Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2024

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

Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

\overline{A}	For the	2024 calend	dar year, or tax year beginning , 2024, and ending	g		, 20			
В		applicable:	C Name of organization UNITED STATES ANTI-DOPING AGENCY]	D Emplo	oyer identification number			
П	Address		Doing business as			84-1541903			
H	Name ch			oom/suite	ite E Telephone number				
H	Initial ret	•	5555 TECH CENTER DRIVE, SUITE 200			(719) 785-2000			
H		urn/terminated	City or town, state or province, country, and ZIP or foreign postal code			()			
H	Amende		COLORADO SPRINGS, CO 80919		G Gross	receipts \$ 33,689,824			
H		ion pending	F Name and address of principal officer: TRAVIS T TYGART	H(a) Is this a gro					
ш	пррпоц	ion pending	SAME AS C ABOVE	i		es included? Yes No			
$\overline{\Gamma}$	Tax-exe	mpt status:	▼ 501(c)(3)	─ ' '		st. See instructions.			
		· WWW.US		H(c) Group ex					
ĸ		organization: 🗸				of legal domicile: CO			
	art I	Summa	· · · · · · · · · · · · · · · · · · ·						
	1		cribe the organization's mission or most significant activities: PRESE	RVE THE INTE	GRITY C	OF COMPETITION,			
ě			RUE SPORT, PROTECT THE RIGHTS OF U.S. ATHLETES						
Governance									
ern	2	Check this	box if the organization discontinued its operations or disposed or	f more than 25	% of its	s net assets.			
Š	3				3	12			
۵	4		independent voting members of the governing body (Part VI, line 1b)		4	12			
Activities &	5		per of individuals employed in calendar year 2024 (Part V, line 2a)		5	161			
ξ	6		per of volunteers (estimate if necessary)		6	800			
Act	7a		ated business revenue from Part VIII, column (C), line 12		7a	0			
	b		ted business taxable income from Form 990-T, Part I, line 11		7b	0			
σ.				Prior Year	. '	Current Year			
	8	Contribution	15,2	50,000	14,000,000				
ğ	9	Program se	49,015	8,939,299					
Revenue	10	_	t income (Part VIII, column (A), lines 3, 4, and 7d)	1	50,021	402,619			
Œ	11		nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0			
	12	Total reven	ue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)	30,8	49,036	23,341,918			
	13	Grants and	similar amounts paid (Part IX, column (A), lines 1-3)	2	50,000	250,000			
	14	Benefits pa	aid to or for members (Part IX, column (A), line 4)						
S	15	Salaries, ot	her compensation, employee benefits (Part IX, column (A), lines 5–10)	11,9	60,900	10,517,739			
Expenses	16a	Profession	al fundraising fees (Part IX, column (A), line 11e)		0	0			
Ç	b	Total fundr	raising expenses (Part IX, column (D), line 25)						
Ш	17	Other expe	enses (Part IX, column (A), lines 11a-11d, 11f-24e)	16,8	47,246	13,085,100			
	18	Total expe	nses. Add lines 13–17 (must equal Part IX, column (A), line 25) . [29,0	58,146	23,852,839			
	19	Revenue le	ess expenses. Subtract line 18 from line 12	1,7	90,890	(510,921)			
Net Assets or Fund Balances				Beginning of Curre	ent Year	End of Year			
sets	20	Total asset	ts (Part X, line 16)	15,4	64,767	16,718,097			
t As	21	Total liabili	ties (Part X, line 26)	3,1	01,532	4,671,287			
ΣĒ	22		or fund balances. Subtract line 21 from line 20	12,3	63,235	12,046,810			
Pa	art II	Signatu	re Block						
			, I declare that I have examined this return, including accompanying schedules and state			my knowledge and belief, it is			
tru	e, correc	ı, and complet ı	e. Declaration of preparer (other than officer) is based on all information of which prepare	•	-	.a.e			
O:			Jandra VI Threes		31/20	25			
Sig	_	Signature		Date	Э				
He	ere		BRIGGS, CFO						
		 	rint name and title						
Pa	id	1	(11 , 12 9 :+1)	ate		 .			
	epare	r ADAM R.		10/31/2025	self-emp	7 1 00000000			
	e Onl			Firm's	EIN	44-0160260			
		Firm's add		348 Phone	no.	(719) 471-4290			
Ма	y the IF	RS discuss t	this return with the preparer shown above? See instructions			. 🗹 Yes 🗌 No			

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2024)

Cat. No. 11282Y

Part I	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: SEE SCHEDULE O
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	services?
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$17,767,873 including grants of \$250,000) (Revenue \$7,176,065) DRUG TESTING- PERSONNEL (DOPING CONTROL OFFICERS/CHAPERONES) AND NECESSARY SUPPLIES FOR THE COLLECTION OF ATHLETES' SAMPLES BOTH IN COMPETITION AND OUT-OF-COMPETITION, SHIPPING CHARGES FOR THE COLLECTED SAMPLES, AND FEES FOR ANALYSES OF THE COLLECTED SAMPLES AT WADA ACCREDITED LABORATORIES.
4b	(Code:) (Expenses \$ 2,392,492 including grants of \$) (Revenue \$ 966,276)
	SCIENCE, RESEARCH, AND DEVELOPMENT- INITIATES AND SUPPORTS ADVANCEMENTS IN THE DETECTION OF AND TESTING FOR PROHIBITED SUBSTANCES, CONDUCTS SUPPLEMENT RESEARCH, REVIEWS THERAPEUTIC USE EXEMPTIONS AND HOSTS ANNUAL USADA SYMPOSIUM ON ANTI-DOPING SCIENCE.
4c	(Code:) (Expenses \$1,973,260 including grants of \$) (Revenue \$796,958_) ATHLETE EDUCATION AND COMMUNICATIONS- EDUCATION SESSIONS AND PUBLICATIONS PROMOTING HEALTHY AND ETHICAL DECISION-MAKING BY ATHLETES, PARENTS, COACHES, AND OTHER SUPPORT PERSONNEL HELP TO DETER THE USE OF PROHIBITED SUBSTANCES AND METHODS.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses 22.133.625

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Part IV **Checklist of Required Schedules**

			res	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	~	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	'	
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		_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>			
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	4	✓	
•	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		~
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		,
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		~
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," complete Schedule D, Part III	8		_
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If</i> "Yes," <i>complete Schedule D, Part IV</i>	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If</i> "Yes," <i>complete Schedule D, Part V</i>	10		_
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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	,	
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	•	,
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	_	
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	~	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	V	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		_
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	~	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		,
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		~
14a b	Did the organization maintain an office, employees, or agents outside of the United States?	14a	~	
IJ	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	44.		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	14b	✓	
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		~
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		~
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? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17		_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		~
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		~
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		~
b 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		
<u> </u>	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	✓	(2024)
		Forr	n 4411	(2024)

Part	V 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		~
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	_	
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		•	
	, ,	24a		~
b c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d	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 transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		٧
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% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		\ \ \
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		\ \ \
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		~
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		~
c	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		~
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		~
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		~
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes,"</i>	31		✓
00	complete Schedule N, Part II	32		~
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		~
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	V	
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b	<i>'</i>	V
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36	_	
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? <i>If "Yes," complete Schedule R, Part VI</i>	37	•	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	~	
Part			-	
	Check if Schedule O contains a response or note to any line in this Part V		 Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 224		.03	.10
b c	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
J	reportable gaming (gambling) winnings to prize winners?	1c	~	

	JU (2024)			Page 3
Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 161			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	~	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		~
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i> .	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		~
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<i>\</i>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		-
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	organization solicit any contributions that were not tax deductible as charitable contributions?	6-		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6a		
D	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	OD		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		~
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7с		1
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 contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		1
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		~
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		~
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
a	Initiation fees and capital contributions included on Part VIII, line 12			
b 11	Section 501(c)(12) organizations. Enter:			
''	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
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			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		~
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	ا ـ ـ ا		
	excess parachute payment(s) during the year?	15		-
16	If "Yes," see the instructions and file Form 4720, Schedule N.	46		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		-
17	If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities			
••	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes," complete Form 6069.	17		
	ii roo, complete i citii cocc.			

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year . . . 12 1a 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. Enter the number of voting members included on line 1a, above, who are independent . 12 1b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 1 Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, trustees, or key employees to a management company or other person? . 3 4 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 6 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a 1 Each committee with authority to act on behalf of the governing body? 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a **10a** Did the organization have local chapters, branches, or affiliates? 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 Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **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 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c 13 Did the organization have a written whistleblower policy? 13 1 14 Did the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official . . . 1 15a 15b 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 16a 1 b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed CA, CO 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website ✓ Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 19 and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records. SANDRA BRIGGS, 5555 TECH CENTER DRIVE, STE 200, COLORADO SPRINGS, CO 80919, (719) 785-2000

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.

