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DLN: 93493319082803

Form 990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2012

OMB No 1545-0047

Department of the Treasury

► The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public

For the		I			
		endar year, or tax year beginning 01-01-2012 , 2012, and ending 12-3. C Name of organization	1-2012	D Emple	er identification number
Check if Address	applicable	USA GYMNASTICS			er identification number
_	-	Doing Business As		_ 75-184	17871
Name ch	-				
Initial ret -	turn	Number and street (or P O box if mail is not delivered to street address) Room/sul 132 E Washington St	ite	E Telephon	ne number
Terminat	ted	132 E Washington St		(317)8	329-5658
Amende	d return	City or town, state or country, and ZIP + 4 Indianapolis, IN 46204		(421)	
Application	on pending	indianapons, in 40204		G Gross red	ceipts \$ 30,485,414
		F Name and address of principal officer	H(a) Is	this a group r	eturn for
		STEVE PENNY 132 E Washington St		liates?	Γ Yes ∨ No
		Indianapolis, IN 46204	H(b) a	- II - 66 I b	ıncluded?
					a list (see instructions)
Tax-exe	empt status	▼ 501(c)(3)			
Websit	te:► WW	/W USAGYM ORG	H(c) Gr	oup exemption	on number 🟲
			1		
		✓ Corporation Trust Association Other ►	L Year of	formation 196	4 M State of legal domicile IN
Part I		mary escribe the organization's mission or most significant activities			
2	GYMNAS	A GYMNASTICS IS THE DESIGNATED NATIONAL GOVERNING BOI STICS, RHYTHMIC GYMNASTICS, TRAMPOLINE & TUMBLING, ACR UNITED STATES			
2	Check th	nis box দ if the organization discontinued its operations or disposed o	of more than	25% of its r	net assets
3	Number	of voting members of the governing body (Part VI, line 1a)		1	3 20
		of independent voting members of the governing body (Part VI, line 1b)			4 20
		mber of individuals employed in calendar year 2012 (Part V, line 2a)		<u> </u>	5 70
		mber of volunteers (estimate if necessary)		F	6 1,50
ı		related business revenue from Part VIII, column (C), line 12			7a 377,249
		lated business taxable income from Form 990-T, line 34			7b -430,776
				ior Year	Current Year
8	Contri	butions and grants (Part VIII, line 1h)		2,388,40	02 3,686,025
<u> </u>		ım service revenue (Part VIII, line 2g)		14,333,29	94 21,097,540
9 10		ment income (Part VIII, column (A), lines 3, 4, and 7d)		146,30	
11	Other	revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,096,8	1,977,236
12		revenue—add lines 8 through 11 (must equal Part VIII, column (A), line	e	170610	26.020.646
				17,964,8	
13		s and similar amounts paid (Part IX, column (A), lines 1–3)		1,193,78	
14		ts paid to or for members (Part IX, column (A), line 4)			0 0
3 15	5-10)	es, other compensation, employee benefits (Part IX, column (A), lines		3,874,88	86 4,567,154
16a	n Profes	sional fundraising fees (Part IX, column (A), line 11e)			0 0
<u>{</u> 6	• Total fu	ndraising expenses (Part IX, column (D), line 25) ▶0			
1 17		expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		12,660,1	09 19,573,943
18	Total	expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		17,728,7	
19	Reven	ue less expenses Subtract line 18 from line 12		236,08	85 -1,636,351
890			Beginn	ing of Current	t End of Year
麗	T ~+=1 :	accate (Part V. lino 16)		11 082 5	38 0.07.204
Enid Balances 20 21 22		assets (Part X, line 16)		11,082,5 5,404,28	
景 21 上 22		sets or fund balances Subtract line 21 from line 20	•	5,404,2	
art II		ature Block		5,0/8,2	4,030,084 4 ,030,084
der per knowle	nalties of edge and has any ki	perjury, I declare that I have examined this return, including accompan belief, it is true, correct, and complete Declaration of preparer (other th nowledge			
an	1.	I HEWETT CHIEF FINANCIAL OFFICER			
	MOC 📕				
		or print name and title			
	Type	rint/Type preparer's name Preparer's signature D		HECK! II	PTIN PN0520729
ere	Type P	Print/Type preparer's name Rachel Spurlock Preparer's signature	S	elf-employed	PTIN P00520729
ign ere aid repar	Type F F F F	rint/Type preparer's name Preparer's signature D	S	HECK! II	

May the IRS discuss this return with the preparer shown above? (see instructions) $\,$.

✓ Yes ☐ No

Part			ervice Accompl response to any qu		III		
1	Briefly describe the or	ganızatıon's mıss	sion				
ORGAI OFTH GYMNA THROU USA G	E USOC USA GYMNA ASTIQUE (FIG), AN C IGHOUT THE WORLD	DESIGNATED BY ASTICS IS ALSO DRGANIZATION D IN ADDITION RTS AND PROMO	THE UNITED STA THE UNITED STA WHOSE PURPOSI TO ORGANIZING OTES THE SPORT	ATES OLYMPIC C ATES' REPRESEN E IS TO PROMOT THE OLYMPIC G	OMMITTEE (THE TATIVE TO THE E THE DEVELOP SYMNASTICS TE	E USOC) AND IS FEDERATION I MENT OF THE S AM AND OTHER	MNASTICS THE A GROUP A MEMBER NTERNATIONALE DE PORT OF GYMNASTI NATIONAL TEAMS, CH DEVELOPMENT,
	old the organization ur he prior Form 990 or 9			rvices during the y	ear which were no	ot listed on	┌ Yes ┌ No
I	f "Yes," describe thes	e new services o	n Schedule O				
	old the organization ce ervices?	ease conducting,	or make significant	t changes in how i	t conducts, any pr	rogram • • • • •	
I	f "Yes," describe thes	e changes on Scl	hedule O				
е	escribe the organizat xpenses Section 501 he total expenses, and	L(c)(3) and 501(c)(4) organizations	are required to re			
4a	(Code) (Expenses \$	9,393,039	ıncludıng grants of \$	245,65	7) (Revenue \$	10,231,106)
	HOSTED COMPETITIONS / INTERNATIONAL COMPETI EVENTS, INCLUDING BUT I	TIONS, INCLUDING T	HE NATIONAL CHAMPIC	NSHIPS AND OLYMPIC	TRIALS USA GYMNA	STICS INCURS ALL E	XPENSES RELATED TO THE
4b	(Code) (Expenses \$	8,059,163	ıncludıng grants of \$	1,080,24	3) (Revenue \$	2,593,134)
	PROGRAM SERVICES USA EXPENSES INCLUDE TRAVE TRAINING, AND EARLY TAL	EL TO INTERNATIONA	AL COMPETITIONS, TRA				
4c	(Code) (Expenses \$	3,179,471	including grants of \$) (Revenue \$	9,167,973)
	MEMBER SERVICES USA (PROVIDES A VARIETY OF S COVERAGE TO HOSTS OF S	GYMNASTICS HAS OV SERVICES AND BENEF SANCTIONED COMPE ES AND POLICIES TH	ER 115,000 MEMBERS FITS BENEFITS INCLUD TITIONS USA GYMNAS AT GOVERN THE COND	AFFILIATED WITH OVE E PARTICIPANT ACCIL TICS ALSO CONDUCTS	R 3,000 INDEPENDEN DENT INSURANCE COV SAFETY CERTIFICAT:	TLY OPERATED ORG VERAGE TO COMPETION, WHICH IS REQU	ANIZATIONS TO WHICH IT ING MEMBERS, AND LIABILIT
	(Code) (Expenses \$	3,000,000	ıncludıng grants of \$	3.000.00	0) (Revenue \$)
	•	NASTICS FOUNDATIO	ON THE NATIONAL GYM	INASTICS FOUNDATIO	N SUPPORTS THE CHA	ARITABLE AND EDUCA	ATIONAL ACTIVITES OF USA
	(Code) (Expenses \$	1,727,677	including grants of \$) (Revenue \$)
	•	SYMNASTICS DOES E CS MEDIA RELAESES ON A DAILY BASIS U	VERYTHING IT CAN TO B ABOUT UPCOMING EVI USA GYMNASTICS MAIN	HELP PROMOTE THE S ENTS, ATHLETE'S COM	PETITIVE SUCCESS O	THE POSITIVE MESSA VERSEAS, AND OTHE	GE ABOUT BEING INVOLVED R GYMNSATICS RELATED
4d	Other program servic		Schedule O) including grants of	F # 20	00 000 \/Paua=-	۵. ۴	1
	(Expenses \$			э 3,0	00,000) (Revenu	лс ф	,
4e	Total program service	: expenses F	25,359,350				

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes,"</i> complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
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		No
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</i> "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 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		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9	Yes	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
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		No
C	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		No
	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		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
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	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
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	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) 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		No
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		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV			1
		28a		No
Ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than $$25,000$ in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
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		No
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	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	Yes	

