion									
	of officers, directors, trustees, or key employees to a management company or other person?		3		Х						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		Х						
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		Х						
6	Did the organization have members or stockholders?		6	X							
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or										
	more members of the governing body?										
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or										
	persons other than the governing body?		7b		Х						
8	B Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:										
а											
b	Each committee with authority to act on behalf of the governing body?		8b		Х						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the										
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		Х						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)										
				Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?		10a		Х						
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates										
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b								
11a	1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?										
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.										
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	X							
b			12b	X							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe										
	on Schedule O how this was done		12c	X							
13	Did the organization have a written whistleblower policy?		13		X						
14	Did the organization have a written document retention and destruction policy?		14		Х						
15	Did the process for determining compensation of the following persons include a review and approval by independen	ıt									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?										
а	The organization's CEO, Executive Director, or top management official		15a	Х							
b	Other officers or key employees of the organization		15b		Х						
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.										
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a										
	taxable entity during the year?		16a		X						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	n l									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's										
	exempt status with respect to such arrangements?		16b								
Sec	tion C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filed										
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section	n 501(c)(3)s	only)	availal	ole						
	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	financ	cial							
	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										
	JOHN RUGER - 678-358-6855										
	ONE OLYMPIC PLAZA, COLORADO SPRINGS, CO 80909										

Form 990 (2023) USA BADMINTON 84-1474714 Page 7

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 ne	or any related	orga	niza	tion	con	npen	sate	ed any current officer, d	rector, or trustee.	
(A)	(B)				(C) (D)				(E)	(F)
Name and title	Average	(do		itior more) than c	nne	Reportable	Reportable	Estimated	
	hours per	box	, unle	ss pei	rson i	s both	an	compensation	compensation	amount of
	week	-	officer and a direc			ector/trustee)		from	from related	other
	(list any	irecto						the	organizations	compensation
	hours for related	ord	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	ruste	trust		99	nbeu		1099-NEC)	1099-NEC)	and related
	below	lual tr	tional		nploy	yee yee	_	1039-NEO)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) LINDA FRENCH	40.00	_	_		_	1 0	4			
CEO/SECRETARY GENERAL				Х				122,000.	0.	62,745.
(2) KENNETH WONG	1.00									
CHAIR		Х		Х				0.	0.	0.
(3) EVA LEE	1.00									
DIRECTOR		Х						0.	0.	0.
(4) NIBU PAUL	1.00									
DIRECTOR		Х						0.	0.	0.
(5) PHILIP VARGHESE	1.00									
DIRECTOR		Х						0.	0.	0.
(6) PAVAN VEDERE	1.00									
SECRETARY		Х		X				0.	0.	0.
(7) PAULA LYNN O. CAO HOK	1.00									
DIRECTOR		Х						0.	0.	0.
(8) RICHARD ALCARAZ	1.00									
DIRECTOR		Х						0.	0.	0.
(9) IRIS WANG	1.00									
DIRECTOR		Х						0.	0.	0.
(10) PATTY PFLAGING	1.00	1								_
DIRECTOR		Х						0.	0.	0.
		1								
		-								
										_
		-								
	-									
		-								
			\vdash							
		1								
			\vdash							
		1								
		1								

USA BADMINTON 84-1474714 Page 8 Form 990 (2023) Part VII | Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (B) (C) (D) (E) (F) Position Average Name and title Reportable Reportable **Estimated** (do not check more than one hours per compensation compensation amount of box, unless person is both an officer and a director/trustee) week from from related other (list any organizations compensation ndividual trustee or director the hours for organization (W-2/1099-MISC/ from the lighest compensated related nstitutional trustee (W-2/1099-MISC/ 1099-NEC) organization organizations 1099-NEC) and related below organizations line) 122,000. 1b Subtotal 0. 0. c Total from continuation sheets to Part VII, Section A 122,000. 0. d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes No Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on 3 line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Х 4 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services X rendered to the organization? If "Yes." complete Schedule J for such person **Section B. Independent Contractors** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Description of services Name and business address Compensation NONE

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

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Form 990 (2023) USA BADMINTON
Part VIII Statement of Revenue