(C)

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

See the instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours	box,	unles	neck ss pe	rson	e than o is both or/trust	an ee)	(D) Reportable compensation from the	(E) Reportable compensation	(F) Estimated amount of other
	per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	from related organizations (W-2/ 1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) TRAVIS TYGART	40.0									
CHIEF EXECUTIVE OFFICER	0.0			~				568,376	0	52,027
(2) JEFFREY COOK	40.0									
GENERAL COUNSEL	0.0				~			264,768	0	45,618
(3) MATTHEW FEDORUK	40.0									
CHIEF SCIENCE OFFICER	0.0			~				244,261	0	44,724
(4) JOHN BOBO	40.0									
CHIEF OPERATING OFFICER	0.0			~				247,286	0	29,300
(5) SANDRA BRIGGS	40.0									
CHIEF FINANCIAL OFFICER	0.0			~				224,383	0	43,704
(6) VICTOR BURGOS	40.0									
CHIEF INVESTIGATIVE OFFICER	0.0					~		219,185	0	32,630
(7) AMY EICHNER	40.0									
SPECIAL ADVISOR	0.0					~		164,095	0	39,326
(8) LAURA LEWIS	40.0									
DIRECTOR, SCIENCE	0.0					~		157,395	0	35,648
(9) JENNIFER ROYER	40.0									
SR. DIRECTOR TRUESPORT & AWARENESS	0.0					~		155,261	0	35,684
(10) DAVE GOLDBACH	40.0									
DIRECTOR, INFORMATION TECHNOLOGY	0.0	~				~		181,522	0	4,869
(11) TIM ROEMER	1.0									
DIRECTOR	0.0	~						12,250	0	0
(12) EDWIN MOSES	1.0									

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Form **990** (2024)

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EMERITUS CHAIR

(14) TOBIE SMITH

VICE CHAIR

CHAIR

(13) JUDITH BROWN CLARKE

12,250

10,000

10,000

m 990 (2024)

	VII Section A. Officers, Directors,	Trustees.	Key I	Em	plo	yee	s, ar	ıd F	Highest Compe	ensated Emplo	yees (rued)
	,					C)	-,				, , , ,		
	(A) Name and title	(B) Average hours	box,	unles	neck ss pe	erson	e than is both tor/trus	n an	(D) Reportable compensation	(E) Reportable compensation	0	(F) ated am	
		per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/ 1099-MISC/ 1099-NEC)	from related organizations (W-2/ 1099-MISC/ 1099-NEC)	fr	pensati om the ization organiza	and
32	ALVIN MATSUMOTO	1.0											
DIREC		0.0	~						10,000	0			0
	CATHERINE SELLERS	1.0								_			
DIREC		0.0	~						10,000	0			0
32	DAVID PLUMMER	1.0							10,000				0
DIREC		1.0	-						10,000	0			0
DIREC	EDWARD J. MERRENS	0.0	_						10,000	0			0
	KARA GOUCHER	1.0							10,000	0			
	CTOR - BEGAN 06/2023	0.0	~						10,000	0			0
	LEE CAROSI DUNN	1.0							,,,,,				
	CTOR - BEGAN 06/2023	0.0	1						10,000	0			0
	TIMOTHY DAVIS	1.0							10,000				
32	ETARY	0.0	1						10,000	0			0
(22)	KENNETH WRIGHT	1.0							,				
	CTOR - ENDED 06/2023	0.0	1						0	0			0
(23)	PHILIP DUNN	1.0											
	CTOR - ENDED 06/2023	0.0	~						0	0			0
(24)	STEPHEN STARKS	1.0											
DIREC			1						0	0			0
(25)													
1b	Subtotal								2,541,032	0		36	3,530
С	Total from continuation sheets to Part	VII, Section	n A						0	0			0
d									2,541,032	0		36	3,530
2	Total number of individuals (including bu reportable compensation from the organ		d to th	ose	e list	ted	abov	e) w		e than \$100,000	of		
	Toportubio compensation nom the organ	12411011							24			Yes	No
3	Did the organization list any former	officer dire	ector	tri	ıste	ا م	(AV A	mn	lovee or higher	st compensated		162	NO
J	employee on line 1a? If "Yes," complete										3		~
4	For any individual listed on line 1a, is the												
•	organization and related organizations		an \$	150,	,000	? /	f "Ye						
5	Did any person listed on line 1a receive of			-	-	-			related organiza	tion or individual	4	~	
	for services rendered to the organization		•				-		•		5		~
	on B. Independent Contractors	4									.l ^	100.01	20
1	Complete this table for your five high	nest comp	ensate	ed	inde	epe	naent	CC	ontractors that i	eceivea more t	man \$	100,00	יס טע

compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
BDO CANADA LLP, 373 CONVENTRY ROAD, OTTOWA, ON, 80919, CA	TECHNOLOGY CONSULTING	1,395,124
SPORTS MED RESEARCH TESTING LABORATORY, 10644 S JORDAN GATEWAY SUITE 200, SOUTH JORDAN, UT 84095	SAMPLE ANALYSIS	1,368,905
UCLA OLYMPIC LAB, 924 WESTWOOD BLVD STE 450, LOS ANGELES, CA 90095	SAMPLE ANALYSIS	1,349,674
PWC, NICOLAUS-OTTO-STRASSE 11, GILCHING, 82205, GM	SAMPLE COLLECTION	316,288
WORLD COURIER, 5324 GA HWY 85 BLDG 200, SUITE 500, FOREST PARK, GA 30297	308,399	
2 Total number of independent contractors (including but not limited to received more than \$100,000 of compensation from the organization		

_____ Page **9**

Form 990 (2024) Part VIII Statement of Revenue

		Check if Schedule	Осо	ntains a re	spon	ise or note to an	ıy line in this Pa	ırt VIII		
					•		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
ທ໌ ທ	1a	Federated campaig	ns .		1a					
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues			1b					
Signal Control	C	Fundraising events			1c					
S, (_	Related organization			1d					
ᄩ	d					14,000,000				
3, <u>E</u>	e	Government grants			1e	14,000,000				
Sign	T	f All other contributions, gifts, grants,								
uti.		and similar amounts not included above 1f								
흔된	g	Noncash contribution								
בל פר		lines 1a-1f			1g	\$				
a G	h						14,000,000			
					Business Code					
e G	2a USOPC CONTRACTUAL AGREEMENT		541900	6,600,000	6,600,000					
Program Service Revenue	b	DRUG TESTING				541900	2,320,854	2,320,854		
gram Ser Revenue	c	EQUITY INVESTMEN	 JT			541900	18.445	18,445		
E S		LQOIT IIV/LOTWLI	•			041000	10,110	10,110		
Re Ja	d									
- 	e	A.III								
₫	f	All other program se					0	0	0	0
	g	Total. Add lines 2a-					8,939,299			
	3	Investment income	,	•						
	other similar amounts)					407,168			407,168	
	4	Income from investr	nent (of tax-exen	npt bo	and proceeds				
	5	Royalties								
				(i) Rea	l	(ii) Personal				
	6a	Gross rents	6a							
	b	Less: rental expenses	6b							
	c	Rental income or (loss)			0	0				
	d	Net rental income o		c)						
			(105	(i) Securit	· ·	(ii) Other				
	7a	Gross amount from		(i) Securi	lies	(ii) Other				
		sales of assets		10,34	3.357					
		other than inventory	7a	,						
ne	b	Less: cost or other basis								
Revenue		and sales expenses .	7b	10,34	7,906					
ě	С	Gain or (loss)	7c	(4	1,549)	0				
- 1	d	Net gain or (loss)					(4,549)			(4,549)
Other	8a	Gross income from	m fu	ındraisina						
ō		events (not including		3						
		of contributions rep		d on line						
		1c). See Part IV, line			8a					
	h	Less: direct expens			8b					
		Net income or (loss)				nto				
	C	Gross income f			g eve					
	9a									
		activities. See Part I			9a					
		Less: direct expens			9b					
	С	Net income or (loss)) from	n gaming a	ctivitie	es				
	10a	Gross sales of ir	nvent	ory, less						
		returns and allowan	ces		10a					
	b	Less: cost of goods	sold		10b					
	С	Net income or (loss)				orv				
<u></u>			,			Business Code				
Sinc	11a					24011030 0046				
jue	_									
la e	b									
scellaneo Revenue	С	A.IIII								
Miscellaneous Revenue	d	All other revenue					0	0	0	0
		Total. Add lines 11a					0			
	12	Total revenue. See	instr	uctions			23,341,918	8,939,299	0	402,619

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).