	Check if Schedule O contains a response to any question in this Part V		Yes	<u> </u>
12	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 796		1 45	<u> </u>
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0	-		
		1		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Yes	
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	,		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
la	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority		163	
ru.	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		N
b	If "Yes," enter the name of the foreign country 🕨			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
				_
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<u> </u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		١
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	_		
_		5c		<u> </u>
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6a		
ט	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		ı
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
	file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year			
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
e	contract?	7e		r
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		ı
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
	required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
3	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		1	
		8		
•	Sponsoring organizations maintaining donor advised funds.			
_	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		_
)	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a	-		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		
L	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources	-		
U	against amounts due or received from them)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
b	Section 501(c)(29) qualified nonprofit health insurance issuers.			
3	Is the organization licensed to issue qualified health plans in more than one state?	13a		
3	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	134		
3 a	Note. See the instructions for additional information the organization must report on Schedule O Enter the amount of reserves the organization is required to maintain by the states	154		
a b	Note. See the instructions for additional information the organization must report on Schedule O 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			
a b	Note. See the instructions for additional information the organization must report on Schedule O Enter the amount of reserves the organization is required to maintain by the states			

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

Se	ection A. Governing Body and Management						
	Section At 30 verning body and Hanagement		Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year						
	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 in Schedule O						
b	Enter the number of voting members included in line 1a, above, who are independent						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No			
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No			
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		Νo			
6	Did the organization have members or stockholders?	6	Yes				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following						
а	The governing body?	8a	Yes				
b	b Each committee with authority to act on behalf of the governing body?						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No			
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ıe Cod	e.)			
			Yes	No			
	Did the organization have local chapters, branches, or affiliates?	10a	Yes Yes	No			
b	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?	10a 10b		No			
b L1a	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?			No			
b L1a b	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990	10b	Yes	No			
b L1a b	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b	Yes	No			
b L1a b L2a b	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b	Yes	No			
b L1a b L2a b	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a	Yes	No			
b L1a b L2a b	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b	Yes Yes Yes	No			
b L1a b L2a b	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	10b 11a 12a 12b	Yes Yes Yes				
b 11a b 12a b c	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy?	10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes				
b 11a b 12a b c 13 14	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes				
b 111a b 12a b c 13 14 15	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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?	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes				
b 111a b 12a b c 13 14 15	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes	No			
b 11a b 12a b c 13 14 15 a b	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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 Other officers or key employees of the organization	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes	No			
b 11a b 12a c 13 14 15 a b	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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 Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes	No			
b 11a b 12a c 13 14 15 a b	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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 Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes	No			
b 11a b 12a c 13 14 15 a b	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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 Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes	No			

- Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization FJOHN HEWETT 132 E WASHINGTON STREET STE 700 Indianapolis, IN (317) 829-5658

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

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

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

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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

		Ι								
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	more pers	than on is	one bot rect	not box h ar or/tr	check (, unles office) ustee Highest compensated	ss :r	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
			£			# @				
(1) GARY ANDERSON	1 00									
SECRETARY		X		Х				0	0	0
(2) JIM MORRIS	1 00							_	_	
TREASURER		X		Х				0	0	0
(3) PAUL PARILLA	1 00			,				0	0	
VICE CHAIR		Х		Х				0	0	0
(4) PETER VIDMAR	1 00	х		Х				0	0	0
BOARD CHAIR		_ ^		_^				0	O	
(5) BITSY KELLEY	1 00	x						0	0	0
DIRECTOR		^							Ŭ	
(6) BROOKE BUSHNELL TOOHEY	1 00	l x						6,030	0	0
DIRECTOR								,		
(7) CAROLE IDE	1 00	×						0	0	0
DIRECTOR	1.00									
(8) FRANK MARSHALL	1 00	x						0	0	0
DIRECTOR (9) GEORGE DREW	1 00					\vdash				
		x						750	0	0
DIRECTOR (10) JAY BINDER	1 00									
	1 00	x						0	0	0
DIRECTOR (11) JESSICA HOWARD	1 00									
DIRECTOR		x						0	0	0
(12) JOHN ROETHLISBERGER	1 00									
DIRECTOR		X						300	0	0
(13) KARL HEGER	1 00									
DIRECTOR		X						1,834	0	0
(14) MARY LOU RETTON	1 00									
DIRECTOR		X						0	0	0
(15) MICHAEL RODRIGUES	1 00	Ü								
DIRECTOR		X						0	0	0
(16) MIKE BURNS	1 00	V						0	0	
DIRECTOR		X								0
(17) RON FERRIS	1 00	х						0	0	0
DIRECTOR									0	
	· · · · · · · · · · · · · · · · · · ·							· · · · · · · · · · · · · · · · · · ·		Form 990 (2012)

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

(A) Name and Title	(B) A verage hours per week (list any hours	more pers	than on is	one bot ecto	not box h ar or/tr	office	ess er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
(18) RUSS FYSTROM	1 00	х						0	0	0
DIRECTOR		^						· ·	0	
(19) STEVE RYBACKI	1 00	x						0	0	0
DIRECTOR		^						Ŭ		
(20) TERIN HUMPHREY	1 00	×						1,500	0	0
DIRECTOR								,		
(21) TOM KOLL	1 00	x						15,900	0	0
DIRECTOR								ŕ		
(22) YOICHI TOMITA	1 00	x						100	0	0
DIRECTOR										
(23) JOHN HEWETT	40 00			х				111,950	0	14,636
CHIEF FINANCIAL OFFICER	1 00									
(24) STEVE PENNY	40 00			х				549,072	0	36,243
PRESIDENT										
(25) CHERYL JARRETT VICE PRESIDENT MEMBER SERVICES	40 00					Х		121,692	0	22,863
(26) DAVONSHE GALIMORE	40 00					Х		126,901	0	15,440
VP EVENTS/MEN'S PROGRAM (27) KATHY KELLY	40 00									
VP-PROGRAM						Х		135,850	0	16,039
(28) LEE JOHNSON	40 00									
VP MARKETING						Х		105,106	0	27,563
1b Sub-Total						•				
c Total from continuation sheets to Part	VII, Section A					>				
d Total (add lines 1b and 1c)						►		1,176,985	0	132,784
2 Total number of individuals (including b				d ab	ove) who	rec	eıved more than	.	

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

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A)	(B)	(C)
Name and business address	Description of services	Compensation
FTPS HOLDING LLC 38 FOUNTAIN SQUARE CINCINNATI OH 45263	PAYMENT PROCESSING SERVICES	1,528,040
BUENA VISTA PALACE HOTEL 1900 BUENA VISTA DRIVE LAKE BUENA VISTA FL 32830	HOTEL	190,580
MARTA KAROLYI 454 FOREST SERVICE RD HUNTSVILLE TX 77340	NATIONAL TEAM COORDINATOR	133,000
MIHAI BRESTYAN 80 LEXINGTON ST BURLINGTON MA 01803	NATIONAL TEAM MEMBER COACH	118,250

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►4

Part V		Statement of Check if Sched	o f Revenue ule O contains a respor	nse to any question	ın thıs Part VIII .			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
ω £	1a	Federated cam	paigns 1a					
anta	ь	Membership du	ıes 1b					
Gifts, Grants ilar Amounts	С	Fundraising ev	ents 1c					
ifts, ar∆	d	Related organiz	zations 1d	359,262				
s, G mila	е	Government grant	s (contributions) 1e					
ons Sii	f	All other contribution	ons, gifts, grants, and 1f	3,326,763	İ	İ		
Contributions, Gifts, Grants and Other Similar Amounts	•	sımılar amounts no	ot included above		ļ	ļ		ļ
ıtı	g	Noncash contributi 1a-1f \$	ons included in lines					
Coni and	h	Total. Add line	s 1a-1f	🛌	3,686,025			
				Business Code				
renu	2a	MEMBER SERVICE	S	900099	8,468,705	8,468,705		
æ	b	NATIONAL EVENT I	REVENUES	900099	10,052,421	10,052,421		
Program Serwce Revenue	С	PROGRAM EVENTS	S AND CLINICS	900099	2,576,414	2,576,414		
Ser	d		_		0			
Ë	e	Λ II a b b =			0			
rogr	f	All other progra	am service revenue		0	0	0	0
	g		s 2a – 2f		21,097,540			
	3		ome (including divident ar amounts)		119,167			119,167
	4	Income from inves	stment of tax-exempt bond	proceeds 🕨	0			
	5	Royalties .			705,314			705,314
	6a	Gross rents	(ı) Real	(II) Personal				
	b	Less rental						
	c	expenses Rental income	0	0				
	d	or (loss) Net rental inco	me or (loss)		0			
	_	Tree remaining	(i) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory	3,524,256					
	b	Less cost or	2 572 570					
		other basis and sales expenses	3,573,578	-				
	C C	Gain or (loss)	-49,322	0	-49,322			-49,322
	d 8a		ss)	· · · · •	+3,322			+5,322
Other Revenue		events (not inc \$ of contributions	luding s reported on line 1c)					
ır Re		See Part IV, lir	ne 18 a					
)th.	b		penses b		_			
0	C		(loss) from fundraising	events	U			
	94		from gaming activities ne 19 a					
	b		penses b					
	с 10а	Gross sales of returns and allo		vities	Ü			
			а	780,458				
	b	=	oods sold b	81,190	600 360	600 360		
	С	Net income or Miscellaneou	(loss) from sales of inve	Business Code	699,268	699,268		
	11a	ADVERTISING		511120	377,249		377,249	
	b	MEMORABILIA		900099	16,720	16,720	•	
	С				0			
	d	All other reven	ue		178,685	178,685	0	0
	e	Total. Add lines	s 11a-11d	🕨	572,654			
	12	Total revenue.	See Instructions	🕨		21 002 212	277 240	775 150
					26,830,646	21,992,213	377,249	775,159 Form 990 (2012)

