DLN: 93493310022478 Return of Organization Exempt From Income Tax

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

2017

OMB No 1545-0047

Open to Public

foundations) ▶ Do not enter social security numbers on this form as it may be made public

Department of the Treasur ▶ Information about Form 990 and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a> Internal Revenue Service Inspection For the 2017 calendar year, or tax year beginning 01-01-2017 , and ending 12-31-2017 D Employer identification number B Check if applicable **USA Gymnastics** ☐ Address change 75-1847871 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminate E Telephone number ☐ Amended return Number and street (or P O box if mail is not delivered to street address) 130 E Washington St 700 □ Application pending (317) 829-5658 City or town, state or province, country, and ZIP or foreign postal code Indianapolis, IN  $\,$  46204  $\,$ G Gross receipts \$ 26,226,576 Name and address of principal officer H(a) Is this a group return for SCOTT SHOLLENBARGER ☐Yes **☑**No subordinates? 130 E Washington St 700 H(b) Are all subordinates Indianapolis, IN 46204 ☐ Yes ☐No included? Tax-exempt status **✓** 501(c)(3) ☐ 501(c)( ) **◄** (insert no ) 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ▶ www usagym org L Year of formation 1964 M State of legal domicile IN Summary USA GYMNASTICS IS THE DESIGNATED NATIONAL GOVERNING BODY FOR THE SPORT OF GYMNASTICS, INCLUDING THE DISCIPLINES OF WOMEN'S AND MEN'S ARTISTIC, RHYTHMIC, TRAMPOLINE & TUMBLING, ACROBATIC GYMNASTICS & GYMNASTICS FOR ALL, IN THE Activities & Governance Check this box  $\blacktriangleright \sqcup$  if the organization discontinued its operations or disposed of more than 25% of its net assets 20 Number of voting members of the governing body (Part VI, line 1a) . . . 3 Number of independent voting members of the governing body (Part VI, line 1b) 4 17 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 5 72 Total number of volunteers (estimate if necessary) . . . . . 6 3,000 199,870 Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, line 34 7h -8.947 **Current Year** 5,093,324 3,898,090 8 Contributions and grants (Part VIII, line 1h) . 27,797,853 20,396,346 Program service revenue (Part VIII, line 2g) . 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 32,297 4,828 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,553,866 758 462 34,477,340 25,057,726 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . 1,651,611 835,250 **14** Benefits paid to or for members (Part IX, column (A), line 4) . . . 0 6.370.910 6,934,665 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 16a Professional fundraising fees (Part IX, column (A), line 11e) .  ${f b}$  Total fundraising expenses (Part IX, column (D), line 25)  ${lacktriangle}$ 0 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 24,352,087 18,781,357 26,551,272 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) 32,374,608 -1,493,546 Revenue less expenses Subtract line 18 from line 12 . 2,102,732 Net Assets or Fund Balances End of Year Beginning of Current Year 91,845,054 91,033,618 20 Total assets (Part X, line 16) . Total liabilities (Part X, line 26) . 89,472,807 88,810,196 1,560,811 Net assets or fund balances Subtract line 21 from line 20 3,034,858 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2018-11-06 Signature of officer Sian

Paid **Preparer Use Only** 

Here

Print/Type preparer's name Rachel Spurlock reparer's signature Check 🔲 ıf P00520729 Rachel Spurlock self-employed ► CROWE LLP Firm's name Firm's EIN > 35-0921680 Firm's address ▶ 3815 River Crossing Parkway Suite 3 Phone no (317) 569-8989 Indianapolis, IN 462400977 ☑ Yes ☐ No May the IRS discuss this return with the preparer shown above? (see instructions)

Scott Shollenbarger CHIEF FINANCIAL OFFICER

Type or print name and title

Form	990 (2	017)					Page <b>2</b>						
Par	t III	Statement	of Program Servic	e Accomplis	hments								
		Check if Sched	dule O contains a respo	nse or note to a	any line in this Part III		🗹						
1	Briefly	describe the o	rganization's mission		·								
State Fede throu	es Olymi ration Ii ighout t	pic Committee ( nternationale De he world In ad	the USOC) and is a Gr e Gymnastique (FIG), a dition to organizing the	oup A member an organization e Olympic and V	of the USOC USA Gym whose purpose is to pi Vorld Gymnastics Team	nastics The organization was nastics is also the United Stat romote the development of the is and other national teams, U ning, safety, and education	es' representative to the sport of gymnastics						
2		-	, <del>-</del>			hich were not listed on							
	the pr	✓ Yes □ No											
		If "Yes," describe these new services on Schedule O											
3	Did th	Did the organization cease conducting, or make significant changes in how it conducts, any program											
	servic	services?											
	If "Yes	If "Yes," describe these changes on Schedule O											
4	Sectio	n 501(c)(3) and		ns are required	to report the amount	largest program services, as of grants and allocations to ot							
4a	(Code		) (Expenses \$	8,422,593	including grants of \$	835,250 ) (Revenue \$	2,477,147 )						
	See Ad	ditional Data											
4b	(Code		) (Expenses \$	4,849,815	including grants of \$	) (Revenue \$	14,144,037 )						
	See Ad	ditional Data											
4c	(Code		) (Expenses \$	709,667	ıncludıng grants of \$	) (Revenue \$	)						
	See Ad	ditional Data											
		ddıtıonal Data T											
4d			es (Describe in Schedi										
	(Expe	nses \$	6,679,315 incl	uding grants of	\$	) (Revenue \$	4,080,403 )						
4e	Total	program serv	ice expenses ►	20,661,3	90								

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

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No

Form **990** (2017)

Par	t IV
1	Is the

Form 990 (	2017)
Part IV	Checkli

m 990 (	2017)				
art IV	Checklist o	of Req	uired	Schedule	s

Par	C TA
1	Is the

- organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete

the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II . . . .

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

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

b Was the organization included in consolidated, independent audited financial statements for the tax year?

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States? . . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) . . . .

lines 1c and 8a? If "Yes," complete Schedule G, Part II

**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 . . . . . . . . . . . . . Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏

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 🕏

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🛸

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX,

permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V . . . . . . . . . .

Did the organization maintain collections of works of art, historical treasures, or other similar assets?

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII . . . . . . . . . .

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

12a Did the organization obtain separate, independent audited financial statements for the tax year?

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

- Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💆 . . . Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates

- 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? 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?

- 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? Did the organization receive or hold a conservation easement, including easements to preserve open space.

or X as applicable

29

Page 4 Part IV Checklist of Required Schedules (continued) Yes 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . 20a No

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . . . Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX.

Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's

current and former officers, directors, trustees, key employees, and highest compensated employees, If "Yes,"

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

**b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

**d** Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . .

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, 

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and

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?

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

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . . . . . . .

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

20b Yes

Yes

Yes

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22

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24a

24b

24c

24d

25a

25b

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28a

28b

28c

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35a

35h

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Yes

Yes

Yes

Form 990 (2017)

Nο

Νo

Nο

orm	990 (2017)			Page
Par				_
	Check if Schedule O contains a response or note to any line in this Part V	•		Ш
4 -	Enterthe growth and are Box 2 of Ferma 1000 February Conference and the last of the last o		Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 1,147  Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	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			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
_	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b	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	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
		5b		
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?	<b>7</b> b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	Yes	
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			
		7e		No
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds.  Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
aء	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
9a b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a 9b		
0	Section 501(c)(7) organizations. Enter	90		
	Initiation fees and capital contributions included on Part VIII, line 12   10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b			
1	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
ט	against amounts due or received from them )			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
_	12b			
.3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		_

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Par	<b>TVI</b> Governance, Management, and DisclosureFor each "Yes" response to lines 2 through 7b below, and for a "I 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions	lo" respo	nse to li	ines
	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>		<u> </u>
Se	ection A. Governing Body and Management			
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	20	Yes	No
	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	17		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	on 3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or mor members of the governing body?	e <b>7a</b>	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7</b> b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year be the following	4		
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		No
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Rever	ue Code	e.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Yes	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
Ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	:		
		16b		<u> </u>
	List the Chates with which a serie of this Ferm 200 is resulted to be filed.			
17	List the States with which a copy of this Form 990 is required to be filed►  IN			
18	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	)		
	☑ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)			
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, address, and telephone number of the person who possesses the organization's books and records ▶Scott Shollenbarger 130 E WASHINGTON STREET STE 700 Indianapolis, IN 46204 (317) 829-5658			