Pa	LV	/ 1111	_								
			Check if Schedule O c	onta	ains a respo	nse	or note to any lin	e in this Part VIII (A)	(B)	(C)	
								Total revenue	Related or exempt	Unrelated	(D) Revenue excluded
								Total revenue		business revenue	from tax under
											sections 512 - 514
nts ots	1				1a						
ira Our			Membership dues								
S, (Am		С	Fundraising events								
Contributions, Gifts, Grants and Other Similar Amounts					1d						
Si ini		е	Government grants (contri	buti	ons) 1e		88,149.				
ţi S		f	All other contributions, gifts,	grant	s, and						
ᅙ			similar amounts not included	abov	/e 1f		<u>377,837.</u>				
ğ		g	Noncash contributions included in I	ines 1	a-1f 1g	<u> </u>		465 006			
ğ		h	Total. Add lines 1a-1f				I -	465,986.			
							Business Code	1 516 060	1 516 060		
ce	2	а	TOURNAMENT IN					1,516,060.			
er Ie vi		b	MEMBERSHIP RE	V E.	NUE		900099	123,995.	123,995.		
S Fig		С									
la Sev		d				_					
Program Service Revenue		е				_					
۵			All other program service					1 (40 055			
	_		Total. Add lines 2a-2f					1,640,055.			
	3		Investment income (includ	•	•		•	91.			91.
								91.			91.
	4		Income from investment o		•						
	5		Royalties	······	1						
	_				(i) Real		(ii) Personal				
	6		Gross rents	6a							
			Less: rental expenses	6b							
			Rental income or (loss)	6с							
	_		Net rental income or (loss)		(i) Securit		(ii) Other				
	′	а	Gross amount from sales of	7-	(i) Securit	103	(ii) Other				
		h	assets other than inventory Less: cost or other basis	7a							
Ф		D		7b							
ň		_		7c							
Revenue			Net gain or (loss)								
er F	٥		Gross income from fundraisir			·····					
ğ	Ü	u	including \$	9							
Ŭ			contributions reported on								
			Part IV, line 18		,	8a					
		b				8b					
			Net income or (loss) from t			ıts					
	9		Gross income from gamin								
			Part IV, line 19	-		9a					
		b	Less: direct expenses			9b					
			Net income or (loss) from			S					
	10	а	Gross sales of inventory, le	ess r	returns						
			and allowances			10a					
		b	Less: cost of goods sold			10b					
			Net income or (loss) from s			у					
"							Business Code				
Miscellaneous Revenue	11	а	MISCELLANEOUS	R:	EVENUE		900099	44,996.			44,996.
ane		b									
eve		С									
Alis			All other revenue								
-		е	Total. Add lines 11a-11d					44,996.			
	12		Total revenue. See instructio	ns				2,151,128.	1,640,055 .	0.	45,087.

332009 12-21-23

USA BADMINTON Form 990 (2023)

84-1474714 Page **10** 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 (**D**)
Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 184,745. 72,050. 112,695. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 286,751. 111,833. 174,918. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 7,172. 18,389. 11,217. Other employee benefits 9 38,158. 14,882. 23,276. 10 Payroll taxes Fees for services (nonemployees): Management 4,620. 4,620. Legal 37,546. 37,546. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 30,252. 30,252. column (A), amount, list line 11g expenses on Sch O.) 3,461. 3,461. Advertising and promotion 12 5,027. 5,027. Office expenses 13 Information technology 14 15 Royalties 962. 962. 16 Occupancy 287,862. 112,266. 175,596. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates 21 8,073. 8,073. Depreciation, depletion, and amortization 22 10,087. 3,934. 6,153. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 1,015,803. 1,015,803. TOURNAMENT EXPENSE 72,774. OTHER OPERATING EXPENSE 28,382. 44,392. 33,176. 12,939. 20,237. BANK AND MERCHANT FEES COACHING DEPARTMENT 20,049. 20,049. All other expenses 2,057,735. 1,402,771. 654,964. 0. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2023)
Part X | Balance Sheet

USA BADMINTON

84-1474714 Page 11

<u>Par</u>	t X	Balance Sheet					
		Check if Schedule O contains a response or	note to any lir	ne in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			390,606.	1	368,674
	2	Savings and temporary cash investments				2	42,871
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net		1,623.	4	121,698	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, su					
		controlled entity or family member of any of t		5			
	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons descril	oed in section	1 4958(c)(3)(B)		6	
s l	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
AS	9	Duran diel ausgeschaft der			9,936.	9	41,641
	10a	Land, buildings, and equipment: cost or othe					
		basis. Complete Part VI of Schedule D		92,424.			
	b	Less: accumulated depreciation	10b	92,424. 54,490.	13,906.	10c	37,934
	11	Investments - publicly traded securities			-	11	-
	12	Investments - other securities. See Part IV, Iir			12		
	13	Investments - program-related. See Part IV, lii			13		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		500.	15	500	
	16	Total assets. Add lines 1 through 15 (must e			416,571.	16	613,318
	17	Accounts payable and accrued expenses			106,657.	17	186,090
	18	Grants payable			18		
	19	Deferred revenue	141,224.	19	165,145		
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Comple			21		
ا م	22	Loans and other payables to any current or fo					
<u> </u>		trustee, key employee, creator or founder, su					
Liabilities		controlled entity or family member of any of t	nese persons			22	
֓֞֜֞֜֞֜֞֜֞֜֞֜֞֜֞֜֞֜֞֜֞֜֡֡֡֡֡֡	23	Secured mortgages and notes payable to uni	elated third p			23	
	24	Unsecured notes and loans payable to unrela	ted third part	ies		24	
	25	Other liabilities (including federal income tax,	payables to r				
		parties, and other liabilities not included on li	nes 17-24). Co	omplete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			247,881.	26	351,235
		Organizations that follow FASB ASC 958, o		X			
Ses		and complete lines 27, 28, 32, and 33.					
auc	27	Net assets without donor restrictions			145,190.	27	262,083
ספ	28	Net assets with donor restrictions	23,500.	28	0		
		Organizations that do not follow FASB ASG					
ב		and complete lines 29 through 33.					
5	29	Capital stock or trust principal, or current fun	ds			29	
Ser.	30	Paid-in or capital surplus, or land, building, or				30	
Ž	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			168,690.	32	262,083
-	33	Total liabilities and net assets/fund balances			416,571.	33	613,318
					-	•	Form 990 (20)

	1990 (2023) USA BADMINTON	84-147	4714	Pag	ge 12		
Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,15				
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,05				
3	Revenue less expenses. Subtract line 2 from line 1	3			<u>93.</u>		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	16	8,6	<u>90.</u>		
5	Net unrealized gains (losses) on investments	5					
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	coluṃn (B))	10	26	2,0	83.		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII				X		
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		<u>X</u>		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b	Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,					
	consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c	X	<u></u>		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the						
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?						
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3b		<u> </u>		

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

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.