Do not include amounts reported on lines 6b, 7b, 8b, 8b, and 10 or Part VIII. Total expenses Program aretrice frequencies Management and particular productions and domestic organizations and domestic overnments. See Part IV, line 21. 250,000 Program aretrice frequencies Management and particular productions and other assistance to domestic inclividuals. See Part IV, line 22. 250,000 250,000 250,000 Postpania productions and other assistance to foreign organizations, foreign governments and toreign individuals. See Part IV, lines 15 and 16 250,000		Check if Schedule O contains a response				
Box 8th and 10th of Part VIII. Total expenses Programme P	Do no		(A)	(B)	(C)	(D)
1 Cards and other assistance to domestic organizations and domestic governments. See Part IV, line 22 . 250,000 250,000 260,000			Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
2 Grants and other assistance to domestic individuals. See Part IV, line 12 and rorsign individuals. See Part IV, line 15 and 16 4 Barnefits paid to or for members . Compensation of current officers, directors, trustees, and key employees . Compensation of current officers, directors, trustees, and key employees . 7 Other salaries and vages . 8 Pension plan accrusial and contributions (include section 4958()(1)) and persons (see fined under section 4958()(1) and persons (see fined under section 4958() and persons (see fined under section 4958() and persons (see fined unde		Grants and other assistance to domestic organizations		элренеес	general expenses	скраневе
Individuals. See Part IV, line 22		,	250,000	250,000		
organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16 4 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons, described in section 498(c)(3)(8) 7 Other starlers and wages 8 Pension plan accruals and contributions (include section 498(c)(3)(8) 9 Other employee benefits 1,012,306 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions 9 Other employee benefits 1,012,306 8 Resion plan accruals and contributions (include section 401(k) and 403(b) employer contributions 9 Other employee benefits 1,012,306 8 Resion plan accruals and contributions 1,012,306 8 Resion plan accruals and contributions 9 Other employee benefits 1,012,306 8 Resion plan accruals and contributions 1,012,306 8 Resion plan accruals and contributions 9 Other employee benefits 1,012,306 8 Resion plan accruals and contributions 1,012,306 8 Resion plan accruals and contributions 9 Other employee benefits 1,012,306 8 Resion plan accruals and contributions 1,012,307 1,012,307 1,012,307 1,012,307 1,012,307 1,012,307 1,012,307 1,012,30	2					
Compensation of current officers, directors, trusteese, and key employees 1,878,948 1,836,856 242,092	3	organizations, foreign governments, and				
persons (as defined under section 4958(h(1)) and persons described in section 4958(h(1)) and persons described in section 4958(c)(3)(8) 7 Other salaries and wages 8 Pension plan accruals and contributions (include section 401k) and 403(b) employer contributions) 9 Other employee benefits 1,012,006 8 28,002 186,304 10 Payroll taxes 1,012,006 8 28,002 186,304 11 Fees for services (nonemployees): a Management b Legal c Accounting 25,076 d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees y Other (iffile 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) 1,028,540 1,028,540 1,030,884 1,717,969 1,030,884 1,719,891 1,030,884 1,719,891 1,030,884 1,719,891 1,030,884 1,719,891 1,030,884 1,719,891 1,030,884 1,719,891 1,030,884 1,719,891 1,030,891 1,030,891 1,030,891 1,030,891 1,030,891 1,030,891 1,030,891 1,030,891 1,030,891 1,03		Compensation of current officers, directors, trustees, and key employees	1,878,948	1,636,856	242,092	
Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 388,893 381,788 7,105	6	persons (as defined under section 4958(f)(1)) and				
section 401(k) and 403(b) employer contributions) 9 Other employee benefits			6,610,859	6,038,459	572,400	
9 Other employee benefits	8					_
10 Payroll taxes . 626,733 587,762 38,971 11 Fees for services (nonemployees):		<u> </u>		,	· · · · · · · · · · · · · · · · · · ·	
11 Fees for services (nonemployees): a Management b Legal		· ·				
Management B Legal			626,733	587,762	38,971	
b Legal						
C Accounting	-	_	0.40.500	040.00=		
d Lobbying 169,413 169,413 169,413						
Professional fundraising services. See Part IV, line 17 f Investment management fees 26,597 g Other, (if line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) 1,028,540 988,643 39,887 0 12 Advertising and promotion 13 Office expenses 1160,056 132,484 27,572 14 Information technology 2,999,920 2,953,526 46,394 15 Royalties 1,030,684 17 Travel 1,130,0684 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 340,403 19 Conferences, conventions, and meetings 340,403 10 Interest 1,130,130,130,130,130,130,130,130,130,13	_	F		7,809		
Investment management fees 26,597 26,597			109,413		169,413	
g Other, (if line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) 1.028,540 988,643 39,897 0 Advertising and promotion 1.028,540 1.028,540 988,643 39,897 0 Advertising and promotion 1.028,540 988,643 39,897 0 Advertising and promotion 1.028,540 988,643 39,897 0 Advertising and promotion 1.028,540 988,643 39,897 0 0 1.028,540 988,643 39,897 0 0 13,048,44 27,572 14 16,056 132,484 27,572 15 16 17 17 18 19 10 10 10 10 10 10 10 10 10		_	26 597		26 507	
(A), amount, list line 11g expenses on Schedule O.) 1,028,540 988,643 39,897 0 Advertising and promotion 1,028,540 1,028,540 988,643 39,897 0 0 0 ffice expenses 160,056 132,484 27,572 1,030,684 15 Royalties 16 Occupancy 1,030,684 1914,230 116,454 17 Travel 1,882,853 1,771,969 110,884 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 Conferences, conventions, and meetings 10 Interest 11 Payments to affiliates 12 Depreciation, depletion, and amortization 11 Insurance 11 Insurance 12 Depreciation, depletion, and amortization 13 Insurance 14 Other expenses Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 2 AMPLE COLLECTION/ANALYSIS 2 EDUCATION/OUTREACH PROGRAMS 2 12,202 3 SAMPLE COLLECTION/ANALYSIS 4 1,89,891 4 1,89,891 5 EDUCATION/OUTREACH PROGRAMS 2 12,202 2 12,202 2 12,202 2 12,202 2 12,202 2 12,202 3 SAMPLE COLLECTION/ANALYSIS 4 1,89,891 4 1,719,215 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			20,397		20,337	
12 Advertising and promotion	J	` <u> </u>	1 028 540	988 643	39 897	0
13 Office expenses	12	- · · L	1,020,010	000,010	00,007	<u> </u>
14 Information technology		-	160,056	132,484	27,572	
15 Royalties					-	
16 Occupancy	15	— · · · · · · · · · · · · · · · · · · ·				
17 Travel	16		1,030,684	914,230	116,454	
for any federal, state, or local public officials 19 Conferences, conventions, and meetings . 340,403 335,911 4,492 20 Interest	17	Travel	1,882,853	1,771,969	110,884	
20 Interest	18					
20 Interest	19	Conferences, conventions, and meetings .	340,403	335,911	4,492	
21 Payments to affiliates	20		·			
23	21					
Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) a SAMPLE COLLECTION/ANALYSIS	22	Depreciation, depletion, and amortization .				
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.) a SAMPLE COLLECTION/ANALYSIS	23	Insurance	162,821	60,288	102,533	
line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) a SAMPLE COLLECTION/ANALYSIS	24					
(A), amount, list line 24e expenses on Schedule O.) a SAMPLE COLLECTION/ANALYSIS						
a SAMPLE COLLECTION/ANALYSIS 4,189,891 4,189,891 b EDUCATION/OUTREACH PROGRAMS 212,202 212,202 c MISCELLANEOUS EXPENSES 44,078 33,519 10,559 d e All other expenses 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0						
b EDUCATION/OUTREACH PROGRAMS c MISCELLANEOUS EXPENSES d All other expenses e All other expenses. Add lines 1 through 24e 25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)		· · · · · · · · · · · · · · · · · · ·				
c MISCELLANEOUS EXPENSES 44,078 33,519 10,559 d e All other expenses 0 0 0 0 0 25 Total functional expenses. Add lines 1 through 24e 23,852,839 22,133,624 1,719,215 0 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)	_					
e All other expenses 0 0 0 0 0 25 Total functional expenses. Add lines 1 through 24e 23,852,839 22,133,624 1,719,215 0 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				-	10.550	
e All other expenses 0 0 0 0 0 25 Total functional expenses. Add lines 1 through 24e 23,852,839 22,133,624 1,719,215 0 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)	_	MIDOETTUNEOO2 EXAEM2E2	44,078	33,519	10,559	
Total functional expenses. Add lines 1 through 24e 23,852,839 22,133,624 1,719,215 0 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)			0	0	0	
Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)					-	0
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)			23,032,039	22,133,024	1,719,210	<u> </u>
	_0	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here \square if				
		10110Willig 001 30-2 (A00 300-120)				Form 990 (2024)

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Part X Balance Sheet

Form 990 (2024)

		Check if Schedule O contains a response or note to any line in this Par	(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	4,622,489	1	691,201
	2	Savings and temporary cash investments	.,022,100	2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	2,861,816	4	930,273
	5	Loans and other receivables from any current or former officer, director,	_,00.,0.0		333,273
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	0	5	0
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	0
S	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	191,984	8	192,427
Ϋ́	9	Prepaid expenses and deferred charges	619,581	9	700,731
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 838,143			
	b	Less: accumulated depreciation 10b 835,956	10,889	10c	2,187
	11	Investments—publicly traded securities	2,184,837	11	2,448,453
	12	Investments—other securities. See Part IV, line 11	0	12	0
	13	Investments – program-related. See Part IV, line 11	4,520,415	13	10,178,218
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	452,756	15	1,574,607
	16	Total assets. Add lines 1 through 15 (must equal line 33)	15,464,767	16	16,718,097
	17	Accounts payable and accrued expenses	2,397,495	17	2,619,967
	18	Grants payable		18	
	19	Deferred revenue	359,668	19	488,751
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
es	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
ap		controlled entity or family member of any of these persons	0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17–24). Complete Part X			
		of Schedule D	344,369	25	1,562,569
	26	Total liabilities. Add lines 17 through 25	3,101,532	26	4,671,287
ces		Organizations that follow FASB ASC 958, check here vand complete lines 27, 28, 32, and 33.			
<u>ā</u>	27	Net assets without donor restrictions	12,363,235	27	12,046,810
Ba	28	Net assets with donor restrictions	, ,	28	
D L		Organizations that do not follow FASB ASC 958, check here			
卫		and complete lines 29 through 33.			
_	29	Capital stock or trust principal, or current funds		29	
0		Paid-in or capital surplus, or land, building, or equipment fund		30	
ets o	30				
Assets o	30 31	Retained earnings, endowment, accumulated income, or other funds .		31	
Net Assets or Fund Balances			12,363,235	31 32	12,046,810

Form **990** (2024)

Part	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			23,34	1,918
2	Total expenses (must equal Part IX, column (A), line 25)	2			23,85	2,839
3	Revenue less expenses. Subtract line 2 from line 1	3			(510	,921)
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			12,36	3,235
5	Net unrealized gains (losses) on investments	5			19	4,496
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10			12,04	6,810
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both.					
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis					
b			. [2b	~	
	If "Yes," check a box below to indicate whether the financial statements for the year were aud separate basis, consolidated basis, or both.	ited o	n a			
	✓ 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 ov the audit, review, or compilation of its financial statements and selection of an independent account			2c	/	
	If the organization changed either its oversight process or selection process during the tax year, e Schedule O.	xplain	on			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a	_	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	dergo	the	3b	~	

Form **990** (2024)

SCHEDULE A (Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Employer identification number