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Part VII	Compensation of Officer and Independent Contra		Truste	es,	Key	En	ıploy	ees	, Highest Comp	ensated Employ	rees,
	Check if Schedule O contains a	response or no	te to an	y line	ın t	his	Part V	Ι.			<u> </u>
Section	A. Officers, Directors, Tru	stees, Key E	mploy	ees	, an	d H	lighe	st C	Compensated En	nployees	
ear	e this table for all persons require										-
of compensa	of the organization's <b>current</b> off tion Enter -0- in columns (D), (	E), and (F) if no	compe	nsatı	on v	vas į	paid			-	
	of the organization's <b>current</b> key		•								
vho received organization	organization's five <b>current</b> high d reportable compensation (Box and any related organizations	5 of Form W-2	and/or E	Зох 7	of F	orm	1099	-MIS	SC) of more than \$1	00,000 from the	
of reportable	of the organization's <b>former</b> office compensation from the organiz	ation and any r	elated o	rganı	zatı	ons	-				
List all operation	of the organization's <b>former dire</b> , more than \$10,000 of reportab	ectors or trust le compensation	<b>ees</b> that n from t	t rece the or	gan	l, ın ızatı	the ca	paci any	ty as a former direc v related organization	tor or trustee of the ons	9
	in the following order individua d employees, and former such p		ectors, i	ınstıtı	utior	nal t	rustee	s, of	ficers, key employe	es, highest	
☐ Check t	his box if neither the organizatio	n nor any relate	ed orgar	nizatio	on c	omp	ensate	d ar	ny current officer, di	rector, or trustee	
	(A) Name and Title Average hours per week (list any hours for rollated  (B) Position (do not check more than one box, unless person is both an officer and a director/trustee)							(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the organization and	
		organizations below dotted line)	Individual trustee or director	2/1099-MISC)  (W- 2/1099-MISC)  (W- 2/1099-MISC)  (W- 2/1099-MISC)  (W- 2/1099-MISC)  (W- 2/1099-MISC)						related organizations	
See Additiona	al Data Table										
											in the organization's tax amount  ployee) the  nan \$100,000  ee of the  ustee  (F) Estimated amount of other compensation from the organization and related related

Grand Rapids, MI 49501

Page **8** 

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
	<b>(A)</b> Name and Title	(B) Average hours per week (list any hours	than c	ne b	ox, t n off or/t	t cha unle: ficer	eck moss person and a	son	(D) Reportable compensatio from the organization (' 2/1099-MISO	n compensatio from related W- organizations (	n I W-	(F) Estimated amount of other compensation from the organization and	
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-1130	MISC) 2/1099-MISC) c		relat organiza	ed
See	Additional Data Table										_		
											+		
-													_
													_
1b 9	Sub-Total			<del></del>	<u> </u>		<b> </b>	<u> </u>					
_	Total from continuation sheets to Pa	•					•						
						l	<u>▶</u>		1,797,858	l	0		225,564
2	Total number of individuals (including of reportable compensation from the			e iist	ea a	DOV	e) wno	rece	eived more than	1 \$100,000			
												Yes	No
3	Did the organization list any <b>former</b> of line 1a? <i>If "Yes," complete Schedule 3</i>			ee, k		mple •	oyee,	or hi	ghest compensa	eted employee on	3		No
4	For any individual listed on line 1a, is organization and related organization individual										4	Yes	
5	Did any person listed on line 1a receiver services rendered to the organization									ındıvıdual for	5		No No
Se	ection B. Independent Contract	ors											110
1	Complete this table for your five high from the organization Report comper	est compensate									mpen	sation	
	· · · · · · · · · · · · · · · · · · ·	(A)		уеаг	ena	iiig	WICH O	r wit		(B)		(C	
Faegr	Name a e Baker Daniels LLC	and business addre	255						Legal	Description of services		Comper 1	,277,148
	l Meridian												
	napolis, IN 46204												
	Jniversal Media LLC ox 402971								Television	on Broadcast Services			790,000
	ta, GA 30384 Devault LLP								Legal				462,422
One I	ndiana Square												,
	napolis, IN 46204												
	30 LLC								Facilities	s maint and rental			251,920
Suite													
	Prairie, MN 55344  Johnson Snell & Cummiskey								Legal				179,137
	PO Box 306 Grand Bande MI 49501												

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 ► 7

Part \		(2017)  Statement of	Revenue									Page 9
		Check if Schedul	le O contains	a respo	ense or note to any	(	his Part VIII (A) revenue	Rela exe	B) ted or empt ction	(C) Unrelat busine revenu	ed ss	(D) Revenue excluded from tax under sections
	12	Federated campaig	ns	1a				rev	enue			512-514
nts nts		<b>b</b> Membership dues										
isa 100		c Fundraising events		1b								
s, G An		d Related organizatio		1d	739,374							
활동		e Government grants (c		10 1e								
S.(		F All other contributions		_ re								
tion sr S	'	and similar amounts n above	ot included	1f	3,158,716							
Contributions, Gifts, Grants and Other Similar Amounts	٩	g Noncash contribution in lines 1a-1f \$		362,	350							
Con	h	Total.Add lines 1a-1				3	3,898,090					
					Business		.,030,030					T
- He	<b>2</b> a	Member Services				900099	13,9	942,823	13,942	2,823		
å	b	National Event Revenue	es .			900099	4,0	80,403	4,080	,403		
ر د	С	Program Events and Clin	nics			900099	2,3	373,120	2,373	3,120		
<u> </u>	d			_								
٤	e							0		0		0 0
Program Service Revenue	f	All other program se	rvice revenue	•	20 -	 396,346				- 1		<u>  </u>
4		Total.Add lines 2a-2			<u> </u>	7						
		Investment income (i similar amounts) .			nterest, and other	.	68,098	3				68,098
	4	Income from investm	ent of tax-exe	empt bo	ond proceeds <b>&gt;</b>	·[						
	<b>5</b> I	Royalties					253,35:	1				253,351
	_		(ı) Rea	ıl	(II) Personal	4						
	6a	Gross rents										
	b	Less rental expenses										
	_	: Rental income or		0								
	•	(loss)		Ĭ								
	d	Net rental income o	r (loss)									
	_	6	(ı) Securi	ties	(II) Other	4						
	7a	Gross amount from sales of	1,0	050,000								
		assets other than inventory										
	b	Less cost or				1						
		other basis and sales expenses	1,:	113,270								
		Gain or (loss)		-63,270	(	]						
		Net gain or (loss)			<b>•</b>		-63,270	0				-63,270
	Вa	Gross income from f (not including \$	_	ents of								
둤		contributions reporte										
eve		See Part IV, line 18 Less direct expense		. а Ь		-						
<del>ا</del> ۳		: Net income or (loss)		l	ents 🛌	J						
Other Revenue	9a	Gross income from g		ies		1						
0		See Part IV, line 19		- 1								
	h	Less direct expense	oc.	a b		-						
		: Net income or (loss)		L	les <b>.</b>	J						
		Gross sales of invent										
		returns and allowand	ces	-1	242.406							
	h	Less cost of goods s	rold	a b	242,496 55,580	_						
		Net income or (loss)		ı	•		186,916	5	186,916			
ŀ		Miscellaneous		i ilivelic	Business Code							
	11	<b>a</b> Advertising			511120	5	192,31	7			192,317	
						L						
	b	Memorabilia revenue	es		900099	9	14,299	9	14,299			
	С	Intl Comp Prize Mon	ney		900099	7	56,86	5	56,865			
		Alland					E 4 7 .	1	A7 46.		7	0
		All other revenue .  Total. Add lines 11a		. l	, , <b>&gt;</b>	1	54,714	1	47,161		7,553	U
		Total revenue. See					318,19					
					•		25,057,726	5	20,701,587		199,870	258,179 Form <b>990</b> (2017)

Part IX	Statement of	Functional	Expenses
---------	--------------	------------	----------