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Employer identification number

Open to Public Inspection

		USA	BADMINTON					8	4-14747	714			
Pa	rt I	Reason for Public (Charity Status.	All organizations must c	omplete th	nis part.) S	ee instructions						
The o	organ	ization is not a private found	ation because it is: (F	For lines 1 through 12, cl	heck only	one box.)							
1		A church, convention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1	I)(A)(i).						
2		A school described in sect					X X /						
3		A hospital or a cooperative		•		(b)(1)(A)(ii	ii).						
4		A medical research organiz					•	iii). Enter	the hospital's	s name.			
•		city, and state:	a operatea ee.	, amonomom man a moopman		000110		,	and modpital s	,,			
5		An organization operated for	or the benefit of a col	lege or university owned	l or operat	ed by a go	vernmental uni	t describe	-d in				
J		section 170(b)(1)(A)(iv). (C		loge of aniversity owner	or operat	ca by a go	verimental am	t describe	, u				
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
6													
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). (C											
8		A community trust describe											
9		An agricultural research org				-		-	_				
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of th	ne college	or				
	- T-	university:											
10	X	An organization that norma											
		activities related to its exen	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	support fr	om gross inv	restment			
		income and unrelated busing	ness taxable income	(less section 511 tax) fro	m busines	ses acquii	red by the orga	.nization a	fter June 30,	1975.			
		See section 509(a)(2). (Con	mplete Part III.)										
11		An organization organized a	and operated exclusi	vely to test for public sat	fety.See	section 50	09(a)(4).						
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	he functior	ns of, or to carr	y out the	purposes of o	one or			
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section	509(a)(2).	See section 50)9(a)(3). 🤇	Check the box	x on			
		lines 12a through 12d that	describes the type of	f supporting organizatior	and com	plete lines	12e, 12f, and 1	l2g.					
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	orted orga	anization(s), typ	oically by	giving				
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority o	of the direc	tors or trustees	s of the su	pporting				
		organization. You must o	complete Part IV, Se	ections A and B.									
b		Type II. A supporting org	anization supervised	or controlled in connect	ion with it	s supporte	ed organization((s), by hav	ing ·				
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manage	e the supr	orted				
		organization(s). You mus	t complete Part IV,	Sections A and C.									
С		Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functionally	integrate	ed with,				
		its supported organization	-				•	· ·					
d		Type III non-functionally						ed organiz	zation(s)				
		that is not functionally int						-					
		requirement (see instructi	•	• ,	•		•						
е		Check this box if the orga	anization received a v	vritten determination from	m the IRS	that it is a	Type I, Type II,	Type III					
		functionally integrated, or											
f	Ente	er the number of supported o		, , , , , , , , , , , , , , , , , , , ,									
g	Prov	ride the following information	about the supporte	d organization(s).									
	(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of r	nonetary	(vi) Amoun	t of other			
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ins	tructions)	support (see i	nstructions)			
							İ						

332021 12-21-23

Schedule A (Form 990) 2023	USA BADMIN	TON			84-147	4714 Page 2
Part II Support Schedule for	· Organizations	Described in	-		d 170(b)(1)(A)(vi	
(Complete only if you check			-	n failed to qualify	under Part III. If the	organization
fails to qualify under the tese Section A. Public Support	is listed below, plea	ise complete Part i	II.)			
Calendar year (or fiscal year beginning in)	(2) 2010	(b) 2020	(a) 2021	(d) 2022	(a) 2023	(f) Total
, , , , , ,	(a) 2019	(b) 2020	(c) 2021	(u) 2022	(e) 2023	(I) TOTAL
 Gifts, grants, contributions, and membership fees received. (Do not 						
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						
the organization without charge						
•						
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						
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
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	s, etc. (see instruction	ons)			12	
13 First 5 years. If the Form 990 is for	the organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)	
organization, check this box and sto	op here					
Section C. Computation of Pub	lic Support Per	centage				
14 Public support percentage for 2023	(line 6, column (f), c	livided by line 11,	column (f))			%
15 Public support percentage from 202						%
16a 33 1/3% support test - 2023. If the				14 is 33 1/3% or n	nore, check this box	and
stop here. The organization qualifies						
b 33 1/3% support test - 2022. If the						
and stop here. The organization qua						
17a 10% -facts-and-circumstances tes	t - 2023. If the ord	anization did not o	check a box on line	e 13. 16a. or 16b.	and line 14 is 10% o	or more.