UNIT	ED ST	ATES ANTI-DOPING AGENCY					84-15	41903
Par		Reason for Public Cha						ons.
The o	•	zation is not a private founda		`	•	•	,	
1		church, convention of church					0(b)(1)(A)(i).	
2		school described in section		,		•		
3		hospital or a cooperative hos						(:::)
4		medical research organizationspital's name, city, and state		onjunction with a nosp	oitai desc	ribea in s	section 170(b)(1)(A)	(III). Enter the
5		n organization operated for		college or university	owned o	r operate	ad hy a government	al unit described in
J		ection 170(b)(1)(A)(iv). (Com		conege of university	owned o	Гороган	a by a government	ar arm accombca m
6		federal, state, or local govern	•	mental unit described	in sectio	on 170(b)	(1)(A)(v).	
7		organization that normally						n the general public
	de	escribed in section 170(b)(1)	(A)(vi). (Complet	te Part II.)				
8	$\square A$	community trust described in	n section 170(b)	(1)(A)(vi). (Complete I	Part II.)			
9	\square Ar	n agricultural research organi	ization described	d in section 170(b)(1)	(A)(ix) op	erated in	conjunction with a l	and-grant college
		university or a non-land-gra	nt college of agr	iculture (see instructio	ons). Ente	r the nan	ne, city, and state of	the college or
		niversity:					;	
10	∐ Ar	n organization that normally recipts from activities related	receives (1) more to its exempt fu	e than 331/3% of its su nctions, subject to ce	pport tro rtain exce	m contrib eptions: a	outions, membership and (2) no more than	tees, and gross
	su	pport from gross investment	t income and uni	related business taxal	ole incom	ie (less se	ection 511 tax) from	businesses
11		quired by the organization and organization and						
12		n organization organized and	•		•			out the nurnoses of
12		ne or more publicly supported						
		e box on lines 12a through 12						
а		Type I. A supporting organ	ization operated	l, supervised, or contr	olled by i	ts suppo	rted organization(s),	typically by giving
		the supported organization					he directors or trust	ees of the
		supporting organization. Ye	ou must comple	ete Part IV, Sections	A and B.			
b		Type II. A supporting organ						
		control or management of				persons	that control or man	age the supported
		organization(s). You must	-	·				
С	Ш	Type III functionally integ its supported organization(ally integrated with,
d		Type III non-functionally i				-		orted organization(s)
u	ш	that is not functionally integ						
		requirement (see instructio						
е		Check this box if the organ	ization received	a written determination	on from th	ne IRS th	at it is a Type I, Type	e II, Type III
		functionally integrated, or 7						
f		er the number of supported o	•					
g		vide the following information		· · · · · · · · · · · · · · · · · · ·				
	(i) Nan	ne of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10		rganization ir governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
				above (see instructions))		ment?	instructions)	instructions)
					Yes	No		
					100	110		
(A)								
(D)								
(B)								
(C)								
(D)								
(E)								

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2020 **(b)** 2021 (c) 2022 (d) 2023 **(e)** 2024 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . 11.429.461 14.498.952 15.000.000 15.250.000 14.000.000 70,178,413 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 0 The value of services or facilities furnished by a governmental unit to the organization without charge 0 **Total.** Add lines 1 through 3 11.429.461 14.498.952 15.000.000 15.250.000 14.000.000 4 70.178.413 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) 0 **Public support.** Subtract line 5 from line 4 70,178,413 Section B. Total Support (c) 2022 (d) 2023 (e) 2024 Calendar year (or fiscal year beginning in) (a) 2020 **(b)** 2021 (f) Total 15,250,000 7 11,429,461 14,498,952 15,000,000 14,000,000 Amounts from line 4 70,178,413 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 58,233 31,126 38,411 157,827 407,168 692,765 9 Net income from unrelated business activities, whether or not the business is regularly carried on 0 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 0 0 11 **Total support.** Add lines 7 through 10 70,871,178 Gross receipts from related activities, etc. (see instructions) 12 61.514.347 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 Section C. Computation of Public Support Percentage 99.02 % Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) 14 Public support percentage from 2023 Schedule A, Part II, line 14 15 331/3% support test - 2024. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 331/3% support test - 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test - 2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test - 2023. 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 organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported

Schedule A (Form 990) 2024

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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.)

Cooti	on A Public Support	under the te	sts listed bei	ow, piease co	ompiete Fart	11.)	
	on A. Public Support	(a) 2020	(b) 0001	(a) 2022	(4) 0000	(a) 2024	(f) Total
Calen	dar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
٠.	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
_	sold or services performed, or facilities						
	furnished in any activity that is related to the						
3	organization's tax-exempt purpose						
O	unrelated trade or business under section 513						
4	Tax revenues levied for the						
7	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						_
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Secti	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9	Amounts from line 6	(a) 2020	(b) 2021	(6) 2022	(u) 2023	(6) 2024	(i) Total
10a	Gross income from interest, dividends,						
100	payments received on securities loans, rents,						
	royalties, and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						_
	activities not included on line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
40	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	organization'	s first second	third fourth	or fifth tax ve	 ar as a sectio	n 501(c)(3)
• • •	organization, check this box and stop he	•					. , . ,
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2024 (line 8			13, column (f))		15	%
16	Public support percentage from 2023 Sch					16	%
Secti	on D. Computation of Investment In-	come Perce	ntage				
17	Investment income percentage for 2024 (line 10c, colur	nn (f), divided I	oy line 13, colu	ımn (f))	17	%
18	Investment income percentage from 2023					18	%
19a	331/3% support tests—2024. If the organ						
	17 is not more than 331/3%, check this box		_	-		_	_
b	331/3% support tests—2023. If the organiz						
	line 18 is not more than 331/3%, check this I		_	=	-		_
20	Private foundation. If the organization di	a not check a	pox on line 14	, 19a, or 19b, o	cneck this box	and see instru	ctions .

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.)

Se

Secti	on A. All Supporting Organizations		2.5		
			Yes	No	
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by				
	class or purpose, describe the designation. If historic and continuing relationship, explain.				
2	Did the organization have any supported organization that does not have an IRS determination of status	1			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported				
	organization was described in section 509(a)(1) or (2).	2			
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer				
	lines 3b and 3c below.	3a			
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b			
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)				
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с			
4a					
	"Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a			
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b			
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)				
	purposes.	4c			
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer 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	5a			
D	designated in the organization's organizing document?	5b			
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c			
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited				
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6			
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).				
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line	7			
O	7? If "Yes," complete Part I of Schedule L (Form 990).	8			
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more				
	disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a			
b	Did one or more disqualified persons (as defined 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 .	9b			
С	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 .	9с			
10a					
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated				
h	supporting organizations)? If "Yes," answer line 10b below.	10a			
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.)	10b			

10b

Part	IV Supporting Organizations (continued)			ugo o
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
04	provide detail in Part VI .	11c		
Secti	ion B. Type I Supporting Organizations		Voc	No
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Secti	ion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	4		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s), or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI</i>	1		
	how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
Secti	ion E. Type III Functionally Integrated Supporting Organizations	3		<u> </u>
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstru	ctions	s).
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			-/-
b	☐ The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struct	tions).
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 a	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
b	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI . Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3a 3b		

Par	Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	izations	
1	\square Check here if the organization satisfied the Integral Part Test as a qualifying			
	instructions. All other Type III non-functionally integrated supporting organ	nizat	ions must complete Secti	ons A through E.
Sec	tion A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7_	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B-Minimum Asset Amount			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C-Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function:		integrated Type III suppor	ting organization

Schedule A (Form 990) 2024

(see instructions).

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D—Distributions **Current Year** 1 Amounts paid to supported organizations to accomplish exempt purposes 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 4 5 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) Other distributions (describe in Part VI). See instructions. 6 6 7 Total annual distributions. Add lines 1 through 6. 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 9 Distributable amount for 2024 from Section C, line 6 9 10 10 Line 8 amount divided by line 9 amount (iii) (ii) **Underdistributions Distributable** Section E—Distribution Allocations (see instructions) **Excess Distributions** Pre-2024 Amount for 2024 Distributable amount for 2024 from Section C, line 6 Underdistributions, if any, for years prior to 2024 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2024 **a** From 2019 From 2020 **c** From 2021 **d** From 2022 **e** From 2023 Total of lines 3a through 3e Applied to underdistributions of prior years Applied to 2024 distributable amount Carryover from 2019 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2024 from Section D, line 7: Applied to underdistributions of prior years Applied to 2024 distributable amount Remainder. Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2025. Add lines 3i and 4c. Breakdown of line 7: Excess from 2020 . . . Excess from 2021 . . . Excess from 2022 . . . Excess from 2023 . . . Excess from 2024 . . .