Par	t IX Statement of Functional Expenses				Page 10
	on $501(c)(3)$ and $501(c)(4)$ organizations must complete all columns All	other organizat	ıons must comp	lete column (A)	
	Check if Schedule O contains a response to any question in this Pa	rt IX			<u> </u>
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	3,061,747	3,061,747		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	1,264,153	1,264,153		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	611,728	26,414	585,314	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	100,160	100,160		
7	Other salaries and wages	3,043,113	2,582,070	461,043	
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)	155,866	147,968	7,898	
9	Other employee benefits	412,465	361,978	50,487	
10	Payroll taxes	243,822	190,376	53,446	
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	250,402	42,682	207,720	
C	Accounting	50,860		50,860	
d	Lobbying	0			
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	18,721		18,721	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	4,664,164	4,551,076	113,088	0
12	Advertising and promotion	540,219	540,219		
13	Office expenses	2,486,626	2,186,802	299,824	
14	Information technology	114,870	77,951	36,919	
15	Royalties	0			
16	Occupancy	282,437	48,418	234,019	
17	Travel	5,417,274	4,756,677	660,597	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	69		69	
21	Payments to affiliates	534,364	534,364		
22	Depreciation, depletion, and amortization	182,799		182,799	
23	Insurance	976,016	941,780	34,236	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а		1,841,591	1,840,787	804	
b	FACILITY RENTAL AND COSTS	1,074,912	1,074,912		
c	APPAREL	484,685	479,216	5,469	
d	LOCAL ORG COMM COSTS	268,272	268,272		
е	All other expenses	385,662	281,328	104,334	0
25	Total functional expenses. Add lines 1 through 24e	28,466,997	25,359,350	3,107,647	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)	0			

Part X Balance Sheet

		Check if Schedule O contains a response to any question in this	S Part X	· · · ·	(A)		(B)
	1	Cach non interest hearing			Beginning of year 942	1	End of year 2,551,190
		Cash—non-interest-bearing			1.563.667	HH	
	2	Savings and temporary cash investments			1,563,667	2	13,387
	3	Pledges and grants receivable, net			540.005	3	1 755 000
	4	Accounts receivable, net			513,925	4	1,755,323
	5	Loans and other receivables from current and former officers, demployees, and highest compensated employees. Complete Paschedule L				5	0
sts	6	Loans and other receivables from other disqualified persons (a: 4958(f)(1)), persons described in section 4958(c)(3)(B), and cand sponsoring organizations of section 501(c)(9) voluntary erorganizations (see instructions) Complete Part II of Schedule	ontribu nployee	iting employers		6	0
Assets	7	Notes and loans receivable, net				7	
ď	8	Inventories for sale or use			72,817		72,817
	9	Prepaid expenses and deferred charges			1,175,023		667,394
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	, ,	-			
	ь	Less accumulated depreciation	10a 10b	1,221,342 844,149	4	10c	377,193
		Investments—publicly traded securities	6,891,631	11	4,128,396		
	11		0,031,031	12	4, 120,390		
		Investments—other securities See Part IV, line 11	0	\vdash	0		
	13	Investments—program-related See Part IV, line 11		13			
	14	Intangible assets		•	140.007	14	201.501
	15	Other assets See Part IV, line 11			440,807	15	321,504
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			11,082,538		9,887,204
	17	Accounts payable and accrued expenses		•	814,475	17	1,371,429
	18	Grants payable				18	
	19	Deferred revenue			4,589,809	19	4,476,891
	20	Tax-exempt bond liabilities				20	
\mathcal{Q}	21	Escrow or custodial account liability Complete Part IV of Sche	dule D			21	
ilities	22	Loans and other payables to current and former officers, direct key employees, highest compensated employees, and disqualit	stees,				
Liabili		persons Complete Part II of Schedule L				22	0
	23	Secured mortgages and notes payable to unrelated third partie	s .			23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to relat and other liabilities not included on lines 17-24) Complete Pa	rt X of S	Schedule			
		D			0	25	0
	26	Total liabilities. Add lines 17 through 25			5,404,284	26	5,848,320
ري d)		Organizations that follow SFAS 117 (ASC 958), check here ► lines 27 through 29, and lines 33 and 34.	✓ and o	complete			
ĕ	27	Unrestricted net assets			5,678,254	27	4,038,884
<u>ರ</u>	28				5,070,254	28	4,000,004
<u>~</u>	I	Temporarily restricted net assets		•		29	
ĭ	29	Permanently restricted net assets				29	
or Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check he complete lines 30 through 34.	·				
Ş	30	Capital stock or trust principal, or current funds				30	
sets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
Ą	32	Retained earnings, endowment, accumulated income, or other f	unds			32	
₹	33	Total net assets or fund balances			5,678,254	33	4,038,884
_	34	Total liabilities and net assets/fund balances			11,082,538	34	9,887,204

Par	Reconcilliation of Net Assets Check If Schedule O contains a response to any question in this Part XI				୮
1	Total revenue (must equal Part VIII, column (A), line 12)	1		26,8	330,646
2	Total expenses (must equal Part IX, column (A), line 25)	2		28,4	166,997
3	Revenue less expenses Subtract line 2 from line 1	3		-1,6	36,351
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		5,6	578,254
5	Net unrealized gains (losses) on investments	5			-3,019
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 in Schedule O)	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	LO		4,0	38,884
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				. Г
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewe a separate basis, consolidated basis, or both	don			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separabasis, consolidated basis, or both	te			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight o audit, review, or compilation of its financial statements and selection of an independent accountant?	f the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the req	uired	3b		

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As Filed Data -

DLN: 93493319082803

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

USA GYMNASTICS

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

2012

Open to Public Inspection

									75-18478			
	t I			blic Charity Sta						nstructions	5.	
The o	rganı	zatıon ıs	not a priva	te foundation becaus	seitis (Forl	lines 1 throu	ıgh 11, check	conly one b	ox)			
1	Г			ion of churches, or a				ection 170(b)(1)(A)(i).			
2	Г	A scho	ol described	d in section 170(b)(1	L)(A)(ii). (At	tach Sched	ule E)					
3	\sqcap	A hosp	oital or a coo	perative hospital se	rvice organiz	zatıon descr	ibed in sectio	n 170(b)(1)	(A)(iii).			
4	Γ	A medi	ical researc	h organization opera	ted ın conjun	iction with a	hospital des	cribed in se	tion 170(b)(1)(A)(iii).	Enter the	
_	_			ity, and state	* - 6 11		*·· -···					
5	1	_	•	erated for the benefi	_	e or universi	ty owned or o	perated by	a government	tai uiiit ues	cribed iii	
6	_			(A)(iv). (Complete P · local government o	•	tal unit daga	wheelve acat	170(h)(:	I)(A)()			
7	<u>'</u>			=	_					rom the gom	ماطييم احتم	
•	ļ	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)										
8	\sqcap	A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)										
9	굣	An org	anization th	at normally receives	(1) more th	ian 331/3% d	of its support	from contrib	outions, mem	bership fee	s, and gross	
		receipt	s from activ	rities related to its e	xempt functı	ons—subjec	t to certain e	xceptions, a	and (2) no mo	re than 33:	./3% of	
		ıts sup	port from gr	gross investment income and unrelated business taxable income (less section 511 tax) from businesses								
		acquire	ed by the org	ganızatıon after June	30,1975 S	ee section !	509(a)(2). (C	omplete Pa	rt III)			
10	Γ	An org	anızatıon or	ganized and operate	d exclusively	to test for	public safety	See sectio	n 509(a)(4).			
11	Γ			ganized and operate								
		one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See sect the box that describes the type of supporting organization and complete lines 11e through 11h								ee section !	509(a)(3). Check	
		the box that describes the type of supporting organization and complete lines 11e through 11h a Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated										
e	Г			ox, I certify that the			, -	·				
_	•			on managers and ot								
_			n 509(a)(2)									
f			organization this box	received a written d	etermination	from the IR	S that it is a	Type I, Typ	e II, or Type	III support	ing organization,	
g				2006, has the organ	ızatıon accer	oted any gift	or contributi	on from anv	of the		,	
_		followir	ng persons?			_		•				
				irectly or indirectly o	•		_	persons de	scribed in (ii)		Yes No	
				governing body of th		_	n?				g(i)	
		• •	•	er of a person descr	• •						ı(ii)	
_				lled entity of a perso						11g	(iii)	
h		Provide	e the followi	ng information about	the support	ed organızat	:ion(s)					
(i) Nan	ne of	(ii) EIN	(iii) Type of	(iv) Is	the	(v) Did you	ı notıfy	(vi) Is	the	(vii) A mount of	
	uppoi			organization	organizati		the organi		organizati		monetary	
or	ganız	ation		(described on lines 1- 9 above	col (i) lis your gove		ın col (i) o suppor		col (i) org in the U		support	
				or IRC section	docume	_	Suppor		III the o	J .		
				(see								
				instructions))	Yes	No	Yes	No	Yes	No	7	
Total												