Schedule A (Form 990) 2023

and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization

b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the

meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

 Schedule A (Form 990) 2023

USA BADMINTON

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

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

Se	qualify under the tests listed be ction A. Public Support	elow, please comp	lete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and	(4) = 3 : 3	(2) = 3 = 3	(0) = 0 = 1	(4) = = =	(0) = 0 = 0	(1) 10 10.
·	membership fees received. (Do not						
	include any "unusual grants.")	315,884.	214,288.	256,827.	282,568.	465,986.	1535553.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	772,281.	160,508.	296,067.		1640055.	
3	Gross receipts from activities that	77272020	200,000	230,00,0	, , , , , , , , , , , , , , , , , , , ,		3000001
J	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	1088165.	374,796.	552,894.	1082021.	2106041.	5203917.
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
k	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				227.321.	280,467.	507.788.
(Add lines 7a and 7b				227,321.	280,467.	507,788.
	Public support. (Subtract line 7c from line 6.)				, -		4696129.
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6	1088165.	374,796.	552,894.	1082021.	2106041.	5203917.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	187.			108.	91.	386.
t	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
(Add lines 10a and 10b	187.			108.	91.	386.
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on			99,997.		0.	99,997.
12	Other income. Do not include gain or loss from the sale of capital			75,5511	13,852.	44,996.	58,848.
10	assets (Explain in Part VI.)	1088352.	374,796.	652,891.	1095981.	2151128.	5363148.
	Total support. (Add lines 9, 10c, 11, and 12.)		•				
14	First 5 years. If the Form 990 is for the	· ·		•		. , . ,	
90	check this box and stop here ction C. Computation of Publi	c Support Per					
	•			l (f)		15	87.56 %
	Public support percentage for 2023 (I		•				
	Public support percentage from 2022 ction D. Computation of Inves					16	92.10 %
	•			20 13 column (f)		17	.01 %
	Investment income percentage for 20 Investment income percentage from 20					18	.01 %
	33 1/3% support tests - 2023. If the					-	, -
	more than 33 1/3%, check this box ar	nd stop here. The	organization qualif	ies as a publicly s	upported organizat	tion	X
k	33 1/3% support tests - 2022. If the						
	line 18 is not more than 33 1/3%, che						
00	Private foundation. If the organization	n did not check a l	hox on line 14 19a	or 19b check th	is box and see inst	tructions	

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
_		
1		
2		
3a		
3b		
20		
3с		
4a		
4b		
4-		
4c		
5a		
5b		
5c		
6		
7		
8		
,		
9a		
9b		
0-		
9c		
10a		
10b		
A /Farm	~ ^^^	2022

332024 12-21-23

332025 12-21-23

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

84-1474714 Page 6 USA BADMINTON Schedule A (Form 990) 2023 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 」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) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 2 Recoveries of prior-year distributions **3** Other gross income (see instructions) 3 4 Add lines 1 through 3. 5 5 Depreciation and depletion Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 3 Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Multiply line 5 by 0.035. 6 6 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount Current Year 1 1 Adjusted net income for prior year (from Section A, line 8, column A) 2 Enter 0.85 of line 1. 2 3 Minimum asset amount for prior year (from Section B, line 8, column A) Enter greater of line 2 or line 3. 4

Schedule A (Form 990) 2023

5

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Income tax imposed in prior year

instructions)

emergency temporary reduction (see instructions)

Distributable Amount. Subtract line 5 from line 4, unless subject to

5

6

6 Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6.

(provide details in Part VI). See instructions.

8 Distributions to attentive supported organizations to which the organization is responsive

7

84-1474714 Page 7 USA BADMINTON Schedule A (Form 990) 2023 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** 1 1 Amounts paid to supported organizations to accomplish exempt purposes 2 Amounts paid to perform activity that directly furthers exempt purposes of supported 2 organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5

9	Distributable amount for 2023 from Section C, line 6	9			
10	Line 8 amount divided by line 9 amount		10		
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2023	ıs	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
_3	Excess distributions carryover, if any, to 2023				
a	From 2018				
b	From 2019				
c	From 2020				
d	From 2021				
e	From 2022				
f	Total of lines 3a through 3e				
<u>g</u>	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2023 distributable amount				
i_	Carryover from 2018 not applied (see instructions)				
_ <u>i</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2019				
b	Excess from 2020				
c	Excess from 2021				
d	Excess from 2022				

Schedule A (Form 990) 2023

6

7

8

e Excess from 2023

Schedule A	(Form 990) 2023	USA	BADMINTON	84-1474714 Page 8
Part VI	Supplementa Part IV, Section A line 1; Part IV, Sec	, lines 1, 2, 3b, 3d ction D, lines 2 ar , 6, and 8; and Pa	Provide the explanations required by Part II, line 10; Part II, line 17a; 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, line d 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section E, lines 2, 5, and 6. Also complete this part for any addi	or 17b; Part III, line 12; s 1 and 2; Part IV, Section C, rt V, Section B, line 1e; Part V,
	(See Instructions.)			
-				

Schedule B

(Form 990)

Schedule of Contributors

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information.