Schedule A (Form 990) 2024

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

Schedule B (Form 990)

(Rev. January 2025) Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization
UNITED STATES ANTI-DOPING AGENCY

Employer identification number
84-1541903

Organization type (check one):							
Filers of:	Section:						
Form 990 or 990-EZ	✓ 501(c)(3) (enter number) organization						
	☐ 4947(a)(1) nonexempt charitable trust not treated as a private foundation						
	☐ 527 political organization						
Form 990-PF	☐ 501(c)(3) exempt private foundation						
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation						
	☐ 501(c)(3) taxable private foundation						
Check if your organization is	covered by the General Rule or a Special Rule .						
Note: Only a section 501(c)(7) instructions.), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See						
General Rule							
	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 r property) from any one contributor. Complete Parts I and II. See instructions for determining a ontributions.						
Special Rules							
regulations under se 16b, and that receive	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ / ₃ % support test of the ctions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or ed from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or t on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.						
contributor, during the literary, or education	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one ne year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, all purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering instead of the contributor name and address), II, and III.						
contributor, during the contributions totaled during the year for a General Rule applie	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one ne year, contributions <i>exclusively</i> for religious, charitable, etc., purposes, but no such I more than \$1,000. If this box is checked, enter here the total contributions that were received in <i>exclusively</i> religious, charitable, etc., purpose. Don't complete any of the parts unless the is to this organization because it received <i>nonexclusively</i> religious, charitable, etc., contributions ore during the year						
	t isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it						

must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Cat. No. 30613X

Schedule B (Form 990) (Rev. 1-2025)

Name of organization Employer identification number
UNITED STATES ANTI-DOPING AGENCY 84-1541903

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.							
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
		\$14,000,000	Person Payroll Noncash (Complete Part II for noncash contributions.)					
(a) No.	Name, address, and ZIP + 4	Total contributions	(d) Type of contribution					
		\$	Person					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
		\$	Person					
(a) No.	Name, address, and ZIP + 4	Total contributions	(d) Type of contribution					
		\$	Person					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
		\$	Person					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
		\$	Person					

Name of organization Employer identification number
UNITED STATES ANTI-DOPING AGENCY 84-1541903

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

Name of organization **Employer identification number UNITED STATES ANTI-DOPING AGENCY** 84-1541903 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 information once. See instructions.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (c) Use of gift `from Part I (b) Purpose of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (c) Use of gift (b) Purpose of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (c) Use of gift (b) Purpose 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 C (Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527 Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:

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

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

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

If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions), or Form 990-EZ, Part V, line 35c

(Proxy Tax) (see separate instructions), then: • Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of organization **Employer identification number (EIN)**

UNITE	ITED STATES ANTI-DOPING AGENCY				84-1541903				
Part	I-A Complete if the	e organization is exempt und	er section 501(c	c) or is a section 527 of	organization.				
1	Provide a description of	the organization's direct and in-	direct political ca	mpaign activities in Part	t IV. See instruc	tions fo			
	definition of "political can								
2	Political campaign activity	y expenditures. See instructions .		\$					
3	Volunteer hours for politic	cal campaign activities. See instruc	ctions						
Part		e organization is exempt und							
1	Enter the amount of any	excise tax incurred by the organiza	ition under section	n 4955 \$					
2	Enter the amount of any	excise tax incurred by organization	managers under	section 4955 \$					
3	If the organization incurre	ed a section 4955 tax, did it file For	m 4720 for this ye	ear?	Yes	☐ No			
4a	Was a correction made?				Yes	☐ No			
	If "Yes," describe in Part								
Part	I-C Complete if the	e organization is exempt und	er section 501(c	c), except section 501	(c)(3).				
1	Enter the amount directly	y expended by the filing organiz	ation for section	527 exempt function					
	activities			\$					
2	Enter the amount of the	filing organization's funds contrib	uted to other orga	anizations for section					
	527 exempt function activ	vities		\$					
3	Total exempt function e	expenditures. Add lines 1 and 2.	Enter here and	on Form 1120-POL,					
						<u></u>			
4		i file Form 1120-POL for this year			_	No			
5		ses, and EINs of all section 527 po							
		sted, enter the amount paid from							
		nat were promptly and directly o	•			separate			
	segregated fund or a polit	ical action committee (PAC). If add	itional space is ne	eded, provide information	i in Part IV.				
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of p				
				filing organization's funds. If none, enter -0	contributions rece				

	. , ,	· · · · · · · · · · · · · · · · · · ·		
(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

Cat. No. 50084S

Schedule C (Form 990) 2024

Sche	dule C (Form 990) 2024					Page 2
Par	t II-A Complete if the organization section 501(h)).	on is exempt u	under section 50	01(c)(3) and file	d Form 5768 (ele	ction under
A (Check if the filing organization belongs EIN, expenses, and share of exception EIN.			art IV each affiliat	ed group member's	name, address,
В	Check [] if the filing organization checked	d box A and "lim	ited control" provi	sions apply.		
		bying Expendit		11.7	(a) Filing	(b)Affiliated
	(The term "expenditures" n)	organization's totals	group totals
18	Total lobbying expenditures to influence	e public opinion	(grassroots lobbyi	na)		
k		•		•		
(•	• • • • •	-,		
c		-				
•						
f			•			
	IF the amount on line 1e, column (a) or (b)	is: THEN the lob	bying nontaxable a	mount is:		
	not over \$500,000	20% of the an	nount on line 1e.			
	over \$500,000 but not over \$1,000,000	\$100,000 plus	15% of the excess	over \$500,000.		
	over \$1,000,000 but not over \$1,500,000	\$175,000 plus	10% of the excess	over \$1,000,000.		
	over \$1,500,000 but not over \$17,000,000	\$225,000 plus	5% of the excess of	ver \$1,500,000.		
	over \$17,000,000	\$1,000,000.				
ç	Grassroots nontaxable amount (enter 2	5% of line 1f)				
ŀ	3					
i	Subtract line 1f from line 1c. If zero or l					
j	If there is an amount other than zero reporting section 4911 tax for this year			•		☐ Yes ☐ No
	(Some organizations that made a se	ection 501(h) ele	Period Under Sec ection do not have ructions for lines	e to complete all	of the five column	s below.
	Lobbyin	g Expenditures	During 4-Year Av	veraging Period		
	Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) Total
28	Lobbying nontaxable amount					
k	Lobbying ceiling amount (150% of line 2a, column (e))					
•	: Total lobbying expenditures					
C	Grassroots nontaxable amount					
•	Grassroots ceiling amount (150% of line 2d, column (e))					
f	Grassroots lobbying expenditures					

Schedule C (Form 990) 2024

Part	Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	iled	Form	5768		
For o		(a)		(b)		
	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed iption of the lobbying activity.	Yes	No	Ar	nount	t
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:					
а	Volunteers?		~			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	~				
C	Media advertisements?		~			
d	Mailings to members, legislators, or the public?		~			
е	Publications, or published or broadcast statements?		~			
f	Grants to other organizations for lobbying purposes?		~		-	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	~			16	9,413
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?					
j	Total. Add lines 1c through 1i				16	9,413
2a	Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?		~			
b	If "Yes," enter the amount of any tax incurred under section 4912					
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Part	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c 501(c)(6).)(5), c	or sec	ction		
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the	-	-	3		
Part	and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part "Yes."		, line			
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).					
а	Current year		2a			
b	Carryover from last year		2b			
С	Total		2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of excess does the organization agree to carryover to the reasonable estimate of nondeductible lobby	/ing				
_	and political expenditures next year?		4			
5	Taxable amount of lobbying and political expenditures. See instructions		5			
2 (see	Supplemental Information le the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated groinstructions); and Part II-B, line 1. Also, complete this part for any additional information. IEXT PAGE	up list	;); Par	t II-A, li	nes 1	and

Part IV

Supplemental Information. Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference - Identifier	Explanation
SCHEDULE C, PART II-B, LINE 1 - DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	USADA HAS CONTRACTED WITH A WASHINGTON D.C. BASED LEGISLATIVE FIRM TO SUPPORT ITS PRESENCE IN GOVERNMENT-RELATED ISSUES. USADA CONTINUES TO WORK INDEPENDENTLY AND IN COORDINATION WITH LEGISLATIVE BODIES ON ISSUES RELATED TO CONTROLLED SUBSTANCES AND DIETARY SUPPLEMENTS. USADA ALSO WORKS WITH NUMEROUS NATIONAL MEDICAL AND SPORT ORGANIZATIONS TO ASSIST WITH LEGISLATION TO BENEFIT THE HEALTH OF U.S. ATHLETES AND TO INCREASE EDUCATION ON THESE TOPICS. IN ADDITION, WASHINGTON REPRESENTATION ASSISTS USADA IN SECURING THE CONTINUED FUNDING NECESSARY TO SUPPORT ONGOING EFFORTS WHICH BENEFIT OLYMPIC, PARALYMPIC AND PAN AMERICAN GAMES ATHLETES, AS WELL AS COACHES AND YOUNG ATHLETES. IN THE UNITED STATES.

SCHEDULE D (Form 990)

(Rev. January 2025)

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

Open to Public Inspection

Name o	f the organization		Employer identification number
UNITE	D STATES ANTI-DOPING AGENCY		84-1541903
Par	t I Organizations Maintaining Donor Advi		s 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		• – –
^	funds are the organization's property, subject to the	= =	
6	Did the organization inform all grantees, donors, are		
	only for charitable purposes and not for the beneficonferring impermissible private benefit?		
			· · · · · · · L Yes L No
Par		V" F 000 D+ IV II 7	
	Complete if the organization answered "		
1	Purpose(s) of conservation easements held by the c		
	Preservation of land for public use (for example, recre	,	f a historically important land area
	Protection of natural habitat	☐ Preservation o	f a certified historic structure
2	☐ Preservation of open space Complete lines 2a through 2d if the organization hel	ld a qualified conservation contribution	o in the form of a conservation
_	easement on the last day of the tax year.	id a qualified conservation contribution	
	•		Held at the End of the Tax Year
a			. <u>2a</u>
b	Total acreage restricted by conservation easements		
c d	Number of conservation easements on a certified hi Number of conservation easements included on line		
u	on a historic structure listed in the National Register		
3	Number of conservation easements modified, trans		· 2d
J	the organization during the tax year	=	
4	Number of states where property subject to conserv		
5	Does the organization have a written policy rega		
	violations, and enforcement of the conservation eas		· · · · · · · · Yes · No
6	Staff and volunteer hours devoted to monitoring,	inspecting, handling of violations, ar	nd enforcing
	conservation easements during the year		
7	Amount of expenses incurred in monitoring, ins	specting, handling of violations, an	nd enforcing
	conservation easements during the year		\$
8	Does each conservation easement reported on line		
	(i) and section 170(h)(4)(B)(ii)?		· · · · · · · · · · · · · · · · · · ·
9	In Part XIII, describe how the organization reports co		
	sheet, and include, if applicable, the text of the foot		tements that describes the
	organization's accounting for conservation easement		
Par		•	Other Similar Assets
	Complete if the organization answered "	Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FAS		
	of art, historical treasures, or other similar assets		
	service, provide in Part XIII the text of the footnote t		
b	If the organization elected, as permitted under FAS		
	art, historical treasures, or other similar assets held	·	searcn in turtherance of public service,
	provide the following amounts relating to these item	IS.	•
	(i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X		\$
_	(ii) Assets included in Form 990, Part X		· · · · \$
2	if the organization received or held works of art,	nistorical treasures, or other similar	assets for financial gain, provide the
	following amounts required to be reported under FA		•
a	Revenue included on Form 990, Part VIII, line 1 .		\$
D	Assets included in Form 990. Part X		3