Forn	n 990 (2017)				Page <b>10</b>
	rt IX Statement of Functional Expenses ion 501(c)(3) and 501(c)(4) organizations must complete all co	lumns All other orga	ınızatıons must comp	elete column (A)	
	Check if Schedule O contains a response or note to any	line in this Part IX			🗹
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	62,781	62,781	3	
2	Grants and other assistance to domestic individuals See Part IV, line 22	772,469	772,469		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,909,260	589,979	1,319,281	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	3,866,721	3,153,719	713,002	
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	196,948	185,104	11,844	
9	Other employee benefits	637,274	515,843	121,431	
10	Payroll taxes	324,462	251,260	73,202	
11	Fees for services (non-employees)				
a	Management				
_	Legal	1,990,873	27,518	1,963,355	
	Accounting	44,620	0	44,620	
	Lobbying	48,000		48,000	
	Professional fundraising services See Part IV, line 17	,			
	Investment management fees	8,671		8,671	
	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	4,552,028	4,289,870	262,158	0
12	Advertising and promotion	374,422	374,422		
	Office expenses	579,606	437,465	142,141	
	Information technology	288,686	99,125	189,561	
		200,000	33,123	105,501	
	Royalties	327,271	62,325	264,946	
	Occupancy	4,483,175	,	•	
	Travel	4,483,175	4,252,680	230,495	
	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
	Interest				
	Payments to affiliates	722,184	722,184		
22	Depreciation, depletion, and amortization	179,975		179,975	
	Insurance	1,706,755	1,597,786	108,969	
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 )				
	a Event Production	182,067	182,067		
	b Event Facility costs	1,157,868	1,157,868	0	
•	c Apparel	264,171	260,330	3,841	
•	d Local Org Comm Costs	109,340	109,340		
	e All other expenses	1,761,645	1,557,255	204,390	0
25	Total functional expenses. Add lines 1 through 24e	26,551,272	20,661,390	5,889,882	0
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Form **990** (2017)

Check here ▶ ☐ If following SOP 98-2 (ASC 958-720)

End of year

Page **11** 

115.297

1,007,875

506,945

2.284.001

76.393.770

91.033.618

1,864,149

6,947,880

80.660.778

89,472,807

1.560.811

1,560,811

91.033.618

Form **990** (2017)

0

# Check if Schedule O contains a response or note to any line in this Part IX .

1	Cash-non-interest-bearing	10,228,525	1	9,101,496
2	Savings and temporary cash investments	590,132	2	565,547
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	1,320,124	4	1,058,687
5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	(
ء ا	Loans and other recovables from other disqualified persons (as defined under			

2,062,026

1,555,081

(A)

Beginning of year

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123.919

987.936

552,851

2.337.625

75,703,942

91.845.054

1,963,610

6,808,583

80.038.003

88,810,196

3.034.858

3,034,858

91.845.054

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Liabilities 22

Fund Balances

Assets or 30

Net

	3	Pledges and grants receivable, net				
	4	Accounts receivable, net				
ets	5 6 7	Loans and other receivables from current and for trustees, key employees, and highest compensa II of Schedule L Loans and other receivables from other disqualif section 4958(f)(1)), persons described in section contributing employers and sponsoring organizations of the voluntary employees' beneficiary organizations of Part II of Schedule L Notes and loans receivable, net	ited en ied pe n 4958 tions c	rsons (as (c)(3)(B of section	Com defir , and 501(	plete Pa ed unde c)(9)
Asset	8	Inventories for sale or use				
⋖	9	Prepaid expenses and deferred charges				
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a			2,062,
	b	Less accumulated depreciation	<b>10</b> b			1,555,
	11	Investments—publicly traded securities .				

Investments—other securities See Part IV, line 11 .

Investments—program-related See Part IV, line 11

Other assets See Part IV, line 11 . . .

Tax-exempt bond liabilities . . . . . .

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17-24)

Total liabilities. Add lines 17 through 25 . .

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here 

and complete lines 30 through 34.

Capital stock or trust principal, or current funds . . . .

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Accounts payable and accrued expenses

Intangible assets . . . . .

Grants payable . . .

Deferred revenue . . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Unrestricted net assets

Total assets.Add lines 1 through 15 (must equal line 34) . .

Escrow or custodial account liability Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties . . .

key employees, highest compensated employees, and disqualified

Unsecured notes and loans payable to unrelated third parties .

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and

Page **12** 

Yes

Yes

Yes

2a

2b

2c

3a

3b

No

No

No

Form 990 (2017)

Form 990 (2017)

Schedule O

**1** Accounting method used to prepare the Form 990

separate basis, consolidated basis, or both

Separate basis

consolidated basis, or both

Audit Act and OMB Circular A-133?

Separate basis

2 Total expenses (must equal Part IX, column (A), line 25)	2	26,551,272
3 Revenue less expenses Subtract line 2 from line 1	3	-1,493,546
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,034,858
5 Net unrealized gains (losses) on investments	5	19,499
6 Donated services and use of facilities	6	

5	Net unrealized gains (losses) on investments	5	19,499
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	C

6	Donate	ed services and	use	of f	acılı	ties												•							6				-
7	Invest	ment expenses																							7				-
8	Prior p	eriod adjustme	nts																						8				-
9	Other	changes in net	asse	ts o	r fu	nd b	alaı	nces	(ex	plan	n ın	Sch	edul	e 0)	٠.										9				)
10	Net as	sets or fund ba	lanc	es at	c en	d of	yea	ar C	omb	oine	lines	s 3 t	hro	ugh	9 (n	nust	equ	ıal P	art	X, lı	ne 3	3,	olu	mn (B)	) 10		1,5	60,81	Ĺ
Par	: XII	Financial S	tat	eme	ent	s a	nd	Rep	ort	ting	)																		•
		Check if Sche	dule	0 o	onta	ains	a re	espo	nse	or n	ote	to a	ny I	ıne ı	n th	ıs Pa	art X	ΊΙ											

If the organization changed its method of accounting from a prior year or checked "Other," explain in

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis,

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

Consolidated basis

Consolidated basis

b Were the organization's financial statements audited by an independent accountant?

☐ Cash ☑ Accrual ☐ Other

☐ Both consolidated and separate basis

☑ Both consolidated and separate basis

#### **Additional Data**

Software ID: 17005876
Software Version: 2017v2.2

**EIN:** 75-1847871

Name: USA Gymnastics

Form 990 (2017)

101111 330 (2017)

Form 990, Part III, Line 4a:

PROGRAM SERVICES USA GYMNASTICS HAS THE RESPONSIBILITY TO SELECT, DEVELOP, AND TRAIN THE NATIONAL AND OLYMPIC TEAMS FOR GYMNASTICS EXPENSES INCLUDE TRAVEL TO INTERNATIONAL COMPETITIONS, TRAINING CAMPS, ATHLETE AND COACH SUPPORT, APPAREL, JUDGES DEVELOPMENT AND TRAINING, AND EARLY TALENT IDENTIFICATION

Form 990, Part III, Line 4b: MEMBER SERVICES USA GYMNASTICS HAS OVER 180,000 MEMBERS AFFILIATED WITH OVER 3,000 INDEPENDENTLY OPERATED ORGANIZATIONS TO WHICH IT PROVIDES A VARIETY OF SERVICES AND BENEFITS BENEFITS INCLUDE PARTICIPANT ACCIDENT INSURANCE COVERAGE TO COMPETING MEMBERS, AND LIABILITY COVERAGE TO HOSTS OF SANCTIONED COMPETITIONS USA GYMNASTICS ALSO CONDUCTS SAFETY CERTIFICATION, WHICH IS REQUIRED OF PROFESSIONAL MEMBERS, DEVELOPS

RULES AND POLICIES THAT GOVERN THE CONDUCT OF EVENTS, CONDUCTS THE ONGOING OPERATION OF ADMINISTRATION, AND PROVIDES SUPPORT TO STATE AND

REGIONAL GOVERNANCE BOARDS

USA GYMNASTICS IS COMMITTED TO FOSTERING A SAFE, FUN AND HEALTHY ENVIRONMENT FOR ALL MEMBERS USA GYMNASTICS PROVIDES AWARENESS, PREVENTION AND REPORTING INFORMATION REGARDING SEXUAL MISCONDUCT TO PROFESSIONAL MEMBERS, MEMBER CLUBS, ATHLETE MEMBERS AND THEIR FAMILIES IN JUNE 2017, USA GYMNASTICS LEADERSHIP APPROVED AND ADOPTED A NEW SAFE SPORT POLICY, WHICH IS MANDATORY FOR ALL MEMBERS TO COMPLY WITH This new policy includes increasing THE NUMBER OF INDIVIDUALS WHO FALL UNDER USA GYMNASTICS JURISDICTION. INCREASING THE CATEGORIES OF MISCONDUCT. ADDRESSING

AND PROHIBITING BOUNDARY VIOLATIONS AND GROOMING BEHAVIORS, REQUIRING THE REPORTING OF SUSPICION OF ABUSE TO LAW ENFORCEMENT, REQUIRING THE NOTIFICATION TO USA GYMNASTICS OR US CENTER FOR SAFESPORT FOR ANY MISCONDUCT, AND REQUIRING COVERED INDIVIDUALS TO TAKE A DESIGNATED SAFE

Form 990, Part III, Line 4c:

SPORT COURSE EVERY TWO YEARS

#### (Code 4.831.744 including grants of \$ ) (Revenue \$ ) (Expenses \$ 4,080,403) HOSTED COMPETITIONS AS THE NATIONAL GOVERNING BODY OF THE SPORT OF GYMNASTICS, THE USA GYMNASTICS CONDUCTS REGIONAL,

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

ALL EXPENSES RELATED TO THE EVENTS, INCLUDING BUT NOT LIMITED TO, TRAVEL, ARENA RENTAL, PROMOTION, STAFFING, AWARDS, AND TELEVISION PRODUCTION

INATIONAL AND INTERNATIONAL COMPETITIONS, INCLUDING THE NATIONAL CHAMPIONSHIPS AND OLYMPIC TRIALS USA GYMNASTICS INCURS

(Code ) (Expenses \$ 1,847,571 including grants of \$ 0) (Revenue \$ COMMUNICATIONS USA GYMNASTICS PROMOTES THE SPORT AND HELPS DELIVER THE POSITIVE MESSAGE OF BEING INVOLVED IN THE SPORT

OF GYMNASTICS VIA A VARIETY OF PLATFORMS MEDIA RELEASES ABOUT UPCOMING EVENTS. ATHLETES' COMPETITIVE SUCCESS OVERSEAS.

