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DLN: 93493318041804

Form 990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

► Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

2013

Open to Public Inspection

A Fo	or the	2013 cal	endar year, or tax year beginning	g 01-01-2013 ,2013, and ending 12	2-31-2013			
		applicable	C Name of organization USA GYMNASTICS			D Emple	oyer iden	tification number
	dress cl	-	Doing Business As			75-1	847871	
	me cha	_						
_	tıal retu		Number and street (or P O box if m 132 E Washington St	all is not delivered to street address) Room,	/suite	E Teleph	one numb	er
	rmınate					(317	829-50	558
☐ Am	nended	return	City or town, state or province, coun Indianapolis, IN 46204	ntry, and ZIP or foreign postal code		(,	_
Г Ар	plication	n pending	, ,			G Gross	receipts \$	25,099,702
			F Name and address of prin	icipal officer		Is this a group		
			132 E Washington St			subordinates?	,	ΓYes Γ No
			Indianapolis,IN 46204		H(b)	Are all subord	ınates	┌ Yes ┌ No
T Ta	ax-exen	npt status	<u> </u>	insert no)		included? If "No." attacl	halist (see instructions)
		·	VW USAGYM ORG	, , ,(,(, ,				
				_	H(c)	Group exemp		
			Corporation Trust Association	n Other ►	L Yea	r of formation 1	964 M 9	State of legal domicile IN
Pa	rt I		imary					
<u>9</u>		THE US		NATED NATIONAL GOVERNING B CS, TRAMPOLINE & TUMBLING, AC				
Governance								
ĘĘ.								
် ပြ	2	Check th	nis box 🔰 if the organization dis	scontinued its operations or dispose	d of more t	han 25% of its	s net ass	sets
න් ග	3	Number	of voting members of the govern	ing body (Part VI, line 1a)			3	20
Activities &				of the governing body (Part VI, line 1			4	20
₹ 5	5	Total nu	mber of individuals employed in c	calendar year 2013 (Part V, line 2a)			5	67
∢	6	Total nu	mber of volunteers (estimate if no	ecessary)			6	1,500
				art VIII, column (C), line 12			7a	397,578
	b	Net unre	lated business taxable income fr	rom Form 990-T, line 34	<u></u>		7b	0
		C t	.bt	4.6.		Prior Year 3,686	0.2.5	Current Year
9	8	8 Contributions and grants (Part VIII, line 1h)						2,721,330
Revenue	10							38,766
2	11		revenue (Part VIII, column (A),	1,977	,845	1,809,056		
	12		-	(must equal Part VIII, column (A), I	ine	26.020	C 4 C	22.105.250
	13			IX, column (A), lines 1-3)		26,830		22,195,250
	14			X, column (A), line 4)		4,323	0	2,002,983
	15		es, other compensation, employe					
Expenses		5-10)			4,567	,154	4,721,422
₹	16a	Profes	ssional fundraising fees (Part IX,	column (A), line 11e)	•		0	0
五	b		undraising expenses (Part IX, column (D)		-			
	17			ines 11a-11d, 11f-24e)		19,573		14,525,010
	18			st equal Part IX, column (A), line 25		28,466 -1,636		21,909,415
× %	+					inning of Curre		·
Net Assets or Fund Balances						Year		End of Year
A.S.S.	20					9,887		11,783,111
5 E	21					5,848		7,480,540
	22 [] [] []	_	ssets or fund balances Subtract nature Block	line 21 from line 20	•	4,038	,004	4,302,571
Unde my k	er pena nowle	alties of dge and as any ki	perjury, I declare that I have exa belief, it is true, correct, and com nowledge ***	amined this return, including accomp aplete Declaration of preparer (other		er) is based or 2014-11-14		
Sigr		Signa	ature of officer			Date		
Her	е		N HEWETT CHIEF FINANCIAL OFFICER					
		<u> </u>	e or print name and title Print/Type preparer's name	Preparer's signature	Date		T PTIN	
Pai	Ч	F	Rachel Spurlock		Date	Check If self-employed	D00-00-	729
	u ·pare		Firm's name F CROWE HORWATH LLP			Firm's EIN 🕨		
	On		Firm's address > 3815 RIVER CROSSING	PARKWAY		Phone no (31	7) 569-89	89
		- J	SUΠE 300			1		

INDIANAPOLIS, IN 462400977

May the IRS discuss this return with the preparer shown above? (see instructions)

orm	990 (2013)	Page 2
Par	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	<u>.</u>
1	Briefly describe the organization's mission	
ORG OF T GYM HRO JSA	ISA GYMNASTICS IS THE DESIGNATED NATIONAL GOVERNING BODY OF THE OLYMPIC SPORT OF GYMNASTICS NIZATION WAS SO DESIGNATED BY THE UNITED STATES OLYMPIC COMMITTEE (THE USOC) AND IS A GROUP AND IS A GYMNASTICS IS ALSO THE UNITED STATES' REPRESENTATIVE TO THE FEDERATION INTERNATION ASTIQUE (FIG), AN ORGANIZATION WHOSE PURPOSE IS TO PROMOTE THE DEVELOPMENT OF THE SPORT OF GYMNASTICS TEAM AND OTHER NATIONAL GRAND AND AND STATE AND COACH DEVELOR OF GYMNASTICS THROUGH ATHLETE AND COACH DEVELOR TEAM AND FIGURAL OF GYMNASTICS THROUGH ATHLETE AND COACH DEVELOR OF GYMNASTICS THROUGH ATHLETE OF GYMNASTICS THROUGH ATHLETE OF GYMNASTICS THROUGH ATHLETE OF GYMNASTICS THR	A MEMBER DNALE DE SYMNASTICS LTEAMS,
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	s 🔽 No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	s 🔽 No
	If "Yes," describe these changes on Schedule O	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to ot the total expenses, and revenue, if any, for each program service reported	
4a	(Code) (Expenses \$ 8,661,340 including grants of \$ 1,028,507) (Revenue \$ 5,657,	326)
	PROGRAM SERVICES USA GYMNASTICS HAS THE RESPONSIBILITY TO SELECT, DEVELOP, AND TRAIN THE NATIONAL AND OLYMPIC TEAMS FOR GYM EXPENSES INCLUDE TRAVEL TO INTERNATIONAL COMPETITIONS, TRAINING CAMPS, ATHLETE AND COACH SUPPORT, APPAREL, JUDGES DEVELOPMENT TRAINING, AND EARLY TALENT IDENTIFICATION	
4b	(Code) (Expenses \$ 3,769,335 including grants of \$ 23,550) (Revenue \$ 8,783)	 734)
-	MEMBER SERVICES USA GYMNASTICS HAS OVER 140,000 MEMBERS AFFILIATED WITH OVER 3,000 INDEPENDENTLY OPERATED ORGANIZATIONS TO PROVIDES A VARIETY OF SERVICES AND BENEFITS BENEFITS INCLUDE PARTICIPANT ACCIDENT INSURANCE COVERAGE TO COMPETING MEMBERS, COVERAGE TO HOSTS OF SANCTIONED COMPETITIONS USA GYMNASTICS ALSO CONDUCTS SAFETY CERTIFICATION, WHICH IS REQUIRED OF PROFIMEMBERS, DEVELOPS RULES AND POLICIES THAT GOVERN THE CONDUCT OF EVENTS, CONDUCTS THE ONGOING OPERATION OF ADMINISTRATION, SUPPORT TO STATE AND REGIONAL GOVERNANCE BOARDS	O WHICH IT AND LIABILITY ESSIONAL
4c	(Code) (Expenses \$ 3,642,620 including grants of \$ 110,926) (Revenue \$ 4,228,	 275)
	HOSTED COMPETITIONS AS THE NATIONAL GOVERNING BODY OF THE SPORT OF GYMNASTICS, THE USA GYMNASTICS CONDUCTS REGIONAL, NATI INTERNATIONAL COMPETITIONS, INCLUDING THE NATIONAL CHAMPIONSHIPS AND OLYMPIC TRIALS USA GYMNASTICS INCURS ALL EXPENSES RELATEDENTS, INCLUDING BUT NOT LIMITED TO, TRAVEL, ARENA RENTAL, PROMOTION, STAFFING, AWARDS, AND TELEVISION PRODUCTION	ONAL AND
	(Code) (Expenses \$ 1,500,000 including grants of \$ 1,500,000) (Revenue \$	
	GRANT TO NATIONAL GYMNASTICS FOUNDATION THE NATIONAL GYMNASTICS FOUNDATION SUPPORTS THE CHARITABLE AND EDUCATIONAL ACTIV GYMNASTICS TO ASSIST THAT MISSION OVER THE LONG TERM, USA GYMNASTICS MADE A GRANT OF \$1,500,000 IN 2013	ΤΕS OF USA
	(Code) (Expenses \$ 1,446,922 including grants of \$) (Revenue \$	0)
	COMMUNICATIONS USA GYMNASTICS DOES EVERYTHING IT CAN TO HELP PROMOTE THE SPORT AND DELIVER THE POSITIVE MESSAGE ABOUT BEIN THE SPORT OF GYMNASTICS MEDIA RELEASES ABOUT UPCOMING EVENTS, ATHLETES' COMPETITIVE SUCCESS OVERSEAS, AND OTHER GYMNASTICS STORIES ARE GENERATED ON A DAILY BASIS USA GYMNASTICS MAINTAINS A WEB SITE, AND ISSUES SEVERAL PUBLICATIONS TO QUICKLY DELIVER INFORMATION FOR ITS MEMBERS AND FANS OF THE SPORT ALIKE	NG INVOLVED IN S RELATED
4d	Other program services (Describe in Schedule O)	
	(Expenses \$ 2,946,922 including grants of \$ 1,500,000) (Revenue \$ 0)	
4e	Total program service expenses ► 19,020,217	