USA BADMINTON

Employer identification number

	USA BADMINTON	84-1474714
Organization type (chec	ck one):	
Filers of:	Section:	
Form 990 or 990-EZ	\overline{X} 501(c)($\overline{3}$) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	١
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
Note: Only a section 50	on is covered by the General Rule or a Special Rule. 1(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Spe	cial Rule. See instructions.
General Rule		
_	ation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions any one contributor. Complete Parts I and II. See instructions for determining a contr	
Special Rules		
sections 509(a) contributor, du	ation described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support of the section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support of (1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 1 ring the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount of the section 1. Complete Parts I and II.	16b, and that received from any one
contributor, du literary, or educ	ation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received ring the year, total contributions of more than \$1,000 exclusively for religious, charitate cational purposes, or for the prevention of cruelty to children or animals. Complete Pan (b) instead of the contributor name and address), II, and III.	able, scientific,
year, contributi is checked, ent purpose. Don't	ation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received fons exclusively for religious, charitable, etc., purposes, but no such contributions tot ter here the total contributions that were received during the year for an exclusively recomplete any of the parts unless the General Rule applies to this organization becautable, etc., contributions totaling \$5,000 or more during the year	taled more than \$1,000. If this box religious, charitable, etc., ause it received <i>nonexclusively</i>
answer "No" on Part IV,	n that isn't covered by the General Rule and/or the Special Rules doesn't file Schedu line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990 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)

Schedule B (Form 990) (2023)

	. 490
Name of organization	Employer identification number
USA BADMINTON	84-1474714

Part I	Contributors (see instructions). Use duplicate copies of Part I if ac	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	— 1
1		Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	<u> </u>
2		\$ 88,149. Person X Payroll Occupant Payroll Occupant If for noncash contributions.)	J
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	_
3		Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a)	(b)	(c) (d)	
No. 4	Name, address, and ZIP + 4	Total contributions Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	
5		\$ 8,800. Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	
6		Person X Payroll Noncash (Complete Part II for noncash contributions.)	

323452 12-26-23

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023) Page 2

	9-
Name of organization	Employer identification number
USA BADMINTON	84-1474714

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

323452 12-26-23

Schedule B (Form 990) (2023)

Name of organization

Employer identification number

84-1474714

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

Page 4 Schedule B (Form 990) (2023) Name of organization **Employer identification number** USA BADMINTON 84-1474714 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE 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

Employer identification number

Name of the organization

IISA BADMINTON 84-1474714

Pai	t 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.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	-	
	are the organization's property, subject to the organization's e		
6	Did the organization inform all grantees, donors, and donor ad	lvisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose	conferring
D			
Pai			Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recreati	· —	f a historically important land area
	Protection of natural habitat	Preservation of	f a certified historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified	ed conservation contribution in the form	Held at the End of the Tax Year
_	day of the tax year.		
a			
b		eture included on line On	
c.	Number of conservation easements on a certified historic structure of conservation easements included on line 20 acquire		2c
d	Number of conservation easements included on line 2c acquir	•	2d
3	on a historic structure listed in the National Register	ased extinguished or terminated by the	
3		ased, extiliguished, or terminated by the	organization during the tax
4	year Number of states where property subject to conservation ease	ement is located	
5	Does the organization have a written policy regarding the period		
J	violations, and enforcement of the conservation easements it I		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h		
_			
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and enforcing conserva	tion easements during the vear
	3, 1 3,	, ,	g ,
8	Does each conservation easement reported on line 2d above s	satisfy the requirements of section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	n easements in its revenue and expense	statement and
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's financial statem	ents that describes the
	organization's accounting for conservation easements.		
Pai			her Similar Assets.
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958	s, not to report in its revenue statement a	and balance sheet works
	of art, historical treasures, or other similar assets held for publ	ic exhibition, education, or research in fu	ırtherance of public
	service, provide in Part XIII the text of the footnote to its finance	cial statements that describes these item	is.
b	If the organization elected, as permitted under FASB ASC 958	s, to report in its revenue statement and	palance sheet works of
	art, historical treasures, or other similar assets held for public e	exhibition, education, or research in furth	nerance of public service,
	provide the following amounts relating to these items.		
	(i) Revenue included on Form 990, Part VIII, line 1		\$
2	If the organization received or held works of art, historical treas	•	l gain, provide
	the following amounts required to be reported under FASB AS	_	•
a	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		\$