AND OTHER GYMNASTICS RELATED STORIES ARE GENERATED ON A DAILY BASIS USA GYMNASTICS MAINTAINS A WEB SITE, HAS A FACEBOOK

IPAGE, AND ISSUES SEVERAL PUBLICATIONS TO QUICKLY DELIVER UPDATED INFORMATION TO ITS MEMBERS AND FANS OF THE SPORT ALIKE

(A) Name and Title (C)
Position (do not check more **(D)** Reportable **(E)** Reportable **(F)** Estimated (B) Average than one box, unless person hours per compensation compensation amount of other nsation the

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

Director

Director

Director

Tom Koll

Director

Carısa Laughon

Cathy Rigby-McCoy

	week (list any hours		oth ar direct			and a ee)		from the organization (W-	from related organizations	compensation from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		Key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)	organization and related organizations	
Paul Parilla	1 0	×		x				0	0	C	·
Board Chair		^		^							•
Pattı Conner	1 0	×						22,637	0		`
Director		_ ^						22,037			'
Terın Humphrey	1 0		·					10.000	0	,	•
		X	1	l	İ	1 1		18,000	0	(	J

raul raillia		x	I ↓ ∣			0
Board Chair		^	^		0	0
Pattı Conner	1 0	Х			22,637	0
Director		^			22,637	0
Terın Humphrey	1 0	Х			19.000	0
Director		X			18,000	0
Kathy Krebs	1 0					

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Director		X			22,637	0	
Terin Humphrey	1 0	v			18,000	0	
Director		^			18,000	Q	
Kathy Krebs	1 0	V				0	
Director		^			0	0	
Kevin Martinez	1 0						

Director							
Terın Humphrey	1 0	×			18,000	0	0
Director		^			18,000	0	0
Kathy Krebs	1 0	×			0	0	0
Director		^			0	٥	0
Kevin Martinez	1 0					0	
Director		X			0	0	0
Ivana Hong	1 0						

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Kathy Krebs		~				0	0
Director		^			0	0	0
Kevin Martinez	1 0	V			0	0	
Director		X			U	U	U
Ivana Hong	1 0	.,					
Director		X				0	U
N. I. W. J. I.	1 0						

		×			l o	0	l
Director							
Ivana Hong	1 0	v				0	
Director		×			l o	0	
Nataliya Kozitskaya	1 0						
		Х			1,600	0	(

9,647

11,415

0

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0

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless person amount of other hours per compensation compensation week (list is both an officer and a from the from related compensation

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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

Casey Koenig

Ava Gehringer

Director

Director

Director

Director

Director

Director

Director

David Benck

Dylan Maurer

Austin White

Rome Milan

David Durante

	any hours		direct			and a ee)		organization (W-	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)	organization and related organizations
Yoıchı Tomita	1 0	1						500		
Director		×						600	0	
Mike Burns	1 0	X						350	0	
Director		_ ^						350		
Maile Hell	10									

Director					000	0	
Mike Burns	1 0	х			350	0	
Director		^			330	0	
Kellı Hıll	1 0				0	0	
Director		Х				0	

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(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless person hours per compensation compensation amount of other is both an officer and a week (list from the from related compensation director/trustee) organization (Wany hours organizations from the

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

Chief Financial Officer

Chief Operating Officer

Sr VP Women's Program

VP Program Development

VP Communications

Vice President Member Services

Davonshe Galimore

Rhonda Faehn

Cheryl Jarrett

Luan Peszek

Leslie King

	any nours	airector/trustee)						organization (W-	organizations	from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	10	key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)	organization and related organizations	
Jay Bınder	1 0			×				3,225	0	0	
Vice Chair/Secretary								3,223			
Bitsy Kelley	1 0			x				0	0	C	
Treasurer									J		
Steve Penny	40 0			x				547,643	0	14,913	
President (through March 2017)				^				347,043		14,913	
Kerry Perry	40 0			x				34,327	0	C	
President (beginning December 2017)				^				34,327			
John Hewett	40 0			x				140,742	0	21,956	
-1 -5		I	I	Ι^	ı	I	I	1 170,772	l	1 21,550	

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239,346

268,611

135,914

131,422

117,834

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40 0

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28,672

47,712

34,421

30,914

19,136

and Independent Contractors
(A)
Name and Title

(B)

Average

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

(C)

Position (do not check more

compensation from the organization (W-2/1099-MISC) 110,355

(D)

Reportable

compensation from related organizations (W- 2/1099-MISC)

(E)

Reportable

amount of other compensation from the organization and related organizations 27,840

Estimated

Jeff Smith

Events and IT Director

than one box, unless person is both an officer and a director/trustee) **Endual** employee trustee

efil	e GR	APHIC pri	nt - DO NO	T PROCESS	As Filed Data -			DLN: 9:	3493310022478	
SC	H <b>ED</b> m 99	ULE A		Public (	Charity Staturganization is a sect	ion 501(c)(3) o empt charitable	organization or trust.	ort	2017	
Depar	ment of	f the Treasury	▶ Inf	ormation abou	► Attach to Form It Schedule A (Form	ıctions is at	Open to Public			
Interna	ıl Reven	nie Service he organiza	tion		<u>www.irs.g</u>	<u>ov/form990</u> .		Employer identific	Inspection ation number	
USA G	iymnast	tics						75-1847871		
	rt I				us (All organization					
The c	rganız	ration is not	private four	ndation because	ent is (For lines 1 thro	ough 12, check o	nly one box )			
1		A church, c	onvention of	churches, or as	sociation of churches	described in <b>sec</b> t	tion 170(b)(1)	(A)(i).		
2		A school de	scribed in <b>se</b>	ection 170(b)(	1)(A)(ii). (Attach Sch	nedule E (Form 9	90 or 990-EZ))			
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).								
4			esearch orga and state _	nızatıon operat	ed in conjunction with	a hospital descri	bed in <b>section</b> :	170(b)(1)(A)(iii). E	nter the hospital's	
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in <b>section 170</b> (b)(1)(A)(iv). (Complete Part II)								
6	Ш		·	-	governmental unit de					
7				mally receives <b>(vi).</b> (Complete	a substantial part of it : Part II )	s support from a	governmental u	init or from the genera	il public described in	
8		A communi	ty trust desc	rıbed ın <b>sectior</b>	170(b)(1)(A)(vi)	(Complete Part I	I)			
9					escribed in <b>170(b)(1)</b> ee instructions Enter				ege or university or a	
10	<b>✓</b>	from activit	ies related to income and	its exempt fur unrelated busin	(1) more than 331/39 octions—subject to cer ess taxable income (learnplete Part III )	taın exceptions, a	and (2) no more	than 331/3% of its su		
11		An organiza	ition organiz	ed and operated	d exclusively to test fo	r public safety S	ee section 509	(a)(4).		
12		more public	ly supported	organizations of	d exclusively for the be described in <b>section 5</b> the type of supporting	<b>i09(a)(1)</b> or <b>se</b> d	ction 509(a)(2	). See <b>section 509(</b> a	e purposes of one or )(3). Check the box	
а		<b>Type I.</b> A so	upporting or n(s) the pow	ganızatıon oper	ated, supervised, or cappoint or elect a majo	ontrolled by its s	upported organi	zation(s), typically by		
b		<b>Type II.</b> A manageme	supporting on t of the sup	rganization sup porting organiza	ervised or controlled i ation vested in the sar					
С		Type III f	ınctionally		and C. supporting organizatio ions) You must com				ted with, its	
d		Type III n functionally	on-function integrated	nally integrate The organizatio	d. A supporting organi n generally must satis t IV, Sections A and	ization operated fy a distribution i	ın connection wi requirement and	th its supported orgar		
e		Check this	oox if the org	anızatıon recei	ved a written determir	nation from the II		pe I, Type II, Type II	[ functionally	
f	Enter			ion-functionally dorganizations	integrated supporting	organization				
g				_	ipported organization(	'c)				
		Name of supports	orted	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document? (see instructions)		(vi) Amount of other support (see instructions)		
						Yes	No			
				<u> </u>						
Tota	I								1	