Part IV	Check	dist 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		Νo
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		Νo
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? <i>If "Yes," complete Schedule D, Part II</i>	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^{\square}	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
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
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 other assistance to or for any foreign organization? 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 other assistance to or for foreign individuals? 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 $11e^{\gamma}$ 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? <i>If "Yes," complete Schedule G, Part II</i>	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 or other assistance to any domestic organization or government 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 or 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? <i>If "Yes," complete Schedule J.</i>	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 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
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? <i>If "Yes," complete Schedule L, Part I</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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, 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? <i>If "Yes," complete Schedule L, Part III</i>	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			
		28a		No
D	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? <i>If "Yes," complete Schedule M</i>	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 "Yes," complete Schedule R, Part V, line 2</i>	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?	20	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 813			
b	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	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	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, 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 over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
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			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
		5b		110
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	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?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds 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?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	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			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	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	13a		
ь	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			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	İ	Νo
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Part VI 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.

Check if Schedule O contains a response or note to any line in this Part VI							<u>.</u> ア

	ection A. Governing body and management							
					Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	20					
	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	1b	20					
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?	iness	relationship with any	2		No		
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management co			3		No		
4	Did the organization make any significant changes to its governing documents since filed?		•	4		No		
5								
6	Did the organization have members or stockholders?		6	Yes				
7a	Did the organization have members, stockholders, or other persons who had the pow more members of the governing body?			7a	Yes			
b	Are any governance decisions of the organization reserved to (or subject to approva or persons other than the governing body?	ıl by) ı		7b		No		
8	Did the organization contemporaneously document the meetings held or written active year by the following	ons u	ndertaken during the					
а	The governing body?			8a	Yes			
b	Each committee with authority to act on behalf of the governing body?			8b	Yes			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule</i>			9		No		
Se	ection B. Policies (This Section B requests information about policies not	requ	ired by the Internal R	evenu	ue Cod	e.)		
					V	NI.		
					Yes	No		
10a	Did the organization have local chapters, branches, or affiliates?			10a	Yes	NO		
	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization	tıvıtıe	s of such chapters,	10a 10b		NO		
b	If "Yes," did the organization have written policies and procedures governing the act	tıvıtıe on's e	s of such chapters, exempt purposes?	10b	Yes	NO		
b 11a	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it	tıvıtıe on's e s gov	s of such chapters, xempt purposes? erning body before filing	10b	Yes	No		
b 11a b	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization has the organization provided a complete copy of this Form 990 to all members of it the form?	tivitie on's e s gov • •	s of such chapters, exempt purposes? erning body before filing 	10b	Yes	NO		
b 11a b 12a	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 to all members of its form?	tivitie on's e s gov • • Form 9	s of such chapters, exempt purposes? erning body before filing	10b	Yes Yes Yes	NO		
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form? Describe in Schedule O the process, if any, used by the organization to review this FD id 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 annual	tivitie on's e s gov Form 9 ly inte 	s of such chapters, exempt purposes? erning body before filing	10b 11a 12a	Yes Yes Yes	NO		
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form?	tivitie on's e s gov Form S ly inte	s of such chapters, exempt purposes? erning body before filing	10b 11a 12a 12b	Yes Yes Yes Yes	NO		
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form? Describe in Schedule O the process, if any, used by the organization to review this FDID 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 annual rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done.	tivitie on's e s gov Form 9	s of such chapters, exempt purposes? erning body before filing	10b 11a 12a 12b 12c	Yes Yes Yes Yes Yes	NO		
b 11a b 12a b c	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form? Describe in Schedule O the process, if any, used by the organization to review this FD id 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 annual rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done. Did the organization have a written whistleblower policy?	tivitie on's e s gov form 9 ly inte the p	s of such chapters, exempt purposes? erning body before filing	10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes Yes	NO		
b 11a b 12a c 13 14	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form? Describe in Schedule O the process, if any, used by the organization to review this FD id 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 annual rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with 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 rev	tivitie on's e s gov Form 9 ly inte the p	s of such chapters, exempt purposes? erning body before filing	10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes Yes	NO		
b 11a b 12a c 13 14 15 a	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form? Describe in Schedule O the process, if any, used by the organization to review this FD id 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 annual rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with 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 revindependent persons, comparability data, and contemporaneous substantiation of the	tivitie on's e s gov form 9 ly inte the p lew ariee deli	s of such chapters, exempt purposes? erning body before filing	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes Yes Yes	No		
b 11a b 12a c 13 14 15 a	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form? Describe in Schedule O the process, if any, used by the organization to review this FD id 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 annual rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with 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 revindependent persons, comparability data, and contemporaneous substantiation of the The organization's CEO, Executive Director, or top management official	tivitie on's e s gov form 9 ly inte the p lew ariee deli	s of such chapters, exempt purposes? erning body before filing	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes Yes Yes			
b 11a b 12a c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form? Describe in Schedule O the process, if any, used by the organization to review this FD id 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 annual rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with 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 revindependent persons, comparability data, and contemporaneous substantiation of the The organization's CEO, Executive Director, or top management official. Other officers or key employees of the organization	tivitie on's e s gov Form 9 ly inte the p lew ar lie deli	s of such chapters, exempt purposes? erning body before filing	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes Yes Yes			
b 11a b 12a c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form? Describe in Schedule O the process, if any, used by the organization to review this FD id 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 annual rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with 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 revindependent persons, comparability data, and contemporaneous substantiation of the 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 of taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organ participation in joint venture arrangements under applicable federal tax law, and take	tivitie on's e s gov form 9 ly inte the p lew arise deli	s of such chapters, exempt purposes? erning body before filing	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes Yes Yes Yes	No		
b 11a b 12a c 13 14 15 a b 16a b	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form? Describe in Schedule O the process, if any, used by the organization to review this F 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 annual rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with 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 revindependent persons, comparability data, and contemporaneous substantiation of the 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 of taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization in joint venture arrangements under applicable federal tax law, and take organization in joint venture arrangements under applicable federal tax law, and take organization's exempt status with respect to such arrangements?	tivitie on's e s gov form 9 ly inte the p lew arise deli	s of such chapters, exempt purposes? erning body before filing	10b 11a 12a 12b 12c 13 14 15a	Yes Yes Yes Yes Yes Yes Yes Yes Yes	No		
b 11a b 12a c 13 14 15 a b 16a b	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form?	tivitie on's e s gov form 9 ly inte the p lew arise deli	s of such chapters, exempt purposes? erning body before filing	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes Yes Yes Yes	No		
b 11a b 12a c 13 14 15 a b 16a b	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form? Describe in Schedule O the process, if any, used by the organization to review this F 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 annual rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with 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 revindependent persons, comparability data, and contemporaneous substantiation of the 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 of taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization in joint venture arrangements under applicable federal tax law, and take organization is exempt status with respect to such arrangements?	tivitie on's e s gov form 9 ly inte the p lew arise deli cor sim lization e step	s of such chapters, exempt purposes? erning body before filing	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes Yes Yes Yes	No		

Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c (3)s only) available for public inspection. Indicate how you made these available. Check all that apply

- 19 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
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►JOHN HEWETT 132 E WASHINGTON STREET STE 700 Indianapolis, IN 46204 (317) 829-5658

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

Check if Schedule O contains a response or note to any line in this Part VII $\,\cdot\,\,$. $\,\cdot\,\,$

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

- 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

(A) Name and Title	(B) A verage hours per week (list any hours	more pers and	than on is	one bot	not box h ar or/tr	offic ustee	ess er e)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	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)	from the organization and related organizations
(1) JIM MORRIS	1 00	х		х				0	0	0
TREASURER (2) PETER VIDMAR	1 00									
BOARD CHAIR		х		х				18,000	0	0
(3) BITSY KELLEY	1 00	ļ ,.						_		_
DIRECTOR		X						0	0	0
(4) BROOKE BUSHNELL TOOHEY DIRECTOR	1 00	х						6,050	0	0
(5) CAROLE IDE	1 00									
DIRECTOR		×						0	0	O
(6) FRANK MAARSHALL	1 00	х						0	0	0
DIRECTOR (7) JAY BINDER	1 00									
DIRECTOR		х						0	0	0
(8) JESSICA HOWARD	1 00	х						0	0	0
DIRECTOR (9) JOHN ROETHLISBERGER	1 00									
DIRECTOR		х						0	0	0
(10) KARL HEGER	1 00									
DIRECTOR		X						1,170	0	0
(11) KELLI HILL	1 00	V						_		0
DIRECTOR		×						0	0	· · · · · · · · · · · · · · · · · · ·
(12) MARY LOU RETTON	1 00	×						0	0	0
DIRECTOR		ļ			_			<u> </u>		
(13) MICHAEL RODRIGUES	1 00	x						1,650	0	0
DIRECTOR (14) MIKE BURNS	1 00			_	-		\vdash			
	100	х						0	0	0
DIRECTOR (15) PETER DODD	1 00									
DIRECTOR		х						2,150	0	0
(16) RON FERRIS	1 00	<u>,,</u>						_	_	_
DIRECTOR		X			L		L	0	0	0
(17) TERIN HUMPHREY	1 00	х						5,600	0	C
DIRECTOR		I ^		l	l	1	I] 3,000	U	

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 for related organizations	more pers and	than on is a dir	one bot	not box h ar or/tr	offic ustee	ess er	(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
	below dotted line)	Individual trustee or director	Institutional Trustee	ICEI	, emplojee	Highest compensated employee	Former	,	,	organizations
(18) TOM KOLL	1 00	×						52,708	0	0
DIRECTOR								52,133		
(19) TOM MEADOWS	1 00	×						34,183	0	0
DIRECTOR								·		
(20) YOICHI TOMITA	1 00	х						0	0	0
DIRECTOR (21) DAVONSHE GALIMORE	40 00									
	40 00			х				148,060	0	17,288
CHIEF OPERATING OFFICER (22) JOHN HEWETT	40 00									
CHIEF FINANCIAL OFFICER				Х				127,415	0	16,121
(23) STEVE PENNY	40 00									
PRESIDENT				X				502,264	0	38,245
(24) CHERYL JARRETT	40 00					,,		126 201		20.040
VICE PRESIDENT MEMBER SERVICES						Х		136,301	0	30,848
(25) JEFF SMITH	40 00					х		100,669	0	29,058
DIR OF EVENTS						^		100,009	0	29,038
(26) LEE JOHNSON	40 00					x		122,654	0	30,494
VP MARKETING								,		
(27) LESLIE KING	40 00					x		105,813	0	14,707
VP COMMUNICATIONS	40.00									
(28) LUAN PESZEK	40 00					х		101,840	0	29,128
VP WOMEN'S PROGRAM										
1b Sub-Total						*				
c Total from continuation sheets to Part	VII, Section A					▶ [
d Total (add lines 1b and 1c)	<u></u> .		<u>.</u> .			•		1,466,527	0	205,889
Total number of individuals (including b \$100,000 of reportable compensation)				ed al	oove	e) who	rec	eived 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	5		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) Name and business address	(B) Description of services	(C) Compensation
FTPS HOLDING LLC 38 FOUNTAIN SQUARE CINCINNATI OH 45263	PAYMENT PROCESSING SERVICES	1,332,639
FAEGRE BAKER DANIELS 300 N MERIDIAN ST INDIANAPOLIS IN 46204	LEGAL SERVICES	138,143

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

Contributions, Giffs, Grants and Other Similar Amounts	1a t c c f
Program Serwice Revenue	26 th c c c c f f 3 4 5 66 th
venue	3 4 5 66 t c c
Other R	t 0
	10a
	11a
	c c

VIII	Statement of Check if Sched	ule O contains a respo	nse or note to any lu	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
1a	Federated cam	paigns 1a					
b	Membership du	ıes 1b					
c	Fundraising ev	ents 1 0					
d	Related organiz	zations 1d	310,000				
e	Government grant	s (contributions) 1e					
f	All other contribution	ons, gifts, grants, and 1f ot included above	2,411,330				
g	Noncash contributi 1a-1f \$	ons included in lines					
h	Total. Add line:	s 1a-1f		2,721,330			
			Business Code				
2a	MEMBER SERVICE	S	900099	7,950,375	7,950,375		
Ь	NATIONAL EVENT		900099	4,109,195	4,109,195		
c	PROGRAM EVENTS	AND CLINICS	900099	5,566,528	5,566,528		
d				0	. ,		
e				0			
f	All other progra	am service revenue		0	0	0	0
g	Total. Add lines	s 2a-2f		17,626,098			
3		ome (including dividen					
	and other simil	aramounts)	•	79,066			79,066
4		stment of tax-exempt bond	proceeds -	368,241			368,241
5	Royalties .	(ı) Real	(II) Personal	300,211			300,211
6a	Gross rents	(i) iteal	(ii) i cisolidi				
b	Less rental						
c	expenses Rental income	0	0				
d	or (loss) Net rental inco	me or (loss)		0			
		(ı) Securities	(II) O ther				
7a	Gross amount from sales of assets other	2,600,000	. ,				
Ь	than inventory Less cost or						
	other basis and sales expenses	2,640,300					
C	Gaın or (loss)	-40,300	0				
d	Net gain or (los			-40,300			-40,300
8a	Gross income fevents (not inc	from fundraising luding					
	of contributions See Part IV, lir	reported on line 1c)					
	•	a	0				
b		penses b					
C		(loss) from fundraising	events 🛌	0			
ya	Gross income f See Part IV, lir	from gaming activities ne 19					
		a					
	Less direct ex		L _.	_			
10a		(loss) from gaming act	vities▶	0			
10a	Gross sales of returns and allo		1,097,511				
ь	Less cost of g	oods sold b	264,152				
С		(loss) from sales of inv		833,359	833,359		
	Miscellaneou		Business Code	207 572		307	
11a	ADVERTISING		511120 900099	397,578 22,122	22,122	397,578	
b	MEMORABILIA		900099	119,080	119,080		
d	INTL COMP PI	ue	900099	68,676	68,676	0	0
e e	Total. Add lines		🕨	·	33,070	0	0
12		See Instructions .		607,456			
	iocai ievenue.	See THRUMCHOUR .	· · · · •	22,195,250	18,669,335	397,578	407,007