Sch	edule A (Form 990 or 990-EZ) 2012							Page 2
Pa	(Complete only if you o	hecked the bo	x on line 5, 7,	or 8 of Part I o	r if the organiza	ation faile	ed to q	
	Part III. If the organiza ection A. Public Support	tion fails to qu	alify under the	tests listed bel	ow, please com	iplete Pa	rt III.)	
	ection A. Public Support endar year (or fiscal year beginning					1		
	in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2	312	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not include any "unusual							
	grants ")							
2	Tax revenues levied for the							
	organization's benefit and either							
	paid to or expended on its behalf							
3	The value of services or facilities							
•	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3							
5	The portion of total contributions by each person (other than a							
	governmental unit or publicly							
	supported organization) included on							
	line 1 that exceeds 2% of the							
	amount shown on line 11, column							
6	(f) Public support. Subtract line 5 from							
	line 4							
S	ection B. Total Support							
Cal	endar year (or fiscal year beginning	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 20)12	(f) Total
_	in) ► A mounts from line 4		. ,		. ,	, ,		. ,
7 8	Gross income from interest,							
0	dividends, payments received on							
	securities loans, rents, royalties							
	and income from similar							
9	sources Net income from unrelated							
9	business activities, whether or not							
	the business is regularly carried							
	on							
10	Other income Do not include gain or loss from the sale of capital							
	assets (Explain in Part IV)							
11	Total support (Add lines 7 through							
4.0	10)		<u> </u>					
12	Gross receipts from related activitie					12		
13	First five years. If the Form 990 is this box and stop here							ization, check
	ection C. Computation of Pub				<u> </u>	<u> </u>		
14	Public support percentage for 2012			11, column (f))		14		
15	Public support percentage for 2011			, , , , , , ,		15		
	33 1/3% support test—2012. If the o	· ·	•	on line 13 and l	ine 14 is 33 1/20%		chack ti	nie hov
104	and stop here. The organization qua				me 1 1 13 33 1/3/0	or more,	JIICCK CI	► □
b	33 1/3% support test—2011. If the				and line 15 is 33	3 1/3% or n	nore, ch	eck this
	box and stop here. The organization						. 4 4	▶□
1/a	10%-facts-and-circumstances test- is 10% or more, and if the organizat							•
	in Part IV how the organization mee							
	organization				4	r	,	▶ □
b	10%-facts-and-circumstances test-							
	15 is 10% or more, and if the organ Explain in Part IV how the organizat							lv
	supported organization	ion meets the T	acts-ana-cncum:	stances test III	ic organization qu	uiiiiE5 45 i	a public	·y ▶□
18	Private foundation. If the organizat	on did not check	c a box on line 13	, 16a, 16b, 17a,	or 17b, check thi	s box and	see	·
	instructions							▶ ┌

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	2,969,572	1,860,593	2,394,246	2,388,402	3,686,025	13,298,838
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	15,773,140	13,296,109	13,826,463	14,554,460	21,877,998	79,328,170
3	Gross receipts from activities that are not an unrelated trade or business under section 513						0
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0
6	Total. Add lines 1 through 5	18,742,712	15,156,702	16,220,709	16,942,862	25,564,023	92,627,008
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	0	0	0	0	0	0
b	A mounts 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	0	0	0	0	0	0
c	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from line 6)						92,627,008
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6	18,742,712	15,156,702	16,220,709	16,942,862	25,564,023	92,627,008
10a	Gross income from interest,	, ,		, ,	, ,		· · ·
	dividends, payments received on securities loans, rents, royalties and income from similar sources	1,103,859	692,813	711,936	702,636	824,481	4,035,725
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
C	Add lines 10a and 10b	1,103,859	692,813	711,936	702,636	824,481	4,035,725
	Net income from unrelated						
11	business activities not included in line 10b, whether or not the business is regularly carried on		322				322
11	business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part	99,644	322 82,372	26,706	18,532	195,404	322 422,658
	business activities not included in line 10 b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12)	19,946,215	82,372 15,932,209	16,959,351	17,664,030	26,583,908	422,658 97,085,713
12 13 14	business activities not included in line 10 b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is check this box and stop here	19,946,215 for the organizati	82,372 15,932,209 on's first, second	16,959,351	17,664,030	26,583,908	422,658 97,085,713
12 13 14 Se	business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is check this box and stop here	19,946,215 for the organizati	82,372 15,932,209 on's first, second ercentage	16,959,351 , third, fourth, or fi	17,664,030	26,583,908 501(c)(3) organ	422,658 97,085,713 ization, ▶□
12 13 14 Se 15	business activities not included in line 10 b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is check this box and stop here ection C. Computation of Pub Public support percentage for 2012	19,946,215 for the organizati lic Support Po	82,372 15,932,209 on's first, second ercentage (f) divided by line	16,959,351 , third, fourth, or fi	17,664,030	26,583,908 501(c)(3) organ	422,658 97,085,713 ization, ▶☐ 95 400 %
12 13 14 Se 15 16	business activities not included in line 10 b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is check this box and stop here ection C. Computation of Pub Public support percentage from 2012	19,946,215 for the organizati lic Support Po (line 8, column (82,372 15,932,209 on's first, second ercentage f) divided by line art III, line 15	16,959,351 , third, fourth, or fi 13, column (f))	17,664,030	26,583,908 501(c)(3) organ	422,658 97,085,713 ization, ▶□
12 13 14 Se 15 16 Se	business activities not included in line 10 b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is check this box and stop here ection C. Computation of Pub Public support percentage for 2012	19,946,215 for the organizati lic Support Po (line 8, column (82,372 15,932,209 on's first, second ercentage (f) divided by line art III, line 15 me Percenta	16,959,351 , third, fourth, or fi 13, column (f))	17,664,030 Ifth tax year as a	26,583,908 501(c)(3) organ 15 16	422,658 97,085,713 Ization, ▶ □ 95 400 % 93 700 %
12 13 14 Se 15 16	business activities not included in line 10 b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is check this box and stop here ection C. Computation of Pub Public support percentage from 20:	19,946,215 for the organizati lic Support Po (line 8, column (11 Schedule A, P estment Inco 2012 (line 10 c, co	15,932,209 on's first, second ercentage (f) divided by line art III, line 15 me Percentagolumn (f) divided	16,959,351 , third, fourth, or fi 13, column (f)) ge by line 13, column	17,664,030 Ifth tax year as a	26,583,908 501(c)(3) organ	422,658 97,085,713 Ization, 95 400 % 93 700 % 4 160 %
12 13 14 Se 15 16 Se 17 18	business activities not included in line 10 b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is check this box and stop here ection C. Computation of Pub Public support percentage for 2012 Public support percentage from 2023 ection D. Computation of Inv Investment income percentage for	19,946,215 for the organizati lic Support Po (line 8, column (l.1 Schedule A, P estment Inco 2012 (line 10 c, co	82,372 15,932,209 on's first, second ercentage (f) divided by line art III, line 15 me Percentage olumn (f) divided A, Part III, line 1	16,959,351 , third, fourth, or fi 13, column (f)) ge by line 13, column	17,664,030 ifth tax year as a	26,583,908 501(c)(3) organ 15 16 17 18	97,085,713 Ization, 95 400 % 93 700 % 4 160 % 5 360 %

is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 201

Page **4**

Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

OTHER INCOME, SCHEDULE A, PART III, LINE 12, DESCRIPTION - GROSS INCOME FROM FUNDRAISING, COLUMN A - 99644, COLUMN B - 82372, COLUMN C - 26706, COLUMN D - 18532, COLUMN E - 16720, COLUMN F - 243974, DESCRIPTION - OTHER INCOME, COLUMN A - , COLUMN B - , COLUMN C - , COLUMN D - , COLUMN E - 178684, COLUMN F - 178684,,

Schedule A (Form 990 or 990-EZ) 2012

DLN: 93493319082803

OMB No 1545-0047

SCHEDULE D

(Form 990)