Part	III Organizations Maintaining Co	llections of Art, H	istorical Treasures	, or Other Similar As	sets (continued)		
3	Using the organization's acquisition, acceleration items (check all that apply).	ession, and other rec	cords, check any of th	ne following that make s	ignificant use of its		
а	☐ Public exhibition	d	Loan or exchange	ge program			
b	Scholarly research	е	_	· ·			
С							
4	Provide a description of the organization's XIII.	s collections and exp	olain how they further	the organization's exem	npt purpose in Part		
5	During the year, did the organization solid assets to be sold to raise funds rather than						
Part	IV Escrow and Custodial Arrange	ements					
	Complete if the organization and 990, Part X, line 21.			•			
1a	Is the organization an agent, trustee, cus included on Form 990, Part X?				ot ☐ Yes ☐ No		
b	If "Yes," explain the arrangement in Part X	III and complete the	following table.	Aı	mount		
С	Beginning balance			1c			
d	Additions during the year			1d			
е	Distributions during the year			1e			
f	Ending balance			1f			
2a	Did the organization include an amount or			ustodial account liability	?		
b	If "Yes," explain the arrangement in Part X						
	Ev Endowment Funds			<u> </u>	<u> </u>		
	Complete if the organization and	swered "Yes" on F	orm 990 Part IV lin	e 10			
			Prior year (c) Two yea		(e) Four years back		
1a	Beginning of year balance	y current your (b)	(c) Two you	(a) Throo your back	(b) i our youro baok		
b	Contributions						
C	Net investment earnings, gains, and						
C	losses						
d	Grants or scholarships						
е	Other expenditures for facilities and programs						
f	Administrative expenses						
g	End of year balance						
2	Provide the estimated percentage of the c	current year end bala	nce (line 1g, column (a	a)) held as:	•		
а	Board designated or quasi-endowment	%	,	"			
b	Permanent endowment %						
С	Term endowment %						
	The percentages on lines 2a, 2b, and 2c s	hould equal 100%.					
За	Are there endowment funds not in the po	•	nization that are held	and administered for th	e		
	organization by:	J			Yes No		
	(i) Unrelated organizations?				3a(i)		
	(ii) Related organizations?				3a(ii)		
b	If "Yes" on line 3a(ii), are the related organ				3b		
4	Describe in Part XIII the intended uses of t				00		
Pari			downlent lunus.				
r ar	Complete if the organization ans		orm 000 Part IV lin	o 11a Soo Form 000	Part V line 10		
	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value		
1a	Land						
b	Buildings						
С	Leasehold improvements		80,025	80,025	0		
d	Equipment		531,048	528,861	2,187		
е	Other		227,070	227,070	0		
Total.	Add lines 1a through 1e. (Column (d) must		t X, line 10c, column ((B))	2,187		

Schedule D (Form 990) (Rev. 1-2025)

Part VII	Investments – Other Securities	000 B. LIV II.		000 D. I.V. I'
	Complete if the organization answered "Yes" on For			
	(a) Description of security or category (including name of security)	(b) Book value		nod of valuation: -of-year market value
(1) Financial				
	eld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G) (H)				
	mn (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII	Investments—Program Related			
r are viii	Complete if the organization answered "Yes" on For	m 990 Part IV line	e 11c See Form	990 Part X line 13
	(a) Description of investment	(b) Book value	(c) Meth	nod of valuation: -of-year market value
(1) INNOVE	RO	10,178,218		
(2)		, ,		
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, line 13, col. (B))	10,178,218		
Part IX	Other Assets Complete if the organization answered "Yes" on For	m 990 Part IV line	e 11d See Form	990 Part X line 15
	(a) Description		1141 000 1 0111	(b) Book value
(1) RIGHT C	OF USE ASSET - OPERATING LEASES			1,574,607
(2)				,- ,
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, line 15, col. (B))			1,574,607
Part X	Other Liabilities Complete if the organization answered "Yes" on For	m 990, Part IV, line	e 11e or 11f. See	Form 990, Part X,
	line 25.			
1.	(a) Description of liability			(b) Book value
(1) Federal in				
	D PARTY PAYABLE			276,544
(3) DEPOSIT	IS			1,286,025
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	mn (b) must equal Form 990, Part X, line 25, col. (B))			1,562,569
	uncertain tax positions. In Part XIII, provide the text of the footnote		· · · · · · · · · · · · · · · · · · ·	
	s liability for uncertain tax positions under FASB ASC 740. Check			

Complete if the organization answered "Yes" on Form 1980, Part IV, line 12a. 1 Total revenue, gains, and other support per audited financial statements 1 23,616,259 2 Amounts included on line in the tun ton form 990, Part IVIII, line 12a. a Net unrealized gains (losses) on investments 2a 194,496 b Donated services and use of facilities 2b 105,442 c Recoveries of prior year grants, 2c 300,838 c Recoveries of prior year grants, 2c 300,838 d Other (Describe in Part XIII), e Add lines 2a through 2d 3 30,335,321 d Amounts included on Form 990, Part VIII, line 7b 4a 26,597 d Other (Describe in Part XIII), e Add lines 4a and 4b 4d 26,597 d Other (Describe in Part XIII), e Add lines 4a and 4b 4d 6d 26,557 d Other (Describe in Part XIII) e Add lines 3 and 4c, (This must equal Form 990, Part IV, line 12b 5 23,341,916 Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 1 Total expenses and losses per audited financial statements 1 23,932,884 2 Amounts included on line 1 but not on Form 990, Part IV, line 12b 106,442 2 Amounts included on Form 990, Part IV, line 25 2a 106,442 3 Donated services and use of facilities 2a 106,442 4 Amounts included on Form 990, Part IV, line 25 2a 106,442 4 Amounts included on Form 990, Part IV, line 25 2a 106,442 5 Prior year adjustments 2a 106,442 5 Prior year adjustments 2a 106,442 6 Other (Describe in Part XIII) 2a 2a 106,442 7 Part XIII 8 Part XIII 10 10 10 10 8 Part XIII 10 10 10 10 10 9 Part XIII 10 10 10 10 10 9 Part XIII 10 10 10 10 10 9 Part XIII 10 10 10 10 10 10 9 Part XIII 10 10 10 10 10 10 9 Part XIII 10 10 10 10 10 10 9 Part XIII 10 10 10 10 10 10 10	Schedul	e D (Form 990) (Rev. 1-2025)				Page 4
1 Total revenue, gains, and other support per audited financial statements	Part				Return	-
Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments		Complete if the organization answered "Yes" on Form 990,	Part I	IV, line 12a.		
Net unrealized gains (losses) on investments 2a 194,496	1	Total revenue, gains, and other support per audited financial statements			1	23,616,259
b Donated services and use of facilities 2c Recoveries of prior year grants 2c C C Chercoveries of prior year grants 2c C C Chercibe in Part XIII.) 2d 0 0	2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
c Recoveries of prior year grants 2c d Other (Describe in Part XIII.) 2d 0 e Add lines 2a through 2d 2e 300,938 3 Subtract line 2e from line 1 3 23,315,321 4 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 4a 26,597 b Other (Describe in Part XIII.) 4b 0 c Add lines 4a and 4b 4c 26,597 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 23,341,918 Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 1 23,932,684 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2a 106,442 b Prior year adjustments 2b 2c 0 c Other losses 2c 0 d Other (Describe in Part XIII.) 2d 0 e Add lines 2a through 2d 2e 106,442 3 Subtract line 2e from line 1	а	Net unrealized gains (losses) on investments	2a	194,496		
Other (Describe in Part XIII.) 2d 0 2e 300,938	b	Donated services and use of facilities	2b	106,442		
Add lines 2a through 2d 2e 300,938 3 Subtract line 2e from line 1 3 23,315,321 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: 4a 26,597 b Other (Describe in Part XIII.) 4b 0 c Add lines 4a and 4b 4c 26,597 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 23,341,918 Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return	С	Recoveries of prior year grants	2c			
3	d	Other (Describe in Part XIII.)	2d	0		
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 b Other (Describe in Part XIII.) c Add lines 4a and 4b C 26,597 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 23,341,918 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. 1 Total expenses and losses per audited financial statements Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements Donated services and use of facilities Donated services in Part XIII.) Donated Services in Part XIII. Donated Servic	е	Add lines 2a through 2d			2e	300,938
a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 Total expenses and losses per Audited Financial Statements With Expenses per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements Complete on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities Describe in Part XIII.) C Other losses C Other losses C Other losses C Other Other losses C Other Other on Form 990, Part IX, line 25; but not on line 1: a Investment expenses not included on Form 990, Part IX, line 7b D Other (Describe in Part XIII.) C Add lines 2a through 2d Amounts included on Form 990, Part IX, line 7b D Other (Describe in Part XIII.) C Add lines 4a and 4b C Add lines 4a and 4b S Other (Describe in Part XIII.) S Other (Describe in Part XIII.) S Upplemental Information Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	3	Subtract line 2e from line 1			3	23,315,321
b Other (Describe in Part XIII.)	4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
c Add lines 4a and 4b	а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	26,597		
Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 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. 1 Total expenses and losses per audited financial statements	b	Other (Describe in Part XIII.)	4b	0		
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. 1 Total expenses and losses per audited financial statements	С				4c	26,597
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements	5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12.)		5	23,341,918
1 Total expenses and losses per audited financial statements	Part				r Retur	'n
Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities	-	Complete if the organization answered "Yes" on Form 990,	Part I	IV, line 12a.		
a Donated services and use of facilities	1	Total expenses and losses per audited financial statements			1	23,932,684
b Prior year adjustments	2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
c Other losses	а	Donated services and use of facilities	2a	106,442		
d Other (Describe in Part XIII.)	b	Prior year adjustments	2b			
e Add lines 2a through 2d	С	Other losses	2c			
3 Subtract line 2e from line 1	d	Other (Describe in Part XIII.)	2d	0		
4 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	е	Add lines 2a through 2d			2e	106,442
a Investment expenses not included on Form 990, Part VIII, line 7b	3	Subtract line 2e from line 1			3	23,826,242
b Other (Describe in Part XIII.)	4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
c Add lines 4a and 4b	а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	26,597		
5 Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>)	b	Other (Describe in Part XIII.)	4b	0		
Part XIII Supplemental Information Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	С				4c	26,597
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.			ne 18.)	<u> </u>	5	23,852,839
2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.		• •				
SEE STATEMENT	2; Parl	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	t to pro	ovide any additional in	formatio	n.
	SEE S	TATEMENT				