Part IX Statement of Functional Expenses

Section 5	01(c)(3)	and 501(c)(4) organizations mus	t complete all	columns Allo	other organizations i	must complete col	umn (A)	

	Check if Schedule O contains a response or note to any line in this	Part IX			
	ot include amounts reported on lines 6b, o, 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	1,561,478	1,561,478		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	1,101,505	1,101,505		
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	972,059	288,014	684,045	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	2,877,790	2,455,129	422,661	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	185,723	147,432	38,291	
9	Other employee benefits	438,832	389,093	49,739	
10	Payroll taxes	247,018	191,653	55,365	
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	303,320	21,328	281,992	
c	Accounting	53,705		53,705	
d	Lobbying	0			
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	11,894		11,894	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	3,067,890	2,930,678	137,212	(
12	Advertising and promotion	79,945	79,945	137,212	
13	Office expenses	1,928,446	1,719,844	208,602	
14	Information technology	240,683	198,897	41,786	
15	Royalties	0	150,051	11,7.00	
16	Occupancy	297,264	46,462	250,802	
17	Travel	3,745,069	3,557,429	187,640	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	5,551,125	107,010	
19	Conferences, conventions, and meetings	0			
20	Interest	0			
21	Payments to affiliates	663,261	663,261		
22	Depreciation, depletion, and amortization	159,847		159,847	
23	Insurance	1,067,999	1,012,469	55,530	
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	EVENT PRODUCTION	747,873	747,873		
b	FACILITY RENTAL AND COSTS	434,565	433,942	623	
c	APPAREL	487,057	485,576	1,481	
d	LOCAL ORG COMM COSTS	346,051	346,051		
е	All other expenses	890,141	642,158	247,983	C
25	Total functional expenses. Add lines 1 through 24e	21,909,415	19,020,217	2,889,198	C
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

Par	't X	Balance Sheet Check if Schedule O contains a response or note to any line in this Part X			_
		eneck if Senedate 6 contains a response of note to any line in this rate X	(A) Beginning of year	•	(B) End of year
	1	Cash-non-interest-bearing	2,551,190	-	1,615,745
	2	Savings and temporary cash investments	13,387	2	4,334,011
	3	Pledges and grants receivable, net	,	3	.,,,,,,,
	4	Accounts receivable, net	1,755,323	- -	747,648
	5	Loans and other receivables from current and former officers, directors, trustees, key	1,755,525	-	747,040
	3	employees, and highest compensated employees Complete Part II of Schedule L	0	5	0
s	6	Loans and other receivables from other disqualified persons (as defined under section $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and contributing employers and sponsoring organizations of section $501(c)(9)$ voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		5	
ě			0		0
Assets	7	Notes and loans receivable, net		7	
~	8	Inventories for sale or use	72,817	8	201,293
	9	Prepaid expenses and deferred charges	667,394	9	691,247
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 1,346,055			
	ь	Less accumulated depreciation 10b 995,715	377,193	10c	350,340
	11	Investments—publicly traded securities	4,128,396	11	3,842,827
	12	Investments—other securities See Part IV, line 11	0	12	0
	13	Investments—program-related See Part IV, line 11	0	13	0
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	321,504	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 34)	9,887,204	16	11,783,111
	17	Accounts payable and accrued expenses	1,371,429	17	1,550,828
	18	Grants payable		18	
	19	Deferred revenue	4,476,891	19	5,075,798
	20	Tax-exempt bond liabilities		20	
φ.	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
ар		persons Complete Part II of Schedule L	0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule			
		D	0	25	853,914
	26	Total liabilities. Add lines 17 through 25	5,848,320	26	7,480,540
ري دان		Organizations that follow SFAS 117 (ASC 958), check here ▶ and complete			
ě	27	lines 27 through 29, and lines 33 and 34.	4,038,884	37	4 202 E71
Fund Balance	27	Unrestricted net assets	4,030,004	27	4,302,571
<u>~</u>	28	Temporarily restricted net assets		28	
ĭ	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ► ☐ and complete lines 30 through 34.			
ō	30	Capital stock or trust principal, or current funds		30	
ets Es	31	Paid-in or capital surplus, or land, building or equipment fund		31	
Assets	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	4,038,884	33	4,302,571
Net	34	Total liabilities and net assets/fund balances	9,887,204	34	11,783,111
	J-4	rotal naphities and het assets/fully palatices	9,007,204	34	11,703,111

Par	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				୮
1	Total revenue (must equal Part VIII, column (A), line 12)	1		22,1	195,250
2	Total expenses (must equal Part IX, column (A), line 25)	2		21,9	909,415
3	Revenue less expenses Subtract line 2 from line 1	3		2	285,835
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		4,0	38,884
5	Net unrealized gains (losses) on investments	5			-22,148
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))	10		4,3	302,571
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line 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 review a separate basis, consolidated basis, or both	ewed o	n		
	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 sep basis, consolidated basis, or both	arate			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversig audit, review, or compilation of its financial statements and selection of an independent accountant?	ht of th	1e 2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	ın		ii	
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?	ne	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

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DLN: 93493318041804

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

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

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

Open to Public **Inspection**

Name	of	the	orga	niza	tior
JSA GY	MΝ	ASTI	CS		

Employer identification number

									75-18478		
	rt I			blic Charity Sta						nstructions	
Γhe	organı	zatıon ıs	not a privat	e foundation becaus	eitis (Forl	ınes 1 throu	ıgh 11, check	only one b	ox)		
1	Γ	A churc	ch, conventi	on of churches, or a	ssociation of	churches d	escribed in s e	ection 170(b)(1)(A)(i).		
2	Γ	A scho	ol described	in section 170(b)(1	l)(A)(ii). (At	tach Schedı	ule E)				
3	Γ	A hosp	ıtal or a coo	perative hospital se	rvice organiz	atıon descr	ıbed ın sectio	n 170(b)(1)(A)(iii).		
4	\vdash	A medi	cal researcl	n organization operat	ted ın conjun	ction with a	hospital des	rıbed ın se	ction 170(b)((1)(A)(iii). E	nter the
	_	hospita	ıl's name, cı	ty, and state							
5	ı			erated for the benefi		or universi	ty owned or o	perated by	a governmen	tal unit desc	ribed in
	_			A)(iv). (Complete P	•						
6	<u> </u>			local government or	-			. , .	,, ,, ,		
7	Г			at normally receives			support from	a governm	ental unit or f	rom the gen	eral public
8	Г			on 170(b)(1)(A)(vi). described in sectior			nplete Part II)			
9	Ī		-	at normally receives			-	-	butions, mem	bership fees	, and gross
		receipt	s from activ	ities related to its ex	xempt function	ons—subjec	t to certain e	xceptions,	and (2) no mo	re than 331,	/3% of
		ıts sup	port from gr	oss investment inco	me and unrel	ated busine	ss taxable ın	come (less	section 511	tax) from bu	ısınesses
		acquire	ed by the org	janızatıon after June	30,1975 S	ee section !	509(a)(2). (C	omplete Pa	rt III)		
10	Γ	An orga	anızatıon org	ganized and operated	d exclusively	to test for p	public safety	See sectio	n 509(a)(4).		
11	Γ	An orga	anızatıon org	ganized and operated	d exclusively	for the ben	efit of, to perf	orm the fur	ictions of, or t	o carry out	the purposes of
				ly supported organız						ee section 5	09(a)(3). Check
				bes the type of supp						6	II
	_			b Type II c							
е	ı	•		ox, I certify that the on managers and otl	_		,		, ,	•	•
			1509(a)(2)	on managers and oc	ner than one	or more pub	mery support	ca organiza	icions desemb	ed III seedlo	1 30 3 (4)(1) 01
f				received a written de	etermination	from the IR	S that it is a	Type I, Typ	e II, or Type	III support	ng organizatio <u>n,</u>
			his box						6.1		Г
g			August 1/, 2 ng persons?	2006, has the organi	ization accep	ited any giπ	or contributi	on from any	or the		
			.	rectly or indirectly o	ontrols, eith	er alone or t	together with	persons de	scribed in (ii))	Yes No
		and (III) below, the	governing body of th	e supported	organizatioi	n?			11g	(i)
		(ii) A fa	amily memb	er of a person descri	ıbed ın (ı) abı	ove?				11g	(ii)
		(iii) A	35% contro	lled entity of a perso	n described	ın (ı) or (ıı) a	above?			11g	(iii)
h		Provide	the follown	ng information about	the supporte	ed organizat	ıon(s)				<u> </u>
(i) Nam	ne of	(ii) EIN	(iii) Type of	(iv) Is t	he	(v) Did you	notify	(vi) Is	the	(vii) A mount of
	suppor			organization	organizati		the organiz		organizat		monetary
0	rganiza	ation		(described on lines 1- 9 above	col (i) list your gove		ın col (i) o suppor		col (i) org		support
				or IRC section	docume	_	заррог		III the o	3 .	
				(see							
				instructions))	Yes	No	Yes	No	Yes	No	1
						- · · · ·			+	1	
T_L-							<u> </u>		+	1	