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

Schedule D (Form 990) 2023

Sche	dule D (Form 990) 2023 USA BAD						84	-14	74714	Į Р	age 2
Par	t III Organizations Maintaining C	collections of Ar	t, Hist	orical Tre	asures, or	Other	Similar A	ssets	(contin	ued)	
3	Using the organization's acquisition, accessi collection items (check all that apply). Public exhibition	·	·	·	· ·	J	nificant use	of its			
a											
b											
C	Preservation for future generations	. Haraki ara ara ali ara ali ata		6		. 1		- D4	NZIII		
4	Provide a description of the organization's co							n Part	XIII.		
5	During the year, did the organization solicit of								7		٦
Dai	to be sold to raise funds rather than to be ma						000 Da		_ Yes		<u>No</u>
ı aı	reported an amount on Form 990, Pa		ite ii trie	organization	i ariswered i	es on re	omi 990, Pa	rt IV, III	ie 9, or		
10			dian, for	contribution	o or other see	oto not ir	noludod				
ıa	Is the organization an agent, trustee, custodi		-						Yes		No
	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII							∟	_ res		_ NO
D	ii res, explain the arrangement in Part Alli	and complete the lo	ilowing t	abie.					Amount		
_	Paginning halance						10		7 (1110 (111		
c C	Beginning balance						1c				
u	Additions during the year						1e				
f	Distributions during the year						1f				
	Ending balance Did the organization include an amount on F								Yes	$\overline{}$	No
	If "Yes," explain the arrangement in Part XIII.					•		ட	_		
Par	' - ' - ' .										
		(a) Current year		Prior year	(c) Two years		d) Three years	s back	(e) Four	years	back
1a	Beginning of year balance	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	` '		, ,	<u> </u>	•		,		
b	Contributions										
c	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
_	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr		e (line 1	a. column (a)) held as:						
а	Board designated or quasi-endowment	•	%								
b	Permanent endowment	%									
С	Term endowment	 %									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
За	Are there endowment funds not in the posse	ssion of the organiza	ation tha	t are held ar	nd administere	ed for the					
	organization by:	· ·							ſ	Yes	No
	(i) Unrelated organizations?								3a(i)		
	(ii) Related organizations?								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requir	ed on S	chedule R?					3b		
4	Describe in Part XIII the intended uses of the										
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answere	d "Yes" on Form 990), Part IV	/, line 11a. S	see Form 990,	Part X, lii	ne 10.				
	Description of property	(a) Cost or o basis (investr			or other (other)		cumulated reciation		(d) Bool	valu	е
1a	Land										
b	Buildings										
С	Leasehold improvements										
d	Equipment			5	8,088.		20,154	•	3	7,9	34.
	-	ı		່ າ	1 226		21 226	- 1			Λ

Schedule D (Form 990) 2023

37,934.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))

	(Form 990) 2023 USA BADMINT	ON		84-1474714 Page 3
Part VII				
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Descrip	otion of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
	al derivatives			
	held equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
<u>(F)</u>				
(G)				
(H)	"			
	b) must equal Form 990, Part X, line 12, col. (B)) Investments - Program Related.			
rait VIII	Complete if the organization answered "Yes"	on Form 000 Part IV line	11c Soc Form 900 Part V line 13	
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
(4)	(a) Description of investment	(b) Dook value	(c) Wethod of Valuation. Cost of	end-or-year market value
<u>(1)</u>				
(2)				
(3)				
<u>(4)</u>				
<u>(5)</u>				
<u>(6)</u>				
<u>(7)</u>				
<u>(8)</u> (9)				
	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.	
	-) Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colu	umn (b) must equal Form 990, Part X, line 15, co	ol. (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) Fed	deral income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	<u>ımn (b) must equal Form 990, Part X, line 25, c</u>			
	for uncertain tax positions. In Part XIII, provid			
organiz	ation's liability for uncertain tax positions unde	r FASB ASC 740. Check he	ere if the text of the footnote has been	n provided in Part XIII X

Schedule D (Form 990) 2023

84-1474714 Page 4 USA BADMINTON Schedule D (Form 990) 2023 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. 2,151,128. Total revenue, gains, and other support per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2 a Net unrealized gains (losses) on investments Donated services and use of facilities 2b 2c Recoveries of prior year grants Other (Describe in Part XIII.) Add lines 2a through 2d 2e 2,151,128. Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) 4c c Add lines 4a and 4b 2.151 Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12 5 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. 2,057,735. Total expenses and losses per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2a **b** Prior year adjustments 2b 2c **d** Other (Describe in Part XIII.) Add lines 2a through 2d 2e 2,057,735. 3 Subtract line 2e from line 1 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a **b** Other (Describe in Part XIII.) c Add lines 4a and 4b 4c Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.) 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 XI, 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: USA BADMINTON IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. USA BADMINTON FOLLOWS ACCOUNTING STANDARDS THAT PROVIDE CLARIFICATION ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN USA BADMINTON'S FINANCIAL STATEMENTS. THE GUIDANCE PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR THE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN, OR EXPECTED TO BE TAKEN, IN A TAX RETURN, AND ALSO PROVIDES GUIDANCE ON DERECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES, DISCLOSURE AND TRANSITION. USA BADMINTON'S POLICY IS TO RECOGNIZE INTEREST AND PENALTIES ON UNRECOGNIZED TAX BENEFITS IN

INCOME TAX EXPENSE. NO INTEREST AND PENALTIES WERE RECORDED DURING THE

YEAR ENDED DECEMBER 31, 2023. AT DECEMBER 31, 2023, THERE ARE NO	Schedule D (Form 990) 2023 USA BADMINTON	84-1474714 Page 5
CTONTETCANE THOOME MAY INCEDENTINETEC	Part XIII Supplemental Information (continued)	
SIGNIFICANT INCOME TAX UNCERTAINTIES.	YEAR ENDED DECEMBER 31, 2023. AT DECEMBER 31, 2023, THERE ARI	E NO
	SIGNIFICANT INCOME TAX UNCERTAINTIES.	

SCHEDULE J (Form 990)

Compensation Information

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

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

Attach to Form 990.

2023

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

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

USA BADMINTON

 $Employer\ identification\ number \\ 84-1474714$

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

LHA 332111 11-06-23

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

Schedule J (Form 990) 2023

Schedule J (Form 990) 2023 USA BADMINTON 84-1474714

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.