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part							
III. If the organization fails to qualify under the tests listed below, please complete Part III.)							
Section A. Public Support						_	
Calendar year (or fiscal year beginning in) ▶	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	<b>(e)</b> 2017	(f) Total	
Gifts, grants, contributions, and							

1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from						
	line 4						
_ \$	Section B. Total Support						
	Calendar year (or fiscal year beginning in) ▶	(a)2013	<b>(b)</b> 2014	(c)2015	(d)2016	<b>(e)</b> 2017	(f)Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	- ·						
11	<b>Total support.</b> Add lines 7 through						

	line 4						
S	ection B. Total Support						
	Calendar year (or fiscal year beginning in) ▶	<b>(a)</b> 2013	<b>(b)</b> 2014	<b>(c)</b> 2015	( <b>d)</b> 2016	<b>(e)</b> 2017	(f)Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	<b>Total support.</b> Add lines 7 through 10						
12	Gross receipts from related activities, e	tc (see instructio	ns)			12	
13	First five years. If the Form 990 is for	the organization	's fırst, second, th	ırd, fourth, or fıfth	n tax year as a sec	tion 501(c)(3) or	ganızatıon,
	check this box and <b>stop here</b>					🕨	
S	ection C. Computation of Public			_	•	•	
14	Public support percentage for 2017 (line	14					

ightharpoonupand stop here. The organization qualifies as a publicly supported organization

15 Public support percentage for 2016 Schedule A, Part II, line 14 16a 33 1/3% support test-2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box b 33 1/3% support test-2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14

is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported ▶□ organization b 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line

15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2017 Section A. Public Support Calendar year

Part III

124,803,965

2,705,874

2,705,874

122,098,091

124,803,965

2,338,405

2,338,405

86,232

864,635

128,093,237

95 32 %

97 02 %

1 83 %

2 19 %

▶□

(f) Total

0

(f) Total

(e) 2017

24,536,932

739,374

739,374

(e) 2017

24,536,932

321,449

321,449

118,325

24,976,706

Schedule A (Form 990 or 990-EZ) 2017

15

16

17

18

	(or fiscal year beginning in) ▶	(a) 2013	(D) 2014	(C) 2015	(a) 2016	(e) 2017	(I) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	2,721,330	2,889,927	3,258,553	5,093,324	3,898,090	17,861,224
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	18,723,609	19,933,385	19,616,938	28,029,967	20,638,842	106,942,741
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						

22,823,312

407,000

407,000

**(b)** 2014

22,823,312

323,386

323,386

22,978

110,992

23,280,668

19a 331/3% support tests—2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not

b 33 1/3% support tests—2016. 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

First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization.

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If

(c) 2015

22,875,491

602,000

602,000

(c) 2015

22,875,491

405,446

405,446

30,679

118,012

23,429,628

(d) 2016

33,123,291

647,500

647,500

(d) 2016

33,123,291

840,817

840,817

32,575

307,428

34,304,111

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

(a) 2013

(a) 2013

21,444,939

447,307

447,307

209,878

22,102,124

Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))

Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

the organization fails to qualify under the tests listed below, please complete Part II.)

**(b)** 2014

21,444,939 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 310,000 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year 310,000

furnished by a governmental unit to the organization without charge

Public support. (Subtract line 7c

(or fiscal year beginning in) ▶

Gross income from interest, dividends, payments received on

securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30,

Add lines 7a and 7b

Section B. Total Support Calendar year

Amounts from line 6

Add lines 10a and 10b

Net income from unrelated

line 10b, whether or not the business is regularly carried on

business activities not included in

Other income Do not include gain

or loss from the sale of capital assets (Explain in Part VI ) Total support. (Add lines 9, 10c,

check this box and stop here

Section C. Computation of Public Support Percentage

Public support percentage from 2016 Schedule A, Part III, line 15

Section D. Computation of Investment Income Percentage

Investment income percentage from 2016 Schedule A, Part III, line 17

from line 6)

1975

11, and 12)

q

С

11

12

14

15

16

17

18

20

10a

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V ) Section A. All Supporting Organizations

Yes

5b

5c

7

9b

9с

10a

10b

Schedule A (Form 990 or 990-EZ) 2017

No

1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose,			
	describe the designation If historic and continuing relationship, explain	1	İ	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2)			
	III SECTION 309(A)(1) OF (2)			
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)			
	below :			
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the			
	determination	3b		

b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination  3				
	Old the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?				
	If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use				
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you				
	checked 12a or 12b in Part I, answer (b) and (c) below				
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported				

				3.		
c	Did the organization ensure that all support to such organizations was used exclusively for section $170(c)(2)(B)$ purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use	-				
		3с				
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you					
	checked 12a or 12b in Part I, answer (b) and (c) below					
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported					
	organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or	4b	$\overline{}$			
	upervised by or in connection with its supported organizations					
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections					
	501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support					
	to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes					
	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1					
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and					

			, ,			
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below					
	CHECKEU 124 OF 125 III FAIC1, AISWEI (b) AIU (c) DEIOW					
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported					
	rganization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or upervised by or in connection with its supported organizations	4b				
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support					
	to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes					
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the					
	organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)					

6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing		
	organization's supported organizations? If "Yes," provide detail in <b>Part VI.</b>	6	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a		
	substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)		

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

Substitutions only. Was the substitution the result of an event beyond the organization's control?

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

organization's organizing document?

10a

answer line 10b below

organization had an interest? If "Yes," provide detail in Part VI.

the organization had excess business holdings)

8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"		
	complete Part I of Schedule L (Form 990 or 990-EZ)	8	
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as		i

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defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"
provide detail in Part VI.
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Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