Sch	edule A (Form 990 or 990-EZ) 2013						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 failed	to qualify under
_	Part III. If the organiza ection A. Public Support	tion fails to qu	alify under the	tests listed bel	low, please con	iplete Part .	.111.)
	endar year (or fiscal year beginning	(-) 2000	(1-) 2010	(-) 2011	(4) 2012	(-) 201	(5) T. I.
	in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 201:	3 (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						
3	behalf The value of services or facilities						
3	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						
	(f)						
6	Public support. Subtract line 5 from line 4						
S	ection B. Total Support	I	<u> </u>		I		I
	endar year (or fiscal year beginning	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	in) ►	(a) 2009	(b) 2010	(6) 2011	(u) 2012	(e) 2013	(I) I otal
7	A mounts from line 4						
8	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties						
	and income from similar						
	sources						
9	Net income from unrelated						
	business activities, whether or not the business is regularly carried						
	on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV)						
11	Total support (Add lines 7 through 10)						
12	Gross receipts from related activities	es, etc (see inst	ructions)	•		12	1
13	First five years. If the Form 990 is t	for the organizati	on's first, second	l, thırd, fourth, or	fifth tax year as a	501(c)(3) o	rganızatıon, check
	this box and stop here				<u> </u>	<u></u>	<u></u>
	ection C. Computation of Pub			4.4 1 (5)			
14	Public support percentage for 2013			11, column (f))		14	
15	Public support percentage for 2012	· ·	•			15	_
16a	33 1/3% support test—2013. If the condition have				line 14 is 33 1/3%	or more, che	ck this box
b	and stop here. The organization qua 33 1/3% support test—2012. If the				and line 15 is 33	8 1/3% or more	
	box and stop here. The organization				, 10 00	. 40.001111011	► F
17a	10%-facts-and-circumstances test-	-2013. If the org	anızatıon dıd not	check a box on lı			
	is 10% or more, and if the organizat						
	in Part IV how the organization mee	ts the "facts-and	d-circumstances'	test The organ	ızatıon qualıfıes a	s a publicly s	
Ь	organization 10%-facts-and-circumstances test-	-2012 . If the ora	anization did not	check a hov on li	ne 13 16a 16b	or 17a and L	▶ 厂
	15 is 10% or more, and if the organ						
	Explain in Part IV how the organizat						ublicly
	supported organization				4-71		▶ □
18	Private foundation. If the organizat instructions	ion aid not check	k a box on line 13	, 16a, 16b, 1/a,	or 1/p, check thi	s pox and se	e ▶□
							г,

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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 20	13	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	1,860,59	3 2,394,246	2,388,402	3,686,025	2	,721,330	13,050,596
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	13,296,10	13,826,463	14,554,460	21,877,998	19	,556,968	83,111,998
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	15,156,70	16,220,709	16,942,862	25,564,023	22	,278,298	96,162,594
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons		0	0	0		0	0
Ь	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of	1	0	0	0		0	0
	the amount on line 13 for the year							
	Add lines 7a and 7b		0	0	0		0	0
8	Public support (Subtract line 7c from line 6)							96,162,594
	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 20	13	(f) Total
9	A mounts from line 6	15,156,702	16,220,709	16,942,862	25,564,023	22,	278,298	96,162,594
l0a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from	692,813	711,936	702,636	824,481		447,307	3,379,173
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							0
c	Add lines 10a and 10b	692,813	711,936	702,636	824,481		447,307	3,379,173
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	322	337					659
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	82,372	26,706	18,532	195,404	:	209,878	532,892
13	Total support. (Add lines 9, 10c, 11, and 12)	15,932,209	16,959,688	17,664,030	26,583,908	22,	935,483	100,075,318
14	First five years. If the Form 990 is check this box and stop here	for the organizat	ion's first, second	, third, fourth, or	fifth tax year as a	501(c)(3	3) organ	ızatıon, ▶┌
Se	ction C. Computation of Pub							
15	Public support percentage for 2013			13, column (f))		15		96 090 %
16	Public support percentage from 201					16		95 400 %
	ction D. Computation of Inv				- (£))			
17 10	Investment income percentage for	-			п (т))	17		3 380 %
18	Investment income percentage from				long 4 E control	18	-0/ - '	4 160 %
туа	33 1/3% support tests—2013. If the						5%, and	line 17 is not ►√√

33 1/3% support tests—2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18

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

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

Facts And Circumstances Test					
Return Reference	Explanation				
Income	DESCRIPTION - GROSS INCOME FROM FUNDRAISING, COLUMN A - 82372, COLUMN B - 26706, COLUMN C - 18532, COLUMN D - 16720, COLUMN E - 22122, COLUMN F - 166452, DESCRIPTION - OTHER INCOME, COLUMN A - , COLUMN B - , COLUMN C - , COLUMN D - 178684, COLUMN E - 187756, COLUMN F - 366440,				

Schedule A (Form 990 or 990-EZ) 2013

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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 ▶ Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule D (Form 990) and its instructions is at www.irs.aov/form990.

Open to Public

nai Revenue Service		Tilspec	LIOII
ame of the organization SA GYMNASTICS		Employer identification number 75-1847871	er
art I Organizations Maintaining Donor organization answered "Yes" to Form			te if the
-	(a) Donor advised funds	(b) Funds and other acco	unts
Total number at end of year			
Aggregate contributions to (during year)			
Aggregate grants from (during year)			
Aggregate value at end of year			
Did the organization inform all donors and donor action funds are the organization's property, subject to the	-	onor advised Yes	┌ No
Did the organization inform all grantees, donors, a used only for charitable purposes and not for the b conferring impermissible private benefit?			┌ No
art II Conservation Easements. Complete	te if the organization answered "Yes"	to Form 990, Part IV, line 7.	
Purpose(s) of conservation easements held by the Preservation of land for public use (e.g., recreation of natural habitat Preservation of open space	tion or education)	an historically important land area a certified historic structure	
Complete lines 2a through 2d if the organization heasement on the last day of the tax year	eid a qualified conservation contribution if	i the form of a conservation	
		Held at the End of the	Year
Total number of conservation easements		2a	
Total acreage restricted by conservation easemer	nts	2b	
Number of conservation easements on a certified	historic structure included in (a)	2c	
Number of conservation easements included in (c) historic structure listed in the National Register) acquired after 8/17/06, and not on a	2d	
Number of conservation easements modified, trans	sferred, released, extinguished, or termina	ted by the organization during	
the tax year 🗕			
Number of states where property subject to conse	rvation easement is located ►		
Does the organization have a written policy regard enforcement of the conservation easements it hold		ndling of violations, and Yes	┌ No
Staff and volunteer hours devoted to monitoring, in	nspecting, and enforcing conservation eas	ements during the year	
A mount of expenses incurred in monitoring, inspec	cting, and enforcing conservation easemei	nts during the year	
▶ \$	3,	,	
Does each conservation easement reported on line and section 170(h)(4)(B)(II)?	e 2(d) above satisfy the requirements of s	ection 170(h)(4)(B)(i)	┌ No
In Part XIII, describe how the organization reports balance sheet, and include, if applicable, the text of the organization's accounting for conservation eas	of the footnote to the organization's financi		
rt IIII Organizations Maintaining Collect Complete if the organization answere		, or Other Similar Assets.	
If the organization elected, as permitted under SF, works of art, historical treasures, or other similar a service, provide, in Part XIII, the text of the footn	assets held for public exhibition, education	n, or research in furtherance of pub	
If the organization elected, as permitted under SF, works of art, historical treasures, or other similar a service, provide the following amounts relating to	AS 116 (ASC 958), to report in its revenu assets held for public exhibition, education	e statement and balance sheet	lıc
(i) Revenues included in Form 990, Part VIII, line	e 1	► \$	
(ii) Assets included in Form 990, Part X		► \$	
If the organization received or held works of art, his following amounts required to be reported under SI		for financial gain, provide the	
Revenues included in Form 990, Part VIII, line 1		▶ \$	
		. .	
Assets included in Form 990, Part X		F >	