Department of the Treasury

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

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

Open to Public

emal F	Revenue Service	► Attach to For	m 990. ► See separate instructions.		Inspection
	e of the organ	ization		Emp	loyer identification number
USA	GYMNASTICS			75-1	1847871
Par	t I Organ	izations Maintaining Donor Adv	vised Funds or Other Similar Fu		
		zation answered "Yes" to Form 990	, Part IV, line 6.	_	·
			(a) Donor advised funds	,	(b) Funds and other accounts
	Total number a				
	55 5	tributions to (during year)			
		nts from (during year)			
		ie at end of year			
		zation inform all donors and donor adviso organization's property, subject to the or	ors in writing that the assets held in dono ganization's exclusive legal control?	or advi	sed Yes No
ı	used only for c	haritable purposes and not for the benef	onor advisors in writing that grant funds it of the donor or donor advisor, or for an		
)ar		ermissible private benefit?	the organization answered "Yes" to	Form	
	Preservation Protection Preservation Complete lines	of natural habitat on of open space	anization (check all that apply) or education)	ertified	d historic structure
		,,,,	Γ		Held at the End of the Year
а	Total number o	of conservation easements		2a	
b	Total acreage	restricted by conservation easements		2b	
c	Number of con	servation easements on a certified histo	oric structure included in (a)	2c	
d		servation easements included in (c) acq ure listed in the National Register	uired after 8/17/06, and not on a	2d	
	Number of con	servation easements modified, transferr	ed, released, extinguished, or terminate	d by th	e organization during
	the tax year 🛌				
	Number of stat	tes where property subject to conservat	ion easement is located ►		
	Does the organ		the periodic monitoring, inspection, hand	— lıng of	violations, and Yes No
	Staff and volur	iteer hours devoted to monitoring, inspe	cting, and enforcing conservation easem	ents d	luring the year
	<u> </u>				
	A mount of exp ► \$	enses incurred in monitoring, inspecting	, and enforcing conservation easements	during	g the year
		nservation easement reported on line 2(or 1) in the	d) above satisfy the requirements of sect	tion 17	70(h)(4)(B)(I)
	balance sheet,		nservation easements in its revenue and e footnote to the organization's financial inte		
	IIII Organ		s of Art, Historical Treasures, o	or Oth	ner Similar Assets.
-	If the organiza works of art, hi	tion elected, as permitted under SFAS 1 storical treasures, or other similar asse	16 (ASC 958), not to report in its reven ts held for public exhibition, education, c o its financial statements that describes	r rese	arch in furtherance of public
	works of art, hi		16 (ASC 958), to report in its revenue s ts held for public exhibition, education, o e items		
	(i) Revenues i	ncluded in Form 990, Part VIII, line 1			► \$
	(ii) Assets inc	luded in Form 990, Part X			▶ \$
	If the organiza	•	ical treasures, or other similar assets fo 116 (ASC 958) relating to these items	r finan	cial gain, provide the
	_	uded in Form 990, Part VIII, line 1	· -		▶ \$

b Assets included in Form 990, Part X

	Organizations Maintaining Co										
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other recor	ds, ch	eck	·		_		_	of its	
а	Public exhibition		d	Γ	Loan	or exch	ange progi	rams			
b	Scholarly research		e	Γ	Othe	r					
c	Preservation for future generations										
4	Provide a description of the organization's co Part XIII	ollections and expla	ıın hov	v the	y furthe	er the o	rganızatıor	ı's ex	empt purpose	n	
5	During the year, did the organization solicit o									_	_
D	assets to be sold to raise funds rather than t		-							Yes	No
Par	Part IV, line 9, or reported an an						answere	u r	es to Form s	190,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ian or other interm	ediary	for c	ontribu	itions o	rotherass	ets	not	✓ Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I and complete the	follow	ving t	able						
							L		An	ount	
С	Beginning balance						L	1c		1	906,210
d	Additions during the year						L	1d		5,	544,788
е	Distributions during the year							1e		5,	023,453
f	Ending balance							1f		2,	422,544
2a	Did the organization include an amount on Fo	orm 990, Part X, lin	e 21?							Yes	✓ No
b	If "Yes," explain the arrangement in Part XII	I Check here if the	expla	natio	n has	been pr	ovided in F	art)	KIII		Γ
Pa	rt V Endowment Funds. Complete	f the organizatio	n ans	wer	ed "Ye	s" to F	orm 990,	Par	t IV, line 10.		
		(a)Current year	(b)	Prior	year	b (c) Tw	o years back	(d)	Three years back	(e)Four	ears back
1a	Beginning of year balance							-			
Ь	Contributions							-			
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
e	Other expenditures for facilities and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curi	rent year end balan	ce (lın	e 1 g	, colum	n (a)) h	eld as				
а	Board designated or quasi-endowment 🕨										
b	Permanent endowment ►										
c	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c sho	uld equal 100%									
За	Are there endowment funds not in the posses	ssion of the organiz	ation 1	hat a	are hele	d and a	dministere	d for	the		
	organization by					a aa a.				Yes	No
	(i) unrelated organizations								3a(i)	No
L	(i) unrelated organizations(ii) related organizations								3a(i) ii)	No
	(i) unrelated organizations	 ns listed as require	 d on S	chec	 lule R?				—	i) ii)	No
4	(i) unrelated organizations (ii) related organizations		 d on S	ched	 lule R? unds	 			3a(i) ii)	No
4	(i) unrelated organizations		 d on S	checent for	 lule R? unds		(b)Cost or basis (oth		3a(i) ii)	No No No Nook value
4 Par	(i) unrelated organizations (ii) related organizations		 d on S	checent for	lule R? unds , line :		(b)Cost or		3a(3l	i) ii)	
4 Par	(i) unrelated organizations (ii) related organizations		 d on S	checent for	lule R? unds , line :		(b)Cost or		3a(3l	i) ii)	book value
Par	(i) unrelated organizations (ii) related organizations		 d on S	checent for	lule R? unds , line :		(b)Cost or basis (oth	er)	3a(i)	Sook value
1a b	(i) unrelated organizations (ii) related organizations		 d on S	checent for	lule R? unds , line :		(b)Cost or basis (oth	er) 9,348	(c) Accumulate depreciation	i)	0 0 14,979
1a b c d	(i) unrelated organizations (ii) related organizations		 d on S	checent for	lule R? unds , line :		(b)Cost or basis (oth	er)	(c) Accumulate depreciation	i)	Sook value

	e Form 990, Part X, line 12.	
(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
(1)Financial derivatives (2)Closely-held equity interests		
Other		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	F	
Part VIII Investments—Program Related. S	ee Form 990, Part X, line 13	3.
(a) Description of investment type	(b) Book value	(c) Method of valuation
		Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	F	
Part IX Other Assets. See Form 990, Part X, (a) Desc		(b) Book value
(a) Desc	Прстоп	(b) Book value
Total (Column (h) must equal Form 900, Part V, col (P) line	15.)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part		
Part X Other Liabilities. See Form 990, Part	: X, line 25.	
Part X Other Liabilities. See Form 990, Part (a) Description of liability	X, line 25. (b) Book value	
Part X Other Liabilities. See Form 990, Part	: X, line 25.	
Part X Other Liabilities. See Form 990, Part (a) Description of liability	X, line 25. (b) Book value	
Part X Other Liabilities. See Form 990, Part (a) Description of liability	X, line 25. (b) Book value	
Part X Other Liabilities. See Form 990, Part (a) Description of liability	X, line 25. (b) Book value	
Part X Other Liabilities. See Form 990, Part (a) Description of liability	X, line 25. (b) Book value	
Part X Other Liabilities. See Form 990, Part (a) Description of liability	X, line 25. (b) Book value	
Part X Other Liabilities. See Form 990, Part (a) Description of liability	X, line 25. (b) Book value	
Part X Other Liabilities. See Form 990, Part (a) Description of liability	X, line 25. (b) Book value	
Part X Other Liabilities. See Form 990, Part (a) Description of liability	X, line 25. (b) Book value	
Part X Other Liabilities. See Form 990, Part (a) Description of liability	X, line 25. (b) Book value	
Part X Other Liabilities. See Form 990, Part (a) Description of liability	X, line 25. (b) Book value	
Part X Other Liabilities. See Form 990, Part (a) Description of liability	X, line 25. (b) Book value	
Part X Other Liabilities. See Form 990, Part (a) Description of liability	X, line 25. (b) Book value	
Part X Other Liabilities. See Form 990, Part 1 (a) Description of liability Federal income taxes	X, line 25. (b) Book value	

-	** Reconciliation of Revenue per Audited Financial Statements With Revenue p	1	
	Total revenue, gains, and other support per audited financial statements	1	
	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII).............. <mark>2d</mark>		
9	Add lines 2a through 2d	2e	
	Subtract line 2e from line 1	3	
	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
3	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
)	Other (Describe in Part XIII).............. 4b	ļ	
C	Add lines 4a and 4b	4c	
	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	
a r	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	Return
	Total expenses and losses per audited financial statements	1	
	Amounts included on line 1 but not on Form 990, Part IX, line 25		
3	Donated services and use of facilities	1	
)	Prior year adjustments		
С	Other losses		
_			
_	Other (Describe in Part XIII)..............2d	_	
d	Other (Describe in Part XIII)..................................	2e	
d e	,	2e	
d e	Add lines 2a through 2d		
d e	Add lines 2a through 2d		
d e	Add lines 2a through 2d		
d e	Add lines 2a through 2d		
d e a b	Add lines 2a through 2d	3	