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9a
Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting
```

Pa	rt IV Supporting Organizations (continued)			-9
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c		
	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year			
_		1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization	2		
5	ection C. Type II Supporting Organizations			
	cetion c. Type 11 Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the			
	supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
S	ection D. All Type III Supporting Organizations			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		Yes	No
		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s)			
		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard	3		
s	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct  The organization satisfied the Activities Test. Complete line 2 below  The organization is the parent of each of its supported organizations. Complete line 3 below  The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see		ctions)	
2	Activities Test Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
	<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in <b>Part VI.</b></i> the role played by the organization in this regard	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E (A) Prior Year (B) Current Year Section A - Adjusted Net Income (optional)

Page 6

(B) Current Year

(optional)

**Current Year** 

Schedule A (Form 990 or 990-F7) 2017

1 Net short-term capital gain 1 Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 3 4 4 Add lines 1 through 3 Depreciation and depletion 5 5

Portion of operating expenses paid or incurred for production or collection of gross 6 income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions)

Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 (A) Prior Year Section B - Minimum Asset Amount 1 1a

Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year) a Average monthly value of securities **b** Average monthly cash balances **1**b c Fair market value of other non-exempt-use assets 1c 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors 2

(explain in detail in Part VI) 2 Acquisition indebtedness applicable to non-exempt use assets Subtract line 2 from line 1d 3 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see 4 instructions) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6

6 Multiply line 5 by 035 7 Recoveries of prior-year distributions 8

3

7

Schedule A (Form 990 or 990-EZ) 2017

Section C - Distributable Amount

Minimum Asset Amount (add line 7 to line 6) Adjusted net income for prior year (from Section A, line 8, Column A)

Enter 85% of line 1

2

Minimum asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3

temporary reduction (see instructions)

instructions)

4 5 Income tax imposed in prior year

6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

7

8

1 2

3

4 5

3	Administrative expenses paid to accomplish exempt purposes of supported organizations	<u> </u>
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in <b>Part VI</b> ) See instructions	
7	Total annual distributions. Add lines 1 through 6	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ) See instructions	
9	Distributable amount for 2017 from Section C, line 6	
10	Line 8 amount divided by Line 9 amount	

8	Distributions to attentive supported organizations to wh details in <b>Part VI</b> ) See instructions			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			

details in <b>Part VI</b> ) See instructions							
(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017					
	(i)	(i) (ii) Underdistributions					

9 Distributable amount for 2017 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
Distributable amount for 2017 from Section C, line     6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
<b>b</b> From 2013			
c From 2014			_
d From 2015			

e From 2016. . . . . . f Total of lines 3a through e

**d** Excess from 2016. . . . e Excess from 2017. . . . .

instructions)

g Applied to underdistributions of prior years h Applied to 2017 distributable amount i Carryover from 2012 not applied (see

j Remainder Subtract lines 3g, 3h, and 3i from 3f 4 Distributions for 2017 from Section D, line 7

a Applied to underdistributions of prior years **b** Applied to 2017 distributable amount

c Remainder Subtract lines 4a and 4b from 4		
<b>5</b> Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions		
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions		
<b>7 Excess distributions carryover to 2018.</b> Add lines 3 <sub>1</sub> and 4c		

lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions		
<b>7 Excess distributions carryover to 2018.</b> Add lines 3 <sub>1</sub> and 4c		
8 Breakdown of line 7		
a Excess from 2013		
<b>b</b> Excess from 2014		
c Excess from 2015		

Schedule A (Form 990 or 990-EZ) (2017)

Schedule A (Form 990 or 990-EZ) 2017 Page 8 Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V. Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions) Facts And Circumstances Test 990 Schedule A, Supplemental Information Return Reference Explanation Schedule A. Part III. Line 12 DESCRIPTION - MEMORABILIA REVENUES, COLUMN A - 22122 0, COLUMN B - 14285 0, COLUMN C - 187 65 0. COLUMN D - 12961 0, COLUMN E - 14299 0, COLUMN F - 82432 0, DESCRIPTION - OTHER INCO Other Income ME, COLUMN A - 187756 0, COLUMN B - 96707 0, COLUMN C - 99247 0, COLUMN D - 294467 0, COLU

MN E - 104026 0, COLUMN F - 782203 0,

SCHEDULE C

Section 527 organizations Complete Part I-A only

• Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

### **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

DLN: 93493310022478

Open to Public

Department of the Treasury Internal Revenue Service

(Form 990 or 990-

EZ)

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ. ▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

• Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B

Inspection

• S • S f the Prox	Section 501(c)(3) organizations that Section 501(c)(3) organizations that corganization answered "Yes" or ky Tax) (see separate instructions	have filed Form 5768 (election under s have NOT filed Form 5768 (election un Form 990, Part IV, Line 5 (Proxy Tax s), then	ection 501(h)) Co der section 501(h	mplete Part II-A Do no )) Complete Part II-B	ot con Do no	nplete Part II-E ot complete Pa	art II-A
Nar	ne of the organization	•		Employer	ident	ification num	iber
USA	Gymnastics			75-184787	1		
Par	t I-A Complete if the organ	nization is exempt under sectio	n 501(c) or is			ation.	
1	Provide a description of the organ	<del>-</del>					
2		itures (see instructions)		•	\$		
3	"political campaign activities")  Political campaign activity expenditures (see instructions)  Volunteer hours for political campaign activities (see instructions)  Part I-B Complete if the organization is exempt under section 501(c)(3).  Enter the amount of any excise tax incurred by the organization under section 4955.  Enter the amount of any excise tax incurred by organization managers under section 4955.  If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  Was a correction made?  If "Yes," describe in Part IV  Part I-C Complete if the organization is exempt under section 501(c), except the amount directly expended by the filing organization for section 527 exempt function. Enter the amount of the filing organization's funds contributed to other organizations for sect function activities.  Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line. Did the filing organization file Form 1120-POL for this year?			•	4		
Par		• • • • • • • • • • • • • • • • • • • •	n 501(c)(3).				
1		<del>-</del>			<u></u>		
2	·	·			\$	·	
3				·	4		
	-	1333, 414 16 116 7 6 111 7 20 161 6					∐ No —
4a b						☐ Yes	☐ No
		nization is exempt under sectio	n 501(c), exce	ept section 501(c)	(3).		
1	Enter the amount directly expend	ed by the filing organization for section	527 exempt funct	ion activities	\$		
2	Enter the amount of the filing org		•		\$	i	
3	Total exempt function expenditure	es Add lines 1 and 2 Enter here and or	Form 1120-POL,	line 17b ►	¢		
4	•				₽	 □ Yes	□ No
5	organization made payments For of political contributions received	each organization listed, enter the amount that were promptly and directly delivere	unt paid from the ed to a separate p	filing organization's fu olitical organization, su	inds i	n the filing Also enter the	amount
	(a) Name	(b) Address	(c) EIN	(d) Amount paid fro filing organization' funds If none, ento -0-	s	(e) Amount of contributions and promp directly delive separate programmers organization enter-	s received otly and vered to a political If none,
l							
2							
3							
1							
5							
5					$\dashv$		
			L	1			

2a Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 2d, column (e)) Grassroots lobbying expenditures

DESCRIPTION OF THE LOBBYING

DESCRIPTION OF THE LOBBYING

**ACTIVITY** 

Schedule C, Part II-B, Line 1 DETAILED

2017 was \$48,000

2017 was \$48,000

Sche	edule C (Form 990 or 990-EZ) 2017			Pa	age <b>3</b>
Pa	Complete if the organization is exempt under section 501(c)(3) and has NOT fil Form 5768 (election under section 501(h)).				
For e	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	(a)	)——	(b)	
actıv	vity	Yes	No	Amou	ınt
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				
а	Volunteers?		No		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No		
c	Media advertisements?		No		
d	Mailings to members, legislators, or the public?		No		
е	Publications, or published or broadcast statements?		No		
f	Grants to other organizations for lobbying purposes?		No		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No		
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No		
i	Other activities?	Yes			48,000
j	Total Add lines 1c through 1i			- /	48,000
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No		
b	If "Yes," enter the amount of any tax incurred under section 4912				
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912	.	[		
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Pai	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).	(5), or	section		
_			_	Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		<u> </u>