Compensation Comp			(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
CEO/SECRETARY GENERAL (II) O.			(i) Base compensation	incentive	reportable	compensation			reported as deferred on prior Form 990
CBO/SECRETARY GENERAL 01) 0. 0. 0. 0. 0. 0. 0. 0	(1) LINDA FRENCH	(i)	122,000.		0.	59,745.	3,000.	184,745.	0.
	CEO/SECRETARY GENERAL		0.	0.	0.		0.		0.
		(i)							
		(i)							
		(i)							
		(ii)							
		(i)							
		(ii)							
(ii) (iii) (
(ii) (iii) (
(i) (ii) (ii) (iii) (iiii) (iiii) (iiii) (iiiii) (iiiiii) (iiiiiii) (iiiiiiii									
(i) (i) (ii) (ii) (iii) (iiii) (iiii) (iiii) (iiii) (iiiii) (iiiiii) (iiiiiii) (iiiiiiii									
(i) (ii) (ii) (iii) (iii									
(i) (i) (ii) (ii) (iii) (iiii) (iiii) (iiii) (iiiii) (iiiiii) (iiiiiiii									
(i) (ii) (ii) (iii) (iii									
(i) (i) (ii) (ii) (iii) (iiii) (iiii) (iiii) (iiiii) (iiiiii) (iiiiiiii									
(i)									
(i) (i) (ii) (ii) (ii) (iii) (iii) (iii) (iiii) (iiiiiiii									
(i) (ii) (ii) (iii) (iii) (iii) (iiii) (iiii) (iiiiii) (iiiiiii) (iiiiiiii									
(ii) (i) (ii)									
(i)									
		(i) (ii)							

Page 2

Schedule J (Form 990) 2023 USA BADMINTON	84-1474714	Page 3
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 the	nis part for any additional information.	
PART I, LINE 3:		
THE BOARD OF DIRECTORS IS CHARGED WITH CONDUCTING AN ANNUAL REVIEW OF THE		
CEO'S PERFORMANCE AND A RECOMMENDATION REGARDING COMPENSATION.		

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2023
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

USA BADMINTON

Employer identification number 84-1474714

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

MEMBERS CONSIST OF COACHES, TECHNICAL OFFICIALS, ATHLETES AND GENERAL

MEMBERS.

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

MEMBERS CAN VOTE FOR THE BOARD OF DIRECTORS IN THEIR RESPECTIVE CATEGORIES.

FORM 990, PART VI, SECTION A, LINE 8B:

THERE SHALL BE NO EXECUTIVE COMMITTEE OR OTHER COMMITTEE(S) WITH MANAGEMENT

AUTHORITY DELEGATED BY THE BOARD.

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

THE FINANCIAL AUDIT COMMITTEE MEMBERS AND CEO ARE THE PRIMARY REVIEWERS OF

THE FORM 990.

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

THE ETHICS COMMITTEE OF THE BOARD OF DIRECTORS IS CHARGED WITH THE

OVERSIGHT OF THE CONFLICT OF INTEREST ISSUES FOR BOARD MEMBERS, STAFF AND

VOLUNTEERS. ALL BOARD MEMBERS, CANDIDATES FOR BOARD OFFICES, AND PAID STAFF

ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST STATEMENT THAT IS REVIEWED

BY THE ETHICS COMMITTEE. ALL CURRENT BOARD MEMBERS AND FULL TIME STAFF HAVE

COMPLETED THE REQUIRED FORMS AND THOSE FORMS ARE ON FILE. IN ADDITION, THE

BYLAWS EMPOWER THE ETHICS COMMITTEE TO ENSURE COMPLIANCE ON ALL BOARD

MEMBERS AND STAFF REGARDING ISSUES OF "MATERIAL BENEFIT" CONFLICTS OF

INTEREST, AND THE ETHICS COMMITTEE IS CHARGED WITH ADMINISTERING AND

MAINTAINING THE CODE OF ETHICS OF THE ORGANIZTAION

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

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023	Page 2
Name of the organization USA BADMINTON	Employer identification number 84-1474714
FORM 990, PART VI, SECTION B, LINE 15A:	
THE BOARD OF DIRECTORS IS CHARGED WITH CONDUCTING AN ANNUA	L REVIEW OF THE
CEO'S PERFORMANCE AND A RECOMMENDATION REGARDING COMPENSAT	ION.
FORM 990, PART VI, SECTION C, LINE 19:	
GOVERNING DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON	REQUEST.
FORM 990, PART XII, LINE 2C.	
THE OVERSIGHT PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.	
FORM 990 ITEM B PAGE 1	
AN AMENDED 990 WAS FILED IN REGARDS TO THIS ORGANIZATION.	CHANGES WERE
MADE TO EXPENSES ACCOUNTS PAYABLE AND ACCRUED EXPENSES, NE	T ASSETS, AND
OTHER ITEMS TO AGREE TO THE AUDITED 2023 FINANCIAL STATEME	NTS.