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Identifier	Return Reference	Explanation
Agent, trustee, custodian, or other intermediary arrangement	Schedule D, Part IV, Line 1b	USA GYMNASTICS STATE AND REGIONAL CHAPTERS HAVE ESTABLISHED BANK ACCOUNTS UNDER THE FEDERATION'S TAX IDENTIFICATION NUMBER ALL FUNDS ARE MAINTAINED FOR THE BENEFIT OF THE CHAPTERS IN MAY 2010, USA GYMNASTICS EXECUTED FINANCIAL CONTROL OF THESE FUNDS AS A FISCAL AGENT AS OF 12/31/2012, AN AMOUNT DUE TO THE STATE AND REGIONS ACCOUNT OF \$2,222,703 HAS BEEN RECORDED ON THE STATEMENT OF FINANCIAL POSITION IN FEBRUARY 2012, USA GYMNASTICS ASSUMED FINANCIAL ADMINISTRATION OF CASH ATTRIBUTABLE TO THE PAN AMERICAN GYMNASTICS UNION, AND PERIODICALLY MAKES DEPOSIT AND DISBURSEMENTS AT THE DIRECTION OF PAGU OFFICERS IN CONNECTIONS WITH CAMPS, CLINICS AND WORKSHOPS AS OF 12/31/2012, AN AMOUNT DUE TO THE PAGU ACCOUNT OF \$199,841 HAS BEEN RECORDED ON THE STATEMENT OF FINANCIAL POSITION
FIN 48 (ASC 740) footnote	Schedule D, Part X, Line 2	THE INTERNAL REVENUE SERVICE HAS RULED THAT BOTH USA GYMNASTICS AND THE NATIONAL GYMNASTICS FOUNDATION QUALIFY UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND ARE, THEREFORE, GENERALLY NOT SUBJECT TO INCOME TAXATION UNDER PRESENT INCOME TAX LAWS HOWEVER, USA GYMNASTICS AND THE NATIONAL GYMNASTICS FOUNDATION ARE SUBJECT TO FEDERAL TAX ON ANY UNRELATED BUSINESS TAXABLE INCOME USA GYMNASTICS HAS ADOPTED GUIDANCE WITH RESPECT TO ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES A TAX POSITION IS RECOGNIZED AS A BENEFIT ONLY IF IT IS "MORE LIKELY THAN NOT" THAT THE TAX POSITION WOULD BE SUSTAINED IN A TAX EXAMINATION, WITH A TAX EXAMINATION BEING PRESUMED TO OCCUR THE AMOUNT RECOGNIZED IS THE LARGEST AMOUNT OF TAX BENEFIT THAT IS GREATER THAN 50% LIKELY OF BEING REALIZED ON EXAMINATION FOR TAX POSITIONS NOT MEETING THE "MORE LIKELY THAN NOT" TEST, NO TAX BENEFIT WILL BE RECORDED USA GYMNASTICS IS GENERALLY NO LONGER SUBJECT TO EXAMINATION BY TAXING AUTHORITIES FOR YEARS BEFORE 2007 THE FEDERATION DOES NOT EXPECT THE TOTAL AMOUNT OF UNRECORDED TAX BENEFITS TO SIGNIFICANTLY CHANGE IN THE NEXT 12 MONTHS THE FEDERATION RECOGNIZES INTEREST AND/OR PENALTIES RELATED TO INCOME TAX MATTERS IN INCOME TAX EXPENSE THE FEDERATION DID NOT HAVE ANY AMOUNTS ACCRUED FOR INTEREST AND PENALTIES AT DECEMBER 31, 2012 OR 2011

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DLN: 93493319082803

OMB No 1545-0047

SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

Statement of Activities Outside the United States

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

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of the organization

Employer identification number

ISA	GYMNASTICS				75-1847871	
Pa	"Yes" to Form 990, Par			he United States. C		ation answered
1	For grantmakers. Does the dassistance, the grantees' eligible the grants or assistance?	organization m jibility for the	aıntaın record grants or assı	stance, and the select	tion criteria used to awa	
2	For grantmakers. Describe in the United States.	n Part V the or	ganızatıon's p	rocedures for monitoi	ring the use of grant fu	nds outside
3	Activites per Region (The follow	ing Part I, line 3	3 table can be d	uplicated if additional sp	pace is needed)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , 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 region	(f) Total expenditures for and investments in region
	EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	TO COMPETE IN INTERNATIONAL COMPETITION	50,121
	EUROPE (INCLUDING ICELAND AND GREENLAND)	0		PROGRAM SERVICES	TO COMPETE IN INTERNATIONAL COMPETITION	965,972
	NORTH AMERICA (CANADA & MEXICO ONLY)	0		PROGRAM SERVICES	TO COMPETE IN INTERNATIONAL COMPETITION	10,328
	RUSSIA AND THE NEWLY INDEPENDENT STATES	0		PROGRAM SERVICES	TO COMPETE IN INTERNATIONAL COMPETITION	25,676
	SOUTH AMERICA	0	0	PROGRAM SERVICES	SEND DELEGATIONS TO COMPETE IN INTERNATIONAL COMPETITION	39,692
	Sub-total Total from continuation sheets					

to Part I

Part I	Grants Part IV,	and Other As line 15, for any	sistance to Organ y recipient who rece	izations or Entiti Ived more than \$5,	es Outside the Ur 000. Part II can be	nited States. Comp duplicated if addition	olete if the organizational space is needed	tion answered "Yes' l.	' to Form 990,
	Name of anization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
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_									
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_									
2 Er ta	iter total nu x-exempt b	mber of recipie y the IRS, or fo	ent organizations list or which the grantee	ed above that are in or counsel has pro	recognized as charit ovided a section 501	ties by the foreign c 1(c)(3) equivalency	ountry, recognized letter	as 	
3 Er	nter total nu	mber of other	organizations or ent	cities					
								Schedule F	(Form 990) 2012

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to 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) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
		+	1		,		1
		+ +		'	+		+
		+		'	+		+
		+	<u> </u>		 		+
	 		 		 	 	+
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			1				
		+ + +			,		1
		+ + +			+		
	 	+			+		+
	 		<u> </u>		-		+
	 		 		 	 	
			 		<u> </u>	 	
						1	

Part IV Foreign Forms

1	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)	Γ	Y	'es	<u> </u>	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organizationmay be required to 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)	Γ	Y	'es	্য	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)	Г	Y	'es	<u> </u>	Νo
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, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Γ	Υ	'es	<u> </u>	Νo
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)	Г	Υ	'es	<u> -</u>	Νo
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 file Form 5713, International Boycott Report (see Instructions for Form 5713).	Γ	Υ	'es	<u> </u>	No

Schedule F (Form 990) 2012

Part V Supplemental Information

Complete this part to 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).

as applicable. Also c	offipiete this part to provide any ad	ditional information (see instructions).
Identifier	ReturnReference	Explanation
Method used to account for expenditures on organization's financial statements	Schedule F, Part I, Line 3	EAST ASIA AND THE PACIFIC ACCRUAL EUROPE (INCLUDING ICELAND AND GREENLAND) ACCRUAL NORTH AMERICA (CANADA & MEXICO ONLY) ACCRUAL RUSSIA AND THE NEWLY INDEPENDENT STATES ACCRUAL SOUTH AMERICA ACCRUAL
Method used to account for expenditures on organization's financial statements	Schedule F, Part I, Line 3	EAST ASIA AND THE PACIFIC ACCRUAL EUROPE (INCLUDING ICELAND AND GREENLAND) ACCRUAL NORTH AMERICA (CANADA & MEXICO ONLY) ACCRUAL RUSSIA AND THE NEWLY INDEPENDENT STATES ACCRUAL SOUTH AMERICA ACCRUAL
		Schedule F (Form 990) 2012

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Schedule I (Form 990)

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

OMB No 1545-0047

DLN: 93493319082803

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection Employer identification number

USA GYMNASTICS						75-1847871	
Part I General Inform	nation on Grants	s and Assistance				L	
Does the organization main the selection criteria usedDescribe in Part IV the organization	to award the grants	orassistance?					. Ves
Part II Grants and Oth Form 990, Part I	er Assistance t o V, line 21, for any	o Governments and receive	Organizations in d more than \$5,000	the United States. . Part II can be dupl	. Complete if the c icated if additiona	organization answere I space is needed.	ed "Yes" to
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) NATIONAL GYMNASTICS FOUNDATION 132 E WASHINGTON ST SUITE 700 INDIANAPOLIS,IN 46204	35-1757753	501(C)(3)	3,038,947		,		SCHOLARSHIP SUPPORT AND PROGRAM SUPPORT
(2) UNIVERSAL GYMNASTICS 13439 SW 131ST MIAMI,FL 33186	65-1084426		6,000				ELITE ATHLETE TRAINING SUPPORT
D 51 111 1 1 1	E04 () (0)						
2 Enter total number of sect3 Enter total number of othe							1

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

<u> </u>	•				
(a)Type of grant or assistance	(b)Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) COLLEGIATE SCHOLARSHIP ASSISTANCE	2	2,000			
(2) ELITE ATHLETE SUPPORT	56	1,262,153			
		I		I	1
	•	•	•	•	

Part IV Supplemental Information.