Part	•••• Organizations Maintaining Co	llections of Art	<u>, His</u>	tori	cal Tre	<u>easu</u>	res, or Otl	<u>ner</u>	Similar Ass	sets (d	continued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other record	ds, ch	neck	any of th	ne follo	owing that ar	eas	ignificant use	of its	
а	Public exhibition		d	Γ	Loan o	rexch	ange progra	ms			
b	Scholarly research		e	Γ	Other						
c	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	ın hov	w the	y furthei	r the o	rganızatıon's	exe	mpt purpose ıı	ו	
5	During the year, did the organization solicit									_	_
Б-	assets to be sold to raise funds rather than t									Yes	│ No
Par	Part IV, line 9, or reported an an						answered	∵re ——	s" to Form 9	90,	
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?	lian or other interme	dıary	ford	ontribut	ions o	r other asse	ts no	ot F	√ Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	II and complete the	follov	ving	table						
								+	Am	ount	
С	Beginning balance						10	-		2	<u>,422,544</u>
d	Additions during the year						10	<u> </u>		5	,894,271
е	Distributions during the year						16			5	,407,269
f	Ending balance						11	F		2	,909,546
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?						Γ	Yes	✓ No
b	If "Yes," explain the arrangement in Part XII	I Check here if the	expl	anatı	on has b	een pi	rovided in Pa	rt X	III .		Γ
Pai	rt V Endowment Funds. Complete										
_		(a)Current year	(b) Prior	year	b (c) Tw	vo years back	(d) Tł	ree years back	(e) Four	years back
1a	Beginning of year balance								+		
b	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 cur	rent year end balanc	e (lın	e 1g	, columr	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 posse	ssion of the organiza	ation	that	are held	and a	dministered	for tl	he		
	organization by								[a.	Yes	No No
	(i) unrelated organizations			•				•	3a(i		+
ь	(ii) related organizations If "Yes" to $3a(II)$, are the related organization								3b		
4	Describe in Part XIII the intended uses of the							-			
Par	t VI Land, Buildings, and Equipme	ent. Complete if t	he o	rgar	nization	answ	ered 'Yes'	to F	orm 990, Pa	rt IV, I	ine
	11a. See Form 990, Part X, line	10.									
	Description of property				i) Cost or sis (invest		(b) Cost or otl basis (other		(c) Accumulated depreciation	(d)	Book value
1a	_and										0
b I	Buildings										0
c l	_easehold improvements						50,	352	6,60)6	43,746
d I	Equipment						1,058,	971	769,08	32	289,889
_e	Other						236,	732	220,02	27	16,705
Tota	I. Add lines 1a through 1e <i>(Column (d) must e</i>	equal Form 990, Part λ	(, colu	ımn (B), line 1	10(c).)					350,340

Part VII Investments—Other Securities. Co	mplete if the organization	n answered 'Yes' to Form 990, Part IV, line 11b.
See 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. C		 on answered 'Yes' to Form 990 Part IV line 11c
See Form 990, Part X, line 13.	omplete if the organization	shahawerea res to rorm 550, rait 17, mie 11e
(a) Description of investment	(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	
		0, Part IV, line 11d See Form 990, Part X, line 15
(a) Desc	ription	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line	15.)	
Part X Other Liabilities. Complete if the org	anızatıon answered 'Yes'	to Form 990, Part IV, line 11e or 11f. See
Form 990, Part X, line 25. (a) Description of liability	(b) Book value	T
1 (a) Description of Hability	(b) Book value	_
Federal income taxes	0	
AMOUNT DUE TO RELATED ORG - NGF	853,914	-
		1
		-
]
		1
]
		-
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	▶ 853,914	1
2 Liphility for unportain toy positions In Dout VIII assessed	le the tayt of the footnets to t	he even protection is financial statements that

the organization answ	wered 'Yes' to Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other	er support per audited financial statements	. 1	
2 A mounts included on line 1 bu	ut not on Form 990, Part VIII, line 12		
a Net unrealized gains on invest	tments		
b Donated services and use of fa	acilities		
c Recoveries of prior year grants	s		
d Other (Describe in Part XIII)			
e Add lines 2a through 2d .		2e	
3 Subtract line 2e from line 1.		3	
	00, Part VIII, line 12, but not on line 1	· · · • 	
	l I		
	luded on Form 990, Part VIII, line 7b . 4a		
b Other (Describe in Part XIII)			
c Add lines 4a and 4b		4c	
	d 4c. (This must equal Form 990, Part I, line 12)		
	xpenses per Audited Financial Statements With E	xpenses per Re	eturn. Complete
-	swered 'Yes' to Form 990, Part IV, line 12a.	1	
·	raudited financial statements	· · +	
	ıt not on Form 990, Part IX, line 25		
	acilities		
b Prior year adjustments	<u>2b</u>		
c Other losses	<u>2</u> c		
d Other (Describe in Part XIII)			
e Add lines 2a through 2d		2e	
3 Subtract line 2e from line 1.		3	
4 Amounts included on Form 99	0, Part IX, line 25, but not on line 1:		
	uded on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIII)			
		4c	
5 Total expenses Add lines 3 ar Part XIII Supplemental Inf	nd 4c. (This must equal Form 990, Part I, line 18)	5	
Part V, line 4, Part X, line 2, Part XI, information Return Reference	, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete t Explanation	:hıs part to provide a	any additional
Schedule D, Part IV, Line 1b, Agent,	USA GYMNASTICS STATE AND REGIONAL CHAPTERS HAV		PANK ACCOUNTS
rustee, custodian, or other ntermediary arrangement	UNDER THE FEDERATION'S TAX IDENTIFICATION NUMBE FOR THE BENEFIT OF THE CHAPTERS IN MAY 2010, USA FINANCIAL CONTROL OF THESE FUNDS AS A FISCAL AGE DUE TO THE STATE AND REGIONS ACCOUNT OF \$2,780,4 STATEMENT OF FINANCIAL POSITION IN FEBRUARY 201 FINANCIAL ADMINISTRATION OF CASH ATTRIBUTABLE TO STATE OF THE STATE OF THE STATE OF THE STATE OF THE PAGU OF THE PAGU ACCORDED ON THE STATEMENT OF FINANCIAL POSITION.	GYMNASTICS EXE ENT AS OF 12/31/: 438 HAS BEEN REC .3, USA GYMNASTI TO THE PAN AMER GIT AND DISBURSE CAMPS, CLINICS / DUNT OF \$129,108	CUTED 2013, AN AMOUNT CORDED ON THE CCS ASSUMED ICAN EMENTS AT THE AND WORKSHOPS HAS BEEN
Schedule D, Part X, Line 2, FIN 48 (ASC 740) footnote	THE INTERNAL REVENUE SERVICE HAS RULED THAT BOT NATIONAL GYMNASTICS FOUNDATION QUALIFY UNDER INTERNAL REVENUE CODE AND ARE, THEREFORE, GENER TAXATION UNDER PRESENT INCOME TAX LAWS HOWEVE NATIONAL GYMNASTICS FOUNDATION ARE SUBJECT TO BUSINESS TAXABLE INCOME USA GYMNASTICS HAS ADO TO ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES AS A BENEFIT ONLY IF IT IS "MORE LIKELY THAN NOT" TO SUSTAINED IN A TAX EXAMINATION, WITH A TAX EXAMINATION, WITH A TAX EXAMINATION, WITH A TAX EXAMINATION MITH A TAX EXAMINATION	SECTION 501(C)(3 ALLY NOT SUBJECT ER, USA GYMNAST) FEDERAL TAX ON OPTED GUIDANCE A TAX POSITION HAT THE TAX POS NATION BEING PR OUNT OF TAX BEN MINATION FOR T TAX BENEFIT WILL TO EXAMINATION EXPECT THE TOTA SE IN THE NEXT 12 ES RELATED TO IN-	B) OF THE IT TO INCOME ICS AND THE ANY UNRELATED WITH RESPECT IS RECOGNIZED ITION WOULD BE RESUMED TO EFIT THAT IS AX POSITIONS BE RECORDED BY TAXING IL AMOUNT OF MONTHS USA COME TAX