Part XIII

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

Return Reference - Identifier	Explanation
LINE 2 - UNCÉRTAIN TAX	MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE INCLUDED IN ASC 740. BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE FINANCIAL STATEMENTS.

SCHEDULE F (Form 990)

(Rev. January 2025)

Statement of Activities Outside the United States
Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

UNITED STATES ANTI-DOPING AGENCY

Employer identification number 84-1541903

Par	General Information Form 990, Part IV, line		ies Outside	the United States. Con	nplete if the organization a	answered "Yes" on				
1	1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?									
2	For grantmakers. Describe outside the United States.	in Part V the	e organization	's procedures for monitorin	ng the use of its grants an	d other assistance				
3	Activities per Region. (The fo	ollowing Part	I, line 3 table o	can be duplicated if addition	nal space is needed.)					
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region				
(1)	EUROPE (INCLUDING ICELAND AND GREENLAND)	0	3	PROGRAM SERVICES	TESTING, SCIENCE	1,065,673				
(2)	RUSSIA AND NEIGHBORING STATES	0	0	PROGRAM SERVICES	TESTING	279				
(3)	SOUTH AMERICA	0	1	PROGRAM SERVICES	TESTING	32,507				
(4)	EAST ASIA AND THE PACIFIC	0	2	PROGRAM SERVICES	TESTING	70,194				
(5)	NORTH AMERICA (CANADA & MEXICO ONLY)	0	0	PROGRAM SERVICES	TESTING	1,467,170				
(6)	SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	TESTING	340				
(7)	SOUTH ASIA	0	0	PROGRAM SERVICES	TESTING	4,975				
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										
(15)										
(16)										
(17)										
3a	Subtotal	0	6			2,641,138				
b	Total from continuation sheets to Part I	0	0			0				
С	Totals (add lines 3a and 3b)	0	6			2,641,138				

Schedule F (Form 990) (Rev. 1-2025)

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. (a) Name of (b) IRS code (c) Region (d) Purpose of (e) Amount of (f) Manner of (g) Amount of (h) Description (i) Method of section and EIN organization grant cash grant cash noncash of noncash assistance valuation (book, FMV, (if applicable) disbursement assistance appraisal, other) (1) (2) (3) (4) (5) (6) (7) (8) (9)(10)(11) (12)(13)(14)(15)(16)Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Schedule F (Form 990) (Rev. 1-2025)

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

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

Part IV Foreign Forms

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

Schedule F (Form 990) (Rev. 1-2025)

Part V

Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

Return Reference - Identifier	Explanation
SCHEDULE F, PART I, LINE 3 - METHOD USED TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS	EAST ASIA AND THE PACIFIC - ACCRUAL - TESTING EUROPE (INCLUDING ICELAND AND GREENLAND) - ACCRUAL - TESTING, SCIENCE NORTH AMERICA (CANADA & MEXICO ONLY) - ACCRUAL - TESTING RUSSIA AND NEIGHBORING STATES - ACCRUAL - TESTING SOUTH AMERICA - ACCRUAL - TESTING SOUTH ASIA - ACCRUAL - TESTING SUB-SAHARAN AFRICA - ACCRUAL - TESTING

SCHEDULE I (Form 990)

(Rev. December 2024)

Department of the Treasury Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization							Employer	identification number
UNITED STATES ANTI-DOPING AGENC	CY							84-1541903
Part I General Information	on Grants and	l Assistance					•	
 Does the organization mainta and the selection criteria used Describe in Part IV the organiz Part II Grants and Other As 	d to award the grazation's procedu	ants or assistance res for monitoring	? the use of grant fu		States.			
Part IV, line 21, for any					ated if additional s			,
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description		(h) Purpose of grant or assistance
(1) PARTNERSHIP FOR CLEAN COMPETITION 1 OLYMPIC PLAZA, COLORADO SPRINGS, CO 80909	42-1763805	501(C)(3)	250,000		воок			ANTI-DOPING RESEARCH
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
2 Enter total number of section3 Enter total number of other or		•						
- Litter total number of other or	9411124110113 115161	a in the line i table		<u> </u>	<u> </u>			. 0

Schedule I (Form 990) (Rev. 12-2024)

Part III	Part III can be duplicated if additional space is needed.										
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance					
1											
2											
3											
4											
5											
6											
7											
Part IV	Supplemental Information. Provide	e the information r	equired in Part I, li	ne 2; Part III, colum	n (b); and any other additi	onal information.					
(SEE STAT			•	· · · · · · · · · · · · · · · · · · ·							

Part	١	٧	
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Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference - Identifier	Explanation
2 - PROCEDÚRES FÓR MONITORING USE OF GRANT FUNDS	THE GRANT FUNDS PROVIDED TO THE PARTNERSHIP FOR CLEAN COMPETITION (PCC) ARE CONTINGENT ON ANNUAL BENCHMARKING TO ENSURE THAT THE FUNDS ARE BEING UTILIZED IN AN EFFECTIVE AND APPROPRIATE MANNER. THOSE BENCHMARKS INCLUDE DEMONSTRATION THAT THE PCC HAS COMMITTED TO NO LESS THAN THREE SCIENTIFICALLY RELEVANT GRANTS EACH YEAR; CONTINUED MONITORING OF PREVIOUS GRANTS GIVEN TO ENSURE THEIR PROGRESS IN BETTERING ANTI-DOPING EFFORTS IN SPORT; AND THE ACTIVE ENGAGEMENT OF THE PCC BOARD OF DIRECTORS AND THE SCIENTIFIC ADVISORY BOARD IN THE OVERSIGHT OF CURRENT AND FUTURE GRANT PROJECTS.

SCHEDULE J (Form 990)

(Rev. January 2025)

Department of the Treasury Internal Revenue Service Name of the organization

Compensation Information

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

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

Attach to Form 990.

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

Inspection Employer identification number

UNITED STATES ANTI-DOPING AGENCY

84-1541903

OMB No. 1545-0047

Open to Public

Part	Questions Regarding Compensation						
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form		Yes	No			
·u	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						
	☐ Independent compensation consultant ☑ Compensation survey or study						
	Form 990 of other organizations 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		~			
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		~			
С	Participate in or receive payment from an equity-based compensation arrangement?						
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.						
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:						
а	The organization?	5a		~			
b	Any related organization?	5b		~			
	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		~			
b	Any related organization?	6b		V			
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	~				
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe						
	in Part III	8		~			
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9					

Schedule J (Form 990) (Rev. 1-2025)

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

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

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

(A) Name and Title		(B) Breakdown of W-2 ar			(C) Retirement and		(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	(D) Nontaxable benefits	(B)(i)–(D)	in column (B) reported as deferred on prior Form 990
TRAVIS TYGART	(i)	514,686	53,612	78	24,237	27,790	620,403	0
1 CHIEF EXECUTIVE OFFICER	(ii)	0	0	0	0	0	0	0
JEFFREY COOK	(i)	224,421	40,269	78	18,678	26,940	310,386	0
2 GENERAL COUNSEL	(ii)	0	0	0	0	0	0	0
MATTHEW FEDORUK	(i)	212,476	31,707	78	17,284	27,440	288,985	0
3 CHIEF SCIENCE OFFICER	(ii)	0	0	0	0	0	0	0
JOHN BOBO	(i)	220,018	27,190	78	17,582	11,718	276,586	0
4 CHIEF OPERATING OFFICER	(ii)	0	0	0	0	0	0	0
SANDRA BRIGGS	(i)	193,822	30,483	78	15,914	27,790	268,087	0
5 CHIEF FINANCIAL OFFICER	(ii)	0	0	0	0	0	0	0
VICTOR BURGOS	(i)	189,114	29,993	78	15,346	17,284	251,815	0
6 CHIEF INVESTIGATIVE OFFICER	(ii)	0	0	0	0	0	0	0
AMY EICHNER	(i)	143,308	20,709	78	11,656	27,670	203,421	0
7 SPECIAL ADVISOR	(ii)	0	0	0	0	0	0	0
LAURA LEWIS	(i)	139,041	18,281	73	11,009	24,639	193,043	0
8 DIRECTOR, SCIENCE	(ii)	0	0	0	0	0	0	0
JENNIFER ROYER	(i)	135,531	19,652	78	10,883	24,801	190,945	0
9 SR. DIRECTOR TRUESPORT & AWARENESS	(ii)	0	0	0	0	0	0	0
DAVE GOLDBACH	(i)	155,266	26,203	53	3,488	1,381	186,391	0
10 DIRECTOR, INFORMATION TECHNOLOGY	(ii)	0	0	0	0	0	0	0
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) (Rev. 1-2025)

Part III

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

Return Reference - Identifier	Explanation
	USADA PAYS A DISCRETIONARY NON-FIXED BONUS BASED ON THE ORGANIZATION'S GOALS AND INDIVIDUAL PERFORMANCE.