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Identifier	Return Reference	Explanation
Procedures for monitoring	Schedule I, Part I, Line 2	SCHOLARSHIP GRANTS MADE TO INDIVIDUALS ARE PAID DIRECTLY TO THE FINANCIAL INSTITUTION OF THE
use of grant funds		RECIPIENTS CHOICE, OR ARE REIMBURSED TO THE INDIVIDUAL BASED ON DOCUMENTATION PROVIDED IN
		ORDER TO ENSURE THE FUNDS ARE USED FOR THEIR INTENDED PURPOSE ATHLETE FUNDING GRANTS ARE
		STIPENDS BASED ON QUALIFYING EVENTS AND POTENTIAL FOR SUCCESS IN INTERNATIONAL COMPETITIONS
		FUNDS CAN BE USED FOR ANY PURPOSE DEEMED APPROPRIATE BY THE INDIVIDUAL RECIPIENT AND THEREFORE
		NO MONITORING OF THE FUNDS IS NECESSARY FOR GRANTS PAID TO ORGANIZATIONS, USA GYMNASTICS
		PROVIDES GRANTS TO CLUBS AND UNIVERSITIES IN THE MEN'S PROGRAM TO HELP THEM CONTINUE TO
		DEVELOP ELITE ATHLETES FOR NATIONAL TEAM PARTICIPATION AND TO HELP STRENGTHEN THE FINANCIAL
		POSITION OF THE PROGRAMS GRANTS ARE MADE BASED ON APPLICATIONS SUBMITTED BY THE PROGRAMS,
		AND ATTENDANCE AT TRAINING CAMPS AND NATIONAL TEAM EVENTS IS EVIDENCE OF THE CONTINUED
		PARTICIPATION AND INVOLVEMENT OF THE PROGRAMS AND ATHLETES THE ORGANIZATION RELIES UPON THE
		GRANT RECIPIENT TO PROPERLY USE AND SPEND THE FUNDS AWARDED THERE IS NO MONITORING OF THE USE
		OF THE GRANT FUNDS ADDITIONALLY, IN 2012 A GRANT OF \$3,000,000 WAS MADE TO THE NATIONAL
		GYMNASTICS FOUNDATION, ALONG WITH OTHER (SCHOLARSHIP) GRANTS TO FURTHER ALLOW THEM TO
		INCREASE THEIR CHARITABLE FUNCTIONS

DLN: 93493319082803

OMB No 1545-0047

Inspection

Open to Public

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Complete if the organization answered "Yes" to Form 990,

Compensation Information

Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Name of the organization USA GYMNASTICS

Employer identification number

75-1847871

Pa	rt I Questions Regarding Compensatio	n				
					Yes	No
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part II					
	First-class or charter travel	Γ	Housing allowance or residence for personal use			
	Travel for companions	Г	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	ᅜ	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the or reimbursement or provision of all of the expenses do			1b	Yes	
2	Did the organization require substantiation prior to directors, trustees, and the CEO/Executive Directo			2	Yes	
		.,			res	
3	Indicate which, if any, of the following the filing orga organization's CEO/Executive Director Check all t used by a related organization to establish compens	nat apply				
	Compensation committee	Г	Written employment contract			
	☐ Independent compensation consultant	<u> </u>	Compensation survey or study			
	Form 990 of other organizations	⊽	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, or a related organization	Part VII	, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control	paymen	t?	4a		No
b	Participate in, or receive payment from, a suppleme	ntal non	qualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-b	ased co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pr	ovide th	e applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only ma	ıst comp	olete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A compensation contingent on the revenues of	, lıne 1a	, did the organization pay or accrue any			
а	The organization?			5a		Νo
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in Form 990, Part VII, Section A compensation contingent on the net earnings of	, lıne 1a	, did the organization pay or accrue any			
а	The organization?			6a		No
b	Any related organization?			6b		No
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes,"			7	Yes	
8	Were any amounts reported in Form 990, Part VII,					
	subject to the initial contract exception described in					
	ın Part III			8		Νo
9	If "Yes" to line 8, did the organization also follow th section $53\ 4958-6(c)$?	e rebutta	able presumption procedure described in Regulations	9		

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 in 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 are not listed on Form 990, Part VII

Note. The sum of columns (B)(1)-(111) 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 (i) Base compensation	(i) Base (ii) Bonus & (iii) Other reportable		(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation reported as deferred in prior Form 990	
		33111p 3113411311	compensation	compensation					
(1)KATHY KELLY VP- PROGRAM	(i) (ii)	109,022 0	25,000 0	1,828	8,201 0	7,838 0	151,889 0	0	
(2)STEVE PENNY PRESIDENT	(i) (ii)	394,216 0	123,000	31,856 0	15,000 0	21,243 0	585,315 0	0	

Schedule J (Form 990) 2012

Part III Supplemental Information

Complete this part to 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

Also complete this part for ally addition		
Identifier	Return Reference	Explanation
Health or social club dues or initiation fees		SUBJECT TO THE EMPLOYMENT CONTRACT WITH THE PRESIDENT, USA GYMNASTICS PROVIDED FOR MEMBERSHIP DUES AT A SOCIAL CLUB IN THE AMOUNT OF \$5,676 THE ENTIRE AMOUNT OF DUES PAID WERE REPORTED AS TAXABLE COMPENSATION ON HIS 2012 W-2
Non-fixed payments		THE PRESIDENT WAS AWARDED A DISCRETIONARY BONUS THAT IS DETERMINED BY THE BOARD OF DIRECTORS THE BOARD DETERMINES THE BONUS BASED ON OVERALL PERFORMANCE OF THE ORGANIZATION AND OF THE US GYMNASTICS TEAMS THE BOARD ALSO SETS A BONUS POOL THAT IS DISTRIBUTED BY THE PRESIDENT TO THE REMAINING STAFF MEMBERS, INCLUDING THE CONTROLLER AND THE KEY EMPLOYEES THE BONUSES AWARDED TO EACH EMPLOYEE ARE DISCRETIONARY

Schedule J (Form 990) 2012

OMB No 1545-0047

Inspection

SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

▶ Attach to Form 990 or 990-EZ.