Schedule O (Form 990) 2023

STATE OF CALIFORNIA RRF-1

(Rev. 01/2024)

MAIL TO: Registry of Charities and Fundraisers P.O. Box 903447 Sacramento, CA 94203-4470

STREET ADDRESS: 1300 I Street Sacramento, CA 95814

WEBSITE ADDRESS: www.oag.ca.gov/charities

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code 11 Cal. Code Regs. sections 301-307, and 310

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

DEPARTMENT OF JUSTICE
PAGE 1 of 5 (For Registry Use Only)

Change of address Amended report Crash Report		Check if:					
Organization requests email notifications Organization requests email notifications		Change of address					
State Charity Registration Number 0.251578		Amended report					
ONE OLYMPIC PLAZE Address Pulmier and Street COLORADO SPRINGS CO 80909	Name of Organization	Org	ganization requests email notifi	ications			
COLORADO SPRINGS, CO 80909 City to Time, State, and 2P Color TOTAL Revenue Less than \$50,000 and \$10,000 \$50 Between \$50,000 and \$50,000	List all DBAs and names the organization uses or has used						
COLORADO SPRINGS, CO 80909 City to Time, State, and 2P Color TOTAL Revenue Less than \$50,000 and \$10,000 \$50 Between \$50,000 and \$50,000	ONE OLVMPTO PLAZA	State Ch	arity Posistration Number	0251578			
Total Revenue For your most recent full accounting period. For your most recent full accounting the sense For your most recent full accounting period. For your most recent full accounting the sense For your most recent fu		State On	anty negistration number	0231370			
Total Revenue	COLORADO SPRINGS, CO 80909	Corporat	ion or Organization No. 3995	7822			
ANNUAL REGISTRATON RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, and 310) Make Check Payable to Department of Justice Total Revenue Fee Less than \$50,000 and \$100,000 \$50 Between \$1,000,001 and \$250 million \$50 Between \$100,001 and \$250 million \$100 Between \$250 million		Corporat					
ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, and 310) Make Check Payable to Department of Justice Total Revenue Fee Less than \$50,000 and \$100,000 \$50 Between \$50,000 and \$100,000 \$50 Between \$100,001 and \$250,001 and \$1 million \$400 Between \$20,000,001 and \$250 million \$400 Between \$100,000 and \$250 million \$400 Between \$100,000 and \$250 million \$400 Between \$100,000 and \$250 million \$400 Between \$20,000,001 and \$250 million \$400 Between \$100,000,001 and \$250 million \$400 Between \$100,000,001 and \$250 million \$400 Between \$100,000,001 and \$250 million \$400 Between \$400,000,001 and \$400 Between \$400,000,001 and \$400 Between \$400,000,001 and \$400 Between \$400,000,001 and \$400 Between \$400,000 Between \$400,000 Between \$400,000 Between \$400,000 Between \$40	678-358-6855 •ORG	Federal E	Employer ID No. 84-1474	1714			
Total Revenue September Se	Telephone Number E-mail Address						
Between \$50,000 and \$100,000 \$55 Between \$5,000,001 and \$100,000 St.000 Between \$100,001 and \$250,000 \$75 Between \$1,000,001 and \$20 million \$200 Between \$100,000 and \$250,000 \$75 Between \$1,000,001 and \$20 million \$1,000 St.200 St.000 St.200				10)			
Between \$50,000 and \$100,000 \$55 Between \$5,000,001 and \$100,000 St.000 Between \$100,001 and \$250,000 \$75 Between \$1,000,001 and \$20 million \$200 Between \$100,000 and \$250,000 \$75 Between \$1,000,001 and \$20 million \$1,000 St.200 St.000 St.200	Total Revenue Fee Total Revenue	Fee	Total Revenue		Fee	Э	
Between \$100,001 and \$250,000 \$75 Between \$5,000,001 and \$20 million \$400 Greater than \$500 million \$1,200 PART A - ACTIVITIES Total Revenue (Million of the Control of Contro	Less than \$50,000 \$25 Between \$250,001 and \$1 million	\$100	Between \$20,000,001 and	\$100 million	\$80	00	
PART A - ACTIVITIES For your most recent full accounting period (beginning01/01/2023ending12/31/2023) list: Total Revenue				s \$500 million			
For your most recent full accounting period (beginning 01/01/2023 ending 12/31/2023) list: Total Revenue Program Expenses 2 , 151 , 128 Noncash Contributions 0 Total Expenses 613 , 318 Program Expenses 1 , 402 , 771 Total Expenses 2 , 057 , 735	Between \$100,001 and \$250,000 \$75 Between \$5,000,001 and \$20 milli	on \$400	Greater than \$500 million		\$1,	200	
Total Revenue (recluding process) to 2 , 151 , 128 Noncash Contributions \$ 0 Total Assets \$ 613 , 318 Program Expenses \$ 1 , 402 , 771 Total Expenses \$ 2 , 057 , 735 PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT Note: All questions must be answered. If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required. Yes No 1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest? 2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds? 3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? 4. During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used? 5. During this reporting period, did the organization receive any governmental funding? 6. During this reporting period, did the organization hold a raffle for charitable purposes? 7. Does the organization conduct a vehicle donation program? 8. Did the organization conduct a vehicle donation program? 8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period? 9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets? 1. A the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets? 2. A the end of this reporting period, and I am authorized to sign. 1. INTERIM CHIEF 1. A th							
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USA BADMINTON 84-1474714

CA RRF-1 INFORMATION REGARDING GOVERNMENTAL FUNDING STATEMENT 1
PART B, LINE 5

THE ORGANIZATION RECEIVED EMPLOYER RETENTION TAX CREDITS IN 2023.