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		<del></del>
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?		3		
	rt III-B Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes."	ÌIÍ-A,		. ,	)(6)
1	Dues, assessments and similar amounts from members	1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	2a			
a		2a 2b			
Ь	,	2b			
C		2c 3			
3 4	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4			
5	Taxable amount of lobbying and political expenditures (see instructions)	5			
Р	Part IV Supplemental Information				
	ovide the descriptions required for Part l-A, line 1, Part l-B, line 4, Part l-C, line 5, Part II-A (affiliated group list), structions), and Part II-B, line 1 Also, complete this part for any additional information	Part II-/	A, lines 1 a	and 2 (see	e
	Return Reference Explanation				_
Schr	edule C, Part II-B, Line 1 DETAILED The organization engaged a legal firm to consult on legislative matters or dev	/elopmer	nts that co	uld	

specifically have an impact on the operations of USA Gymnastics. The total amount paid to the legal firm in

specifically have an impact on the operations of USA Gymnastics. The total amount paid to the legal firm in

The organization engaged a legal firm to consult on legislative matters or developments that could

SCHEDULE D Supplemental Fina

# **Supplemental Financial Statements**

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

2017

DLN: 93493310022478
OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service

Name of the organ

Department of the Treasury

(Form 990)

Name of the organization **Employer identification number** 75-1847871 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? 🗌 Yes 🗌 No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 Number of states where property subject to conservation easement is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(II)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art

If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

**▶**\$\_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

Revenue included on Form 990, Part VIII, line 1

**b** Assets included in Form 990, Part X

| See the Instructions for Form 990. | Cat No 52283D | Schedule D (Form 990) 2017

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

Part		Organizations Main	taining Coll	ections of A	art, Histo	<u>rical T</u>	reası	ares, or	Other	<u>Similar A</u>	ssets (	continu	ıed)	
3		the organization's acquisits (check all that apply)	tion, accession	and other rec	ords, check	k any of	the fo	llowing t	hat are a	sıgnıfıcant	use of it	s collec	tion	
а		Public exhibition			d		Loan	or excha	ange prog	ırams				
b		Scholarly research			e		Othe	r						
С		Preservation for future ge	enerations											
4	Provid Part >	de a description of the orga XIII	anızatıon's colle	ections and ex	plaın how tl	hey furt	her the	e organız	ation's ex	kempt purp	ose in			
5		ig the year, did the organiz s to be sold to raise funds								ular	□ <b>Y</b> €	es [	□ No	<b>)</b>
Par	t IV	Escrow and Custodi Complete if the organ X, line 21.			n Form 99	0, Part	IV, lı	ıne 9, oı	r reporte	ed an amo	unt on	Form 9	990, F	Part
1a		e organization an agent, tru ded on Form 990, Part X?	ustee, custodia	n or other inte	rmediary fo	or contri	bution	s or othe	er assets	not	<b></b> ✓ Y	es [	□No	·
ь	If "Ye	es," explain the arrangeme	nt in Part XIII	and complete	the followin	g table		[			Amount			-
c	Begin	nning balance							1c			5,03	8,003	-
d	Addıt	ions during the year							1d			62	2,775	-
е	Dıstrı	butions during the year							1e					-
f	Endın	ng balance							1f			5,66	0,778	_
<b>2</b> a	Dıd th	he organization include an	amount on For	m 990, Part X,	, line 21, fo	r escrov	v or cu	ıstodıal a	ccount lia	ability?	□ Y.	es [	☑ No	- >
b	If "Ye	es," explain the arrangeme											Ш	
Pai	rt V	Endowment Funds.	Complete if t	:he organizat	tion answe	ered "Y	es" o							
_	_		-	(a)Current ye	ear <b>(b</b> )	Prior yea	ır	(c)Two ye	ears back	(d)Three ye	ars back	(e)Fou	ır years	s back
	-	ing of year balance	• • •											
		outions	<b>-</b>											
		estment earnings, gains, a	-											
		or scholarships	·											
•	and pro	expenditures for facilities ograms	-											
		strative expenses	• •				_							
g	End of	year balance	$\cdots$											
2		de the estimated percentag	_	nt year end ba	lance (line	1g, colu	mn (a	)) held a	s					
а		d designated or quasi-endo	wment <b>&gt;</b>											
b		anent endowment 🕨												
С		orarily restricted endowme												
_	•	percentages on lines 2a, 2b		•										
3а		here endowment funds not nization by	: in the possess	ion of the orga	anization th	at are n	eld an	id admini	istered fo	r the		Г	Yes	No
	-	nrelated organizations .									3	a(i)		
	(ii) re	elated organizations									3.	a(ii)		
b		es" on 3a(II), are the relate	-				. ?				. [	3b		
4	Descr	ribe in Part XIII the intende	ed uses of the o	organization's	endowment	t funds								
Par	t VI	Land, Buildings, and			- 00		<b>-</b> 1. (		<u> </u>	000 5		4.0		
	Descri	Complete If the organ	(a) Cost or othe (investmen	er basis (b	n Form 99 Cost or other					rm 990, Pa		ne 10. (d) Bool		·
1 = 1	Land			+										
	Buildin	· —				າ	14,136			102,497	<del>                                     </del>			111,639
		nold improvements					20,785	1		1,157,212	1			363,573
a	_quipm	nent		1		1,5		1		1,10/,414	1			505,573
	Other-			<del></del>			27,105			295,372				31,733

Part VIII Investments—Other Securities. Complete if the organiz	zation ansv	ered "Yes" on Form 990, Part IV,	line 11b.
See Form 990, Part X, line 12.  (a) Description of security or category  (including name of security)	(b) Book value	<b>(c)</b> Method of valuation Cost or end-of-year marke	
(1) Financial derivatives			
(2) Closely-held equity interests			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)  Part VIIII Investments—Program Related.	•		
Complete if the organization answered 'Yes' on Form 990,			
(a) Description of investment (b)	Book value	(c) Method of valuation  Cost or end-of-year marke	
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )  Part IX  Other Assets. Complete if the organization answered 'Yes' on F	orm 990. Pa	t IV. line 11d See Form 990. Part X.	ine 15
(a) Description (1) Due From National Gymnastics Foundation			Book value 1,383,770
(2) INVESTMENT IN LLC			10,000
(3) Insurance Receivable (4)			75,000,000
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)  Part X Other Liabilities. Complete if the organization answered	Yes' on Fo	rm 990. Part IV. line 11e or 11f.	76,393,770
See Form 990, Part X, line 25.		pok value	
(1) Federal income taxes	(6) 6	ook value	
Contingent Liability		75,000,000	
Funds Held for Others (3)		5,660,778	
(4)			
(5)			
4.24			
(6)			
<ul><li>(6)</li><li>(7)</li><li>(8)</li></ul>			
(7)			
(7)		80,660,778	

Amounts included on line 1 but not on Form 990, Part VIII, line 12

Amounts included on Form 990, Part VIII, line 12, but not on line 1

Amounts included on line 1 but not on Form 990, Part IX, line 25

Donated services and use of facilities . . .

Other (Describe in Part XIII ) . . . . . .

Net unrealized gains (losses) on investments . . . .

Schedule D (Form 990) 2017

Part XI

2

а

b

d

e 3

4

2

c

d

19.499

190.746

55.580

190,746

55,580

2e

3

Page 4

265,825

25,057,726

25,057,726

26,797,598

Schedule D (Form 990) 2017

#### Investment expenses not included on Form 990, Part VIII, line 7b . 4a 4b b Add lines **4a** and **4b** . . . . . . 4c c Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) . . . . . . 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

2a

2b

2c

2d

2a

2b

2c

2d

Add lines 2a through 2d . . 246,326 2e 3 3 26,551,272 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . . 4a 4b b 4c

5 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) . . . . . . . 26.551.272 Part XIII **Supplemental Information** Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part

XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information Return Reference Explanation

Page <b>5</b>		Schedule D (Form 990) 2017
	ormation (continued)	Part XIII Supplemental Info
	Explanation	Return Reference

Schedule D (Form 990) 2017

### Additional Data

Software ID: 17005876 Software Version: 2017v2.2

nt of \$5,660,778 has been recorded on the Statement of Financial Position

**EIN:** 75-1847871

Name: USA Gymnastics

### Supplemental Information

### Return Reference Schedule D. Part IV. Line 1b Agent, trustee, custodian, or

other intermediary arrangement

Explanation USA Gymnastics State and Regional Chapters have established bank accounts under the Federa tion's tax identification number All funds are maintained for the benefit of the Chapters In May 2010, USA Gymnastics executed financial control of these funds as a fiscal agent Additionally, in 2012, USA Gymnastics assumed financial control of cash attributable to t he Pan American Gymnastics Union (PAGU), and periodically makes deposits and disbursements at the direction of PAGU elected officers and the Federation Internationale De Gymnastiqu e As of 12/31/2017, an amount due to the State and Regions accounts and to the PAGU accou

Supplemental Information	
Return Reference	Explanation
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	The Internal Revenue Service has ruled that both the Organization and Foundation qualify u nder Section 501(c)(3) of the Internal Revenue Code and are, therefore, generally not subject to income taxation under present income tax laws. However, the Organization and Foundation are subject to federal tax on any unrelated business taxable income. A tax position is recognized as a benefit only if it is "more likely than not" that the tax position would be sustained in a tax examination, with a tax examination being presumed to occur. The amount recognized is the largest amount of tax benefit that is greater than 50% likely of being realized on examination. For tax positions not meeting the "more likely than not" test, no tax benefit will be recorded. The Organization and Foundation do not expect the total amount of unrecorded tax benefits to significantly change in the next 12 months. The Organization and Foundation recognize interest and/or penalties related to income tax matters in income tax expense, and did not have any amounts accrued for interest and penalties at December 31, 2017 or 2016.