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if

	<u> </u>	
Part XIII	Supplemental Info	ormation (continued)
Ret	turn Reference	Explanation

Schedule D (Form 990) 2013

efile GRAPHIC pri	nt - DO NOT	PROCESS	As Filed Da	ta -		DLN:	93493318	041804
SCHEDULE F (Form 990) Statement of Activities Outside the United						ates	OMBNo 154	15-0047
(1 01111 930)	201	3						
		► Attac	·	14b, 15, or 16. See separate instructions	•			
Department of the Treasury Internal Revenue Service	► Information	on about Schedu	ıle F (Form 990) a	and its instructions is at v	ww.irs.go	v/form990.	Open to F Inspectio	
Name of the organizatio	n					Employer ident	tification num	nber
USA GYMNASTICS						75-1847871		
		n on Activiti rt IV, line 14b		he United States. C	omplete	ıf the organız	zation answe	ered
1 For grantmaker	rs. Does the o	rganızatıon m	aıntaın record:	s to substantiate the	amount o	of its grants a	nd	
other assistance	e, the grantee	es' eligibility fo	or the grants o	r assistance, and the	selection	criteria used		
to award the gra	nts or assista	ance?					☐ Yes	┌ No
2 For grantmaker assistance outsi			rganızatıon's p	procedures for monitor	ing the u	ise of its gran	ts and othe	r
3 Activites per Regi	ion (The follow	ung Part I, line	3 table can be d	uplicated if additional sp	ace is nee	eded)		
(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)	program spe	ity listed in (d) is a service, describe cific type of ce(s) in region	for and inv	estments
(1) EAST ASIA AND PACIFIC	THE	0	0	PROGRAM SERVICES	1	ERNATIONAL	5	20,555
(2) EUROPE (INCLU ICELAND AND G		0	0	PROGRAM SERVICES	1	ERNATIONAL	;	1,064,453
(3) NORTH AMERICA MEXICO ONLY)		0	0	PROGRAM SERVICES		ERNATIONAL	5	19,880
(4) RUSSIA AND TH INDEPENDENT S		0	0	PROGRAM SERVICES		ERNATIONAL	5	100,755
(5) SOUTH AMERIC	A	0	0	PROGRAM SERVICES		ERNATIONAL		43,157
3a Sub-total b Total from continuto Part I	uation sheets							
c Totals (add lines	3a and 3b)	0	0					1,248,800
For Paperwork Reduction	Act Notice, see	the Instructions	for Form 990.	Cat	No 5008	32W Sched	ule F (Form 99	0) 2013

Pa						ited States. Compl duplicated if additior			to Form 990,
1	(a) Name of organization	(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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(:	1)								
(:	2)								
(:	3)								
(4	4)								
2						ies by the foreign co (c)(3) equivalency l			
3	Enter total nur	nber of other or	ganızatıons or ent	rities					

Schedule F (Form 990) 2013

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 addit	ional space is ne	eeded.				
(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)							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							
	1			l .			

Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes,"the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Γ	Yes	V	No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may 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)	Г	Yes	V	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	Yes	<u>ح</u> ا	No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Г	Yes	V	. No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)	Г	Yes	দ	. No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).	Г	Yes	V	. No

Schedule F (Form 990) 2013

Schedule F (Form 990) 2013 Page 5

Part V Supplemental Information

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

990 Schedule F, Supplemental Information

Return Reference	Explanation
Schedule F, Part I, Line 3, Method to account for expenditures on org 's financial statements	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

990 Schedule F, Supplemental Information

Return Reference	Explanation
Schedule F, Part I, Line 3, Method to account for expenditures on org 's financial statements	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

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Schedule I (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

USA GYMNASTICS

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

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

► Attach to Form 990
► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

DLN: 93493318041804

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Employer identification number

75-1847871

	nation on Grants						
 Does the organization man the selection criteria used Describe in Part IV the or 	d to award the grants	orassistance?					▽ Yes ▽
		Governments and receive					d "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)	1,556,125				SCHOLARSHIP SUPPORT AND PROGRAM SUPPORT
2 Enter total number of sect	cion 501(c)(3) and go	vernment organizations	listed in the line 1 table	e			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.

(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) ELITE ATHLETE SUPPORT	72	1,101,505								
Supplemental Information Drouge the information required in Dart I, line 2, Dart III, column (b), and any other additional information										

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

Return Reference	Explanation
Schedule I, Part I, Line 2,	SCHOLARSHIP GRANTS MADE TO INDIVIDUALS ARE PAID DIRECTLY TO THE FINANCIAL INSTITUTION OF THE RECIPIENT'S CHOICE, OR
Procedures for monitoring use of	ARE REIMBURSED TO THE INDIVIDUAL BASED ON DOCUMENTATION PROVIDED IN ORDER TO ENSURE THE FUNDS ARE USED FOR THEIR
grant funds	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 USA
	GYMNASTICS PARTNERED WITH RIGHT TO PLAY TO OFFER GYMNASTICS TO DISADVANTAGED COMMUNITIES RIGHT TO PLAY AND USA
	GYMNASTICS SHARE THE MISSION OF POSITIONING SPORT AND PLAY AS PATHWAYS FOR EDUCATING CHILDREN AND YOUTH TO
	OVERCOME ADVERSITY IN DISADVANTAGED COMMUNITIES GRANTS WERE PROVIDED TO APPLICANT CLUBS TO CONDUCT EVENTS
	PROVIDING ACCESS TO CHILDREN WHO ARE OTHERWISE NOT EXPOSED TO GYMNASTICS PARTICIPATION ADDITIONALLY, IN 2013 A
	GRANT OF \$1,500,000 WAS MADE TO THE NATIONAL GYMNASTICS FOUNDATION, ALONG WITH OTHER (SCHOLARSHIP) GRANTS TO
	FURTHER ALLOW THEM TO INCREASE THEIR CHARITABLE FUNCTIONS

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OMB No 1545-0047

Schedule J (Form 990)

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

Compensation Information

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23. ► Attach to Form 990. ► See separate instructions.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization USA GYMNASTICS

Department of the Treasury

Internal Revenue Service

Employer identification number

75-1847871

Pai	t I Questions Regarding Compensation	n				
					Yes	No
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part III					
	First-class or charter travel	Г	Housing allowance or residence for personal use			
	Travel for companions	Γ	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	굣	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 de			1b	Yes	
2	Did the organization require substantiation prior to indirectors, trustees, officers, including the CEO/Exec				,,	
	directors, trustees, officers, meldanig the GEO/EXC	cutive D	meetor, regarding the items effected in line 14.	2	Yes	
3	Indicate which, if any, of the following the filing orga organization's CEO/Executive Director Check all the used by a related organization to establish compens	nat apply				
	Compensation committee	I✓	Written employment contract			
	☐ Independent compensation consultant	굣	Compensation survey or study			
	Form 990 of other organizations	<u> </u>	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		No
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 mu	ıst comp	olete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A compensation contingent on the revenues of					
а	The organization?			5a		No
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 \ensuremath{N}	, lıne 1a	, did the organization pay or accrue any			
a	The organization?			6a		No
b	Any related organization?			6b		Νo
	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," of			7	Yes	
8	Were any amounts reported in Form 990, Part VII,	oaid or a	ccured pursuant to a contract that was			
	subject to the initial contract exception described in	n Regula	tions section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III			8		No
9	If "Yes" to line 8, did the organization also follow the 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	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported as deferred in prior Form 990
	(i) (ii)	115,070 0	7,500 0	84 0	7,620 0	22,874 0	153,148 0	0 0
	(i) (ii)	395,658 0	72,500 0	34,106 0	15,300 0	22,945 0	540,509 0	0
(3)DAVONSHE GALIMORE CHIEF OPERATING OFFICER	(i) (ii)	140,606 0	7,200 0	254 0	8,934 0	8,354 0	165,348 0	0
(4)CHERYL JARRETT VICE PRESIDENT MEMBER SERVICES	(i) (ii)	129,914 0	6,000 0	387 0	8,679 0	22,169 0	167,149 0	0