SCHEDULE O (Form 990)

(Rev. January 2025)

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 instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
United States Anti-Doping Agency

Employer identification number
84-1541903

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION	TO BE THE GUARDIAN OF THE VALUES AND LIFE LESSONS LEARNED THROUGH TRUE SPORT. WE HOLD THE PUBLIC TRUST TO: 1) PRESERVE THE INTEGRITY OF COMPETITION - AS AN ORGANIZATION, WE FIGHT TO PRESERVE THE VALUE AND INTEGRITY OF ATHLETIC COMPETITION THROUGH JUST INITIATIVES INTENDED TO PREVENT, DETER AND DETECT VIOLATIONS OF TRUE SPORT. 2) INSPIRE TRUE SPORT - WE WORK TO INSPIRE BOTH PRESENT AND FUTURE GENERATIONS OF U.S. ATHLETES THROUGH INITIATIVES CREATED TO IMPART THE CORE PRINCIPLES OF TRUE SPORT, NAMELY: FAIR PLAY, RESPECT FOR ONE'S COMPETITOR AND RESPECT FOR THE FUNDAMENTAL FAIRNESS OF COMPETITION. 3) PROTECT THE RIGHTS OF U.S. ATHLETES - WE PROTECT THE RIGHT OF U.S. OLYMPIC AND PARALYMPIC ATHLETES TO COMPETE HEALTHY AND CLEAN, TO ACHIEVE THEIR OWN PERSONAL VICTORIES AS A RESULT OF UNWAVERING COMMITMENT AND HARD WORK, AND TO BE CELEBRATED AS TRUE HEROES.
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	USADA'S FORM 990 IS PREPARED BY A THIRD PARTY AND IS REVIEWED IN DETAIL BY MANAGEMENT AND A SECONDARY REVIEW IS PERFORMED BY THE MEMBERS OF THE AUDIT AND ETHICS COMMITTEE. ONCE FINALIZED, EACH BOARD MEMBER RECEIVES AN ELECTRONIC COPY OF THE FINAL RETURN AND THE FORM 990 IS FILED WITH THE IRS.
FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY	ALL OFFICERS, DIRECTORS AND STAFF OF USADA ARE REQUIRED TO COMPLETE A CONFLICT-OF-INTEREST FORM ANNUALLY. ALL SUCH INDIVIDUALS WILL MAKE FULL DISCLOSURE OF THE NATURE AND EXTENT OF ANY ACTUAL OR POTENTIAL CONFLICT OF INTEREST AND SUBMIT FORMS TO THE DIRECTOR OF BUSINESS AFFAIRS AND FINANCE. ALL DOCUMENTED DISCLOSURES WILL BE REVIEWED BY THE GENERAL COUNSEL, UNLESS THE GENERAL COUNSEL IS IMPLICATED, IN WHICH CASE A COPY WILL BE PROVIDED TO THE CHAIR OF THE AUDIT AND ETHICS COMMITTEE. AFTER REVIEW, THE GENERAL COUNSEL OR THE CHAIR OF THE AUDIT AND ETHICS COMMITTEE WILL SUMMARIZE THE DISCLOSURE AND RESULTING ACTIONS IN A REPORT TO THE AUDIT AND ETHICS COMMITTEE.
FORM 990, PART VI, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	THE COMPENSATION COMMITTEE REVIEWED INDEPENDENT SURVEYS FOR OLYMPIC SPORT AND NATIONAL NOT FOR PROFIT SURVEYS OF ORGANIZATIONS OF LIKE SIZE AND ACTIVITY, FOR COMPARATIVE DATA IN REVIEW OF THE CEO COMPENSATION. THESE SURVEYS WERE THEN USED AS THE BASIS FOR DETERMINING CEO COMPENSATION. CEO COMPENSATION IS DETERMINED BY THE BOARD'S COMPENSATION COMMITTEE. ONCE COMPENSATION HAS BEEN DECIDED IT IS REVIEWED BY HUMAN RESOURCES.
FORM 990, PART VI, LINE 15B - PROCESS TO ESTABLISH COMPENSATION OF OTHER OFFICERS OR KEY EMPLOYEES	THE COMPENSATION COMMITTEE REVIEWED INDEPENDENT SURVEYS FOR OLYMPIC SPORT AND NATIONAL NOT FOR PROFIT SURVEYS OF ORGANIZATIONS OF LIKE SIZE AND ACTIVITY. THE COMPENSATION COMMITTEE USED COMPARABILITY DATA, INCLUDING THE SURVEYS, TO DETERMINE THE COMPENSATION FOR OTHER OFFICERS AND KEY EMPLOYEES OF THE ORGANIZATION. ONCE COMPENSATION HAS BEEN DECIDED, IT IS REVIEWED BY HUMAN RESOURCES.
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

(Rev. January 2025)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the o	organization FATES ANTI-DOPING AGENCY								Employer ide 84-	ntification 1541903	numbe
Part I	Identification of Disregarded Entities. Complet	te if the o	rganization	answered "Yes	s" on Form 990	, Part IV,	line 33.				
	(a) Name, address, and EIN (if applicable) of disregarded entity		(b) Primary activity		(c) Legal domicile (story foreign countrection)	ate Tota	(d) Total income E		(e) f-year assets	(f) Direct controll entity	
(1)											
(2)											
(3)											
(4)											
(5)											
(6)											
Part II	Identification of Related Tax-Exempt Organizations one or more related tax-exempt organizations du	ations. Co	omplete if tlax year.	he organizatior	answered "Ye	s" on For	m 990, Pa	ırt IV, I	ine 34, beca	ause it h	nad
	(a) Name, address, and EIN of related organization		(b) rry activity	(c) Legal domicile (statement or foreign countrection)		ection Pub	Public charity status (if section 501(c)(3))		(f) Direct controlling entity	con	(g) n 512(b)(¹ ntrolled ntity?
(4)										Yes	No
(1)											
(2)											
(3)											
(4)											
(5)											
(6)											

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

Cat. No. 50135Y

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

(a) Name, address, and EIN of related organization	(b) Primary activity	Primary activity Legal domicile (state or foreign Direct controlling entity Predominant income (related, unrelated, excluded from tax under Direct controlling Predominant income (related, unrelated, excluded from tax under Direct controlling Predominant income Share of total income Share of end-year assets Direct controlling Predominant income Share of total income Share of total income Share of total income Share of end-year assets Direct controlling Direct controlling Predominant income (related, unrelated, excluded from total income Direct controlling Direct controlling		income (related, income y unrelated,	(g) Share of end-of- year assets	(h) Disproportionate allocations?		Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man	i) eral or aging ner?	(k) Percentage ownership
		country)		sections 512-514)			Yes	No		Yes	No		
(1) (SEE STATEMENT)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													

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

(a) Name, address, and EIN of related organization	(b)	(c) Legal domicile (state or foreign country)	(d)	(e)	(f)	(g) Share of end-of-year assets	(h) Percentage ownership	Section 5 conti ent	(i) 512(b)(13) rolled tity?
								Yes	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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Yes No

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

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

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

а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a 🗸
b	Gift, grant, or capital contribution to related organization(s)				1b 🗸
С	Gift, grant, or capital contribution from related organization(s)				1c 🗸
d	Loans or loan guarantees to or for related organization(s)				1d 🗸
е	Loans or loan guarantees by related organization(s)				1e 🗸
	, , , , , , , , , , , , , , , , , , , ,				
f	Dividends from related organization(s)				1f v
g	Sale of assets to related organization(s)			+	1g 🗸
h	Purchase of assets from related organization(s)				1h 🗸
ï	Exchange of assets with related organization(s)				1i V
i	Lease of facilities, equipment, or other assets to related organization(s)			±	1j v
,	Lease of Identities, equipment, of other assets to related organization(s)				·,
L	Lease of facilities, equipment, or other assets from related organization(s)				1k 🗸
ı	Performance of services or membership or fundraising solicitations for related organization(s)				11 /
, m					
m					
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				
0	Sharing of paid employees with related organization(s)				10 🗸
р	Reimbursement paid to related organization(s) for expenses			+	1p 🗸
q	Reimbursement paid by related organization(s) for expenses				1q 🗸
r	Other transfer of cash or property to related organization(s)			+	1r 🗸
S	Other transfer of cash or property from related organization(s)				1s /
2	If the answer to any of the above is "Yes," see the instructions for information on who must co	omplete this line, inclu	uding covered relation	ships and transaction	n thresholds.
	(a) Name of related organization	(b)	(c)	(d)	
	Name of related organization	Transaction type (a-s)	Amount involved	Method of determining	amount involved
		type (a 3)			
	NNOVERO LLC	0	68.975	BOOK	
(1)			35,015		
	NNOVERO LLC	Q	48,256	CASH	
(2)		-	,		
(3)					
(4)					
(5)					
(6)					
				Cohodulo D /Form (

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			sections 512-514)	Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part III Identification of Related Organizations Taxable as a Partnership (continued)

(a) Name, address and EIN of related organization	(b) Primary Activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income related, unrelated, excluded from tax under sections 512- 514	(f) Share of total income	(g) Share of end-of-year assets	Dispropor Lionate		in box 20 of Schedule K- 1 (Form	c	or aging	(k) Percentage ownership
							Yes	No	1065)	Yes	No	
	ANTI-DOPING SUPPLIES/EQUIP MENT	со	N/A	RELATED	44,139	1,383,395		✓	N/A	✓		50.00