Supplemental Information to Form 990 or 990-EZ

Name of the organization USA GYMNASTICS

Employer identification number

75-1847871

ldentifier	Return Reference	Explanation
ORGANIZATIONS MISSION	FORM 990, PART III, LINE 1	(CONTINUED FROM PART III) USA GYMNASTICS IS ALSO THE UNITED STATES' REPRESENTATIVE TO THE FEDERATION INTERNATIONALE DE GYMNASTIQUE (FIG), AN ORGANIZATION WHOSE PURPOSE IS TO PROMOTE THE DEVELOPMENT OF THE SPORT OF GYMNASTICS THROUGHOUT THE WORLD IN ADDITION TO ORGANIZING THE OLYMPIC GYMNASTICS TEAM AND OTHER NATIONAL TEAMS, USA GYMNASTICS SUPPORTS AND PROMOTES THE SPORTS OF GYMNASTICS THROUGH ATHLETE AND COACH DEVELOPMENT, EVENT SANCTIONING, SAFETY, AND EDUCATION
Classes of members or stockholders	Form 990, Part VI, Section A, Line 6	USA GYMNASTICS HAS TWO CLASSES OF MEMBERS THAT HAVE THE RIGHT TO ELECT POSITIONS TO THE BOARD OF DIRECTORS
Members or stockholders electing members of governing body	Form 990, Part VI, Section A, Line 7a	USA GYMNASTICS HAS TWO CLASSES OF MEMBERS WHO CAN ELECT MEMBERS OF THE BOARD OF DIRECTORS THE FIRST CLASS OF MEMBERS IS THE PROFESSIONAL MEMBERS, MADE UP OF COACHES & JUDGES THE PROFESSIONAL MEMBERS HAVE THE RIGHT TO COLLECTIVELY ELECT 7 POSITIONS TO THE BOARD OF DIRECTORS THE SECOND CLASS OF MEMBERS IS THE ATHLETE MEMBERS, MADE UP OF ATHLETES WHO HAVE EITHER PARTICIPATED IN THE OLYMPICS WITHIN 10 YEARS OR HAVE BEEN A NATIONAL TEAM MEMBER WITHIN 18 MONTHS THE ATHLETE MEMBERS HAVE THE RIGHT TO COLLECTIVELY ELECT 5 POSITIONS TO THE BOARD OF DIRECTORS
Review of form 990 by governing body	Form 990, Part VI, Section B, Line 11b	THE FORM 990 IS REVIEWED IN DETAIL BY THE CONTROLLER AND PRESIDENT THEN, A FINAL DRAFT OF THE FORM 990 IS DISTRIBUTED VIA EMAIL TO EVERY MEMBER OF THE BOARD OF DIRECTORS BEFORE IT IS FILED WITH THE IRS
Conflict of interest policy	Form 990, Part VI, Section B, Line 12c	A CONFLICT OF INTEREST QUESTIONNAIRE IS COMPLETED BY EVERY DIRECTOR, OFFICER, MEMBER OF ANY COMMITTEE, AND EMPLOYEE. THE QUESTIONNAIRES ARE THEN REVIEWED BY THE PRESIDENT POTENTIAL CONFLICTS OF INTEREST ARE BROUGHT TO THE ATTENTION OF THE PRESIDENT OF THE BOARD, WHO THEN DIRECTS THE MATTER TO THE BOARD OF DIRECTORS THIS PROCESS IS DONE ANNUALLY NO DIRECTOR, OFFICER, MEMBER OF ANY COMMITTEE, OR EMPLOYEE SHALL PARTICIPATE IN THE NEGOTIATION, EVALUATION OR APPROVAL BY THE ORGANIZATION OF ANY CONTRACTUAL ARRANGEMENT IN WHICH THERE IS AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST EACH DIRECTOR, OFFICER, MEMBER OF ANY COMMITTEE, OR EMPLOYEE, UPON LEARNING THAT THE ORGANIZATION IS PROPOSING TO ENTER INTO AN ARRANGEMENT IN WHICH HE OR SHE HAS A FINANCIAL INTEREST IN SUCH ARRANGEMENT, PROMPTLY NOTIFIES THE PRESIDENT IN WRITING OF THE EXISTENCE OF SUCH INTEREST, AND THE PRESIDENT IN TURN DISCLOSES SUCH INTEREST TO THE BOARD OF DIRECTORS
Process used to establish compensation of top management official	Form 990, Part VI, Section B, Line 15a	THE COMPENSATION OF THE PRESIDENT IS REVIEWED BY THE BOARD OF DIRECTORS ANNUALLY THE BOARD USES OTHER ORGANIZATIONS' FORMS 990 AND DIRECTLY CONTACTS OTHER ORGANIZATIONS (INCLUDING OTHER NATIONAL GOVERNING BODIES) TO OBTAIN COMPARABILITY DATA AND TO ENSURE COMPENSATION IS REASONABLE. THE DECISIONS ARE DOCUMENTED IN THE BOARD MINUTES. THIS PROCESS WAS LAST UNDERTAKEN IN 2012
PROCESS FOR DETERMINING COMPENSATION OF OTHER OFFICERS	FORM 990, PART VI, LINE 15B	THE COMPENSATION OF OTHER OFFICERS IS DETERMINED BY THE PRESIDENT THE PRESIDENT DOES NOT USE COMPARABILITY DATA FOR HIS DETERMINATION OF COMPENSATION THE DECISION IS DOCUMENTED IN EACH PERSON'S EMPLOYEE FILE THE PROCESS WAS LAST UNDERTAKEN IN 2012
Governing documents, conflict of interest policy and financial statements available to the public	Form 990, Part VI, Section C, Line 19	THE ORGANIZATION'S FINANCIAL STATEMENTS, TAX RETURNS, AND GOVERNING DOCUMENTS ARE AVAILABLE TO THE PUBLIC VIA THE ORGANIZATION'S WEBSITE. THE CONFLICT OF INTEREST POLICY, HOWEVER, IS NOT AVAILABLE TO THE PUBLIC AT THIS TIME.
COMPENSATION OF DIRECTORS	FORM 990, PART VII, SECTION A	NONE OF THE BOARD MEMBERS ARE PAID FOR THEIR SERVICES AS A BOARD MEMBER HOWEVER, SOME BOARD MEMBERS DO RECEIVE COMPENSATION AS A COACH, JUDGE, OR FOR OTHER SERVICES TO THE ORGANIZATION, AND THAT REPORTABLE COMPENSATION IS REFLECTED IN PART VII
Other Expenses	Form 990, Part IX, Line 11g	GY MNASTICS FEES (COACHING/JUDGING/ETC) - TOTAL EXPENSE. 4551076, PROGRAM SERVICE EXPENSE. 4551076, MANAGEMENT AND GENERAL EXPENSES , FUNDRAISING EXPENSES , ADMIN SERVICE FEES - TOTAL EXPENSE. 113088, PROGRAM SERVICE EXPENSE , MANAGEMENT AND GENERAL EXPENSES. 113088, FUNDRAISING EXPENSES ,

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -**SCHEDULE R**

DLN: 93493319082803

OMB No 1545-0047 2012

Open to Public Inspection

Employer identification number

Related Organizations and Unrelated Partnerships

Department of the Treasury Internal Revenue Service

USA GYMNASTICS

Name of the organization

(Form 990)

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ► Attach to Form 990. ► See separate instructions.

(5)	/L\	/=\	(4)	(a)	(6)		
(a) Name, address, and EIN (If applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income Ei	(e) nd-of-year assets	(f) Direct controlling entity		
Part II Identification of Related Tax-Exempt Org	ganizations (Complete	if the organization a	answered "Yes" t	o Form 990, Pa	rt IV, line 34 because	ıt had o	ne
or more related tax-exempt organizations dur		(a)		1 (a)	(6)		
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity stat (if section 501(c)(cus (f) Direct controlling 3)) entity	Section (13) co	g) n 512 ontrol tity?
1) NATIONAL GYMNASTICS FOUNDATION INC	PROGRAM SUPPORT	IN	501(C)(3)	11 - Type I	USA GYMNASTICS	Yes Yes	N
32 E WASHINGTON ST STE 700				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		.55	
NDIANAPOLIS, IN 46204							
				1		1	

(a) Name, address, and EIN o related organization	f	(b) Primary activity	(c) Legal domicile (state or foreign country)	entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-	(f) Share of total income	(g) Share of end-of-yea assets	(h Disprop r allocat	ortionate	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	mana part	ral or	(k) Percentae ownersh				
					514)			Yes	No		Yes	No					
V Identification of Related Or line 34 because it had one or r	ganizations Taxa nore related organi	ble as a Corpo zations treated a	ration s a cor	or Trust (poration or	Complete if t	he organı the tax ye	zatıon ar ar.)	swere	ed "Ye	s" to Form	990,	Part	IV,				
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domıcıle (state or foreign country)		(d) Direct controlli entity	(e) Type of enti (C corp, S corp, or trust)	(f) Share of to income	total Share e of	Share of end- Percei		Share of end-Percentage of-year ownership		ercentage Section 512		Percentage Section 5 ownership (b)(13) controlle		on 512 (13) rolled	
		,,			,						Yes		No				

	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule							Yes	No
1 D	uring the tax year, did the orgranization engage in any of the following transactions with one or more	relat	ed organizations lis	sted in Parts II-IV	?				
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity						1a		No
b	b Gift, grant, or capital contribution to related organization(s)								
C	c Gift, grant, or capital contribution from related organization(s)								
d	d Loans or loan guarantees to or for related organization(s)								
е	Loans or loan guarantees by related organization(s)						1e		No
£	Dividends from related organization(s)						1f		No
							1g		No
_	Sale of assets to related organization(s)						1h		No
	Purchase of assets from related organization(s)						1i		No
	Exchange of assets with related organization(s)								
j	Lease of facilities, equipment, or other assets to related organization(s)						1j		No
k	Lease of facilities, equipment, or other assets from related organization(s)						1k		No
	Performance of services or membership or fundraising solicitations for related organization(s)						11		No
	m Performance of services or membership or fundraising solicitations by related organization(s) 11								No
	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)								
	o Sharing of paid employees with related organization(s)								
Ü	Sharing of paid employees with related organization(s)							Yes	
р	Reimbursement paid to related organization(s) for expenses						1 p		No
q	Reimbursement paid by related organization(s) for expenses						1q	Yes	
	Other transfer of cash or property to related organization(s)						1r		No No
							1s		No
S	Other transfer of cash or property from related organization(s)								
2	If the answer to any of the above is "Yes," see the instructions for information on who must comple	te thi	ıs lıne, ıncludıng co	vered relationships	s a	and transaction thresholds			
	(a) Name of other organization		(b) Transaction type (a-s)	(c) Amount involved		(d) Method of determining amo	ount i	nvolved	
1) N	ATIONAL GYMNASTICS FOUNDATION INC	В		3,038,947	7 F	-MV			
2) N	ATIONAL GYMNASTICS FOUNDATION INC	С		359,262	2 F	-MV			
		\top							
		+							

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

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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 section 512- 514)	org	(e) all partners section 501(c)(3) anizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
												1	

Additional Data Return to Form

Software ID: 12000266

Software Version: v2012.1.0

EIN: 75-1847871

Name: USA GYMNASTICS

Schedule R (Form 990) 2012

Page **5**

Part VII Supplemental Information

 Complete this part to provide additional information for responses to questions on Schedule R (see instructions)							
Identifier	Return Reference	Explanation					