Schedule J (Form 990) 2013

Part IIII Supplemental Information

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

Return Reference	Explanation
	SUBJECT TO THE EMPLOYMENT CONTRACT WITH THE PRESIDENT, USA GYMNASTICS PROVIDED FOR MEMBERSHIP DUES AT A SOCIAL CLUB IN THE AMOUNT OF \$7,426 THE ENTIRE AMOUNT OF DUES PAID WERE REPORTED AS TAXABLE COMPENSATION ON HIS 2013 W-2
Social club dues of illitiation lees	IN THE AMOUNT OF \$7,426 THE ENTIRE AMOUNT OF DUES PAID WERE REPORTED AS TAXABLE COMPENSATION ON HIS 2013 W-2
	THE PRESIDENT WAS AWARDED A DISCRETIONARY BONUS THAT IS DETERMINED BY THE BOARD OF DIRECTORS THE BOARD DETERMINES
payments	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 COO, CFO AND THE KEY
	EMPLOYEES THE BONUSES AWARDED TO EACH EMPLOYEE ARE DISCRETIONARY

Schedule J (Form 990) 2013

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

2013
Open to Public Inspection

Name of the organization
USA GYMNASTICS

Employer identification number
75-1847871

Return Reference	Explanation
Form 990, Part VI, Sec A, Line 6, Classes of members or stockholders	USA GYMNASTICS HAS TWO CLASSES OF MEMBERS THAT HAVE THE RIGHT TO ELECT POSITIONS TO THE BOARD OF DIRECTORS ACCORDING TO THE BYLAWS, MEMBERS SHALL HAVE NO OWNERSHIP RIGHTS OR BENEFICIAL INTERESTS OF ANY KIND IN THE PROPERTY OF THE ORGANIZATION

Return Reference	Explanation
Form 990, Part VI, Sec A, Line 7a, Members or stockholders electing members of governing body	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

Return Reference	Explanation
Form 990, Part VI, Sec B, Line 11b, Review of form 990 by governing body	THE FORM 990 IS REVIEWED IN DETAIL BY THE CFO 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

Return Reference	Explanation
Form 990, Part VI, Sec B, Line 12c, Conflict of interest policy	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, THE ETHICS COMMITTEE IS CHARGED WITH REVIEWING THE PRESIDENT'S CONFLICT OF INTEREST QUESTIONNAIRE. 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

Return Reference	Explanation
Form 990, Part VI, Sec B, Line 15a, Process to establish compensation of top management official	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, FOR HIS MULTI YEAR CONTRACT ENDING IN 2016 FOR OTHER TOP MANAGEMENT PERSONNEL, THE COMPENSATION IS REVIEWED BY THE FINANCE, AUDIT, AND COMPENSATION COMMITTEE ON AN ANNUAL BASIS.

Return Reference	Explanation
FORM 990, PART VI, LINE 15B, PROCESS FOR DETERMINING COMPENSATION OF OTHER OFFICERS	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 2013

Return Reference	Explanation
Form 990, Part VI, Sec C, Line 19, Required documents available to the public	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

Return Reference	Explanation
A, COMPENSATION OF	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

Return Reference	Explanation
Line 11g, Other Expenses	ADMIN SERVICE FEES - TOTAL EXPENSE. 869660, PROGRAM SERVICE EXPENSE. 732448, MANAGEMENT AND GENERAL EXPENSES 137212, FUNDRAISING EXPENSES, GYMNASTICS FEES (COACHING/JUDGING/CLINICIANS) - TOTAL EXPENSE. 2198230, PROGRAM SERVICE EXPENSE. 2198230, MANAGEMENT AND GENERAL EXPENSES 0, FUNDRAISING EXPENSES,

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

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

DLN: 93493318041804

2013

OMB No 1545-0047

Open to Public Inspection

Schedule R (Form 990) 2013

Employer identification number

75-1847871

SCHEDULE R (Form 990)

Name of the organization

Department of the Treasury Internal Revenue Service

USA GYMNASTICS

Part I

Related Organizations and Unrelated Partnerships

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

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

(b) Name, address, and EIN (if applicable) of disregarded entity Primary activity Legal domicile (state Total income End-of-year assets Direct controlling or foreign country) entity Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. (g) Name, address, and EIN of related organization Primary activity Direct controlling Legal domicile (state Exempt Code section Public charity status Section 512(b) (13) controlled or foreign country) (if section 501(c)(3)) entity entity? Yes No (1) NATIONAL GYMNASTICS FOUNDATION INC PROGRAM SUPPORT ΙN 501(C)(3) 11 - Type I USA GYMNASTICS 132 E WASHINGTON ST STE 700 INDIANAPOLIS, IN 46204 35-1757753

Cat No 50135Y

(a) Name, address, and EIN of related organization		(b) Primary activit	(c) Legal domicile (state or foreign country)	I Direct ile controlling or entity n	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets		prtionate	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man part	j) eral or aging ener?	(k) Percentag ownersh
					314)			Yes	No	1	Yes	No	
V Identification of Related Org								swere	d "Yes	" on Form	990,	Part	IV,
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)		(d) Direct controllin entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of tot Income	total Share	(g) e of end -year ssets		(h) ercentage ownership	(i) Section 512 (b)(13) controlled entity?		!
						<u> </u>			_		Yes		No
									_				+

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

Yes

1 D	uring the tax year, did the orgranization engage in any of the following transactions with one or more re	elated 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	Gift, grant, or capital contribution to related organization(s)										
C	c Gift, grant, or capital contribution from related organization(s)										
d Loans or loan guarantees to or for related organization(s)											
e Loans or loan guarantees by related organization(s)											
f	Dividends from related organization(s)				1f		No				
g	Sale of assets to related organization(s)				1g		No				
h	Purchase of assets from related organization(s)				1h		No				
i	Exchange of assets with related organization(s)				1i		No				
j Lease of facilities, equipment, or other assets to related organization(s)											
k Lease of facilities, equipment, or other assets from related organization(s)											
	Performance of services or membership or fundraising solicitations for related organization(s)										
m Performance of services or membership or fundraising solicitations by related organization(s)											
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)											
	Sharing of paid employees with related organization(s)				10	Yes					
Ü	Sharing of paid employees with related organization(s)										
D	Reimbursement paid to related organization(s) for expenses				1p		No				
q					1q	Yes					
٦	Training and any rotated organization (e) for expenses				H						
r	Other transfer of cash or property to related organization(s)				1r		No				
s	Other transfer of cash or property from related organization(s)				1s		No				
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete	this line, including co	vered relationships	and transaction thresholds							
	(a)	(b)	(c)	(d)							
	Name of related organization	Transaction type (a-s)	Amount involved	Method of determining amo	unt II	nvolved					
(1) N	ATIONAL GYMNASTICS FOUNDATION INC	В	1,556,124	FMV							
(2) N	ATIONAL GYMNASTICS FOUNDATION INC	С	310,000	FMV							

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

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

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

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 sections 512- 514)	section 501(c)(3) organizations?				(f) Share of total income	otal end-of-year	(h) Disproprtionate allocations?		(i) Code V?UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership	
			314)	Yes	No			Yes	No		Yes	No				
]				
												\Box				
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Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference Explanation

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