Supplemental Information	
Return Reference	Explanation
Schedule D, Part XI, Line 2(d) Other revenues in audited financial statements not in form 990	MERCHANDISING EXPENSE NETTED AGAINST INCOME - 55580

Supplemental Information	
Return Reference	Explanation
Schedule D, Part XII, Line 2(d) Other expenses in audited financial statements not in form 990	MERCHANDISING EXPENSE NETTED AGAINST INCOME - 55580

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efile GRAPHIC print	: - DO NOT I	PROCESS A	As Filed Data -	-		DLN:	93493310022478
SCHEDULE F	State	ement of A	Activities (	Outside the Uni	ited Stat	es	OMB No 1545-0047
(Form 990)	·	-	ation answered "" ► Attach t ule F (Form 990) :		, 15, or 16. <b>201</b> 7		
Department of the Treasury Internal Revenue Service							Inspection
Name of the organization					Em	ployer iden	tification number
USA Gymnastics					75-	1847871	
	<b>nformation</b> Part IV, line		Outside the U	Jnited States. Comple	te if the org	anızatıon a	nswered "Yes" to
1 For grantmakers	. Does the or	ganızatıon maıı	ntain records to	substantiate the amount	of its grants	and	
•	-	•	e grants or assis	stance, and the selection	criteria used		
to award the grant	ts or assistan	ce?					☐ Yes ☐ No
2 For grantmakers outside the United		Part V the orga	inization's proce	dures for monitoring the	use of its gra	ants and otl	her assistance
3 Activites per Region	(The following	ng Part I, line 3 t	able can be dupli	cated if additional space is	needed )		
(a) Region		<b>(b)</b> Number of offices in the region	(c) Number of employees, agents, and independent contractors in region		(e) If activity lis program servi specific t service(s)	ce, describe type of	(f) Total expenditures for and investments in region
(1) See Add'l Data				-			
( 2)							
(3)							
(4)							
( 5)							
3a Sub-total b Total from continuat Part I	ion sheets to	0	C				910,931 C
c Totals (add lines 3a	and 3b)	0	C	)			910,931

(1)				
( 2)				
(3)				

(4)

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as taxexempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . . . . . . . . . .

Schedule F (Form 990) 2017

(4) (5) (6) (7)

(8) (9) (10) (11) (12)

(13) (14) (15) (16) (17) (18) Page **3** 

Schedule F (Form 990) 2017

Part IIII Grants and O	ther Assistance to	Individuals	Outside the Unite	ed States. Complete if	the organization an	swered "Yes" to Form 9	90, Part IV, line 16.
Part III can be	duplicated if addition	nal space is r	needed.				
(a) Type of grant or assistance	<b>(b)</b> Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
( 2)							
(3)							

Sche	dule F (Form 990) 2017		Page <b>4</b>
Pai	t IV Foreign Forms		
1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes,"the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	<b>☑</b> No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)	Yes	<b>☑</b> No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	<b>✓</b> No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	□Yes	<b>☑</b> No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	□Yes	<b>☑</b> No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)	☐Yes	<b>✓</b> No
	Schedul	e F (Form 9	990) 2017

Schedule F (Form 990) 2017				
Part V	amounts of investments vs.	uired by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; expenditures per region); Part II, line 1 (accounting method); Part III (accounting nn (c) (estimated number of recipients), as applicable. Also complete this part to provide		
	ReturnReference	Explanation		

Schedule F (Form 990) 2017

### **Additional Data**

**Software ID:** 17005876 **Software Version:** 2017v2.2

**EIN:** 75-1847871 **Name:** USA Gymnastics

INTERNATIONAL COMPETITIONS

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
East Asia and the Pacific	0	0	Program Services	TRAVEL COSTS & FEES FOR INTERNATIONAL COMPETITIONS	45,620
Europe (Including Iceland and Greenland)	0	0	· · · J · · · · · · · · · · · · · · ·	TRAVEL COSTS & FEES FOR TRAINING AND	578,825

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of agents in region service(s) in region services, grants to region recipients located in the region) North America (Canada & TRAVEL COSTS & FEES 215.167 0 Program Services Mexico only) FOR INTERNATIONAL COMPETITIONS Russia and Neighboring States 0 Program Services ITRAVEL COSTS & FEES 71.319 FOR TRAINING AND INTERNATIONAL ICOMPETITIONS 1 2 2 2

efile GRAPHIC print - DO	NOT PROCESS	As Filed Data -					DL	N: 93493310022478
Schedule I (Form 990)  Department of the Treasury Internal Revenue Service	Grants and Other Assistance to Organizations, Governments and Individuals in the United States  Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.  Attach to Form 990.  Information about Schedule I (Form 990) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a> .						OMB No 1545-0047  2017  Open to Public Inspection	
Name of the organization USA Gymnastics							•	cation number
Part I General Inform	ation on Grants	and Assistance				75-1	847871	
<ol> <li>Does the organization main the selection criteria used t</li> <li>Describe in Part IV the organization</li> </ol>	o award the grants	or assistance?				e, and		✓ Yes □ No
		estic Organizations an can be duplicated if addi		nts. Complete If the o	rganızatıon answered "Yes"	on Form 990,	Part IV, line	e 21, for any recipient
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Desci noncash a		(h) Purpose of grant or assistance
(1) National Gymnastics Foundation Inc 130 E Washington St Suite 700 Indianapolis, IN 46204	35-1757753	501(c)3	62,781					Scholarship and Program support
2 Enter total number of secti	on 501(c)(3) and go	vernment organizations	listed in the line 1 table .				<b>&gt;</b>	1
3 Enter total number of other	r organizations listed	d in the line 1 table					. ▶	0
For Paperwork Reduction Act Notice	e, see the Instruction	ns for Form 990.		Cat No 50055	5P		Sch	nedule I (Form 990) 2017

Scholarship grants made to individuals are paid directly to the scholastic institution of the recipient's choice, or are reimbursed to the individual based on documentation

Schedule I (Form 990) 2017

provided in order to ensure the funds are used for their intended purpose. Athlete funding grants are stipends based on qualifying events and potential for success in international competitions. Funds can be used for any purpose deemed appropriate by the individual recipient and therefore no monitoring of the funds is necessary. For

NCAA eligible athletes, athletes can only receive expenses related to their training as allowed by NCAA regulations, and USA Gymnastics works with the athletes and

(5) (6) (7)

NCAA institutions to monitor that the expenses qualify under those regulations

Schedule I, Part I, Line 2

grant funds

Procedures for monitoring use of

efil	e GRAPHIC pr	int - DO NOT PROCESS	As Filed Dat	a -	DLN: 9349	331	0022	478
Sch	edule J	Coi	mpensati	ion Information	ОМВ	No	1545-0	)047
(Fori	n 990)		Compensa nization answ	rustees, Key Employees, and Highest ated Employees rered "Yes" on Form 990, Part IV, line i to Form 990.	23.	2017		
•	tment of the Treasury	▶ Information abo	ut Schedule J	(Form 990) and its instructions is at gov/form990.			o Pul ectio	
	al Revenue Service ne of the organiza	ation	<u>www.113.</u>		oyer identificatio			
USA	Gymnastics			75-18	47871			
Pa	rt I Questi	ons Regarding Compensati	on	/3 10	47071			
							Yes	No
1a				the following to or for a person listed on F y relevant information regarding these iten				I
	First-class	or charter travel		Housing allowance or residence for person	al use			
	_	companions		Payments for business use of personal res				
		nification and gross-up payments	<b>⊻</b>	Health or social club dues or initiation fees				
	☐ Discretion	ary spending account	Ц	Personal services (e g , maid, chauffeur, c	ner)			
b		ces in line 1a are checked, did the Il of the expenses described abov		ollow a written policy regarding payment or iplete Part III to explain		1b	Yes	
2				or allowing expenses incurred by all r, regarding the items checked in line 1a?		2	Yes	
	directors, truste	es, officers, including the CEO/Ex	ecutive Directo	r, regarding the items checked in line 1a/				
3				d to establish the compensation of the				
		EO/Executive Director Check all t d organization to establish compe		not check any boxes for methods CEO/Executive Director, but explain in Part	III			
	·							
	_ '	ation committee ent compensation consultant	✓	Written employment contract Compensation survey or study				
		of other organizations	<b>▽</b>	Approval by the board or compensation co	mmittee			
4		-	00, Part VII, Se	ction A, line 1a, with respect to the filing or				
	related orgániza		, ,	, , , ,				
а	Receive a sever	ance payment or change-of-contro	ol payment?		,	4a	Yes	
b	Participate in, o	receive payment from, a suppler	nental nonqual	ified retirement plan?		4b		No
С		receive payment from, an equity		<del>-</del>		4c		No
	If "Yes" to any o	of lines 4a-c, list the persons and [	orovide the app	olicable amounts for each item in Part III				
	Only 501(c)(3	), 501(c)(4), and 501(c)(29) c	organizations	must complete lines 5-9.				
5	For persons liste		A, line 1a, did	the organization pay or accrue any				
а	The organization	۶۱۶				5a		No
b	Any related orga					5b		No
	If "Yes," on line	5a or 5b, describe in Part III						
6		ed on Form 990, Part VII, Section ontingent on the net earnings of	A, line 1a, did	the organization pay or accrue any				
а	The organization	۶				6a		No
b	Any related orga					6b		No
	•	6a or 6b, describe in Part III						
7		ed on Form 990, Part VII, Section escribed in lines 5 and 6? If "Yes,"		the organization provide any nonfixed rt III		7	Yes	L
8				red pursuant to a contract that was section 53 4958-4(a)(3)? If "Yes," describe		8		No
9	If "Yes" on line 5 53 4958-6(c)?	3, did the organization also follow	the rebuttable	presumption procedure described in Regula	ations section	9		
For I	Danerwork Pedi	ction Act Notice, see the Instr	uctions for Fo	orm 990 Cat No. 500533	Schedule 1 (F	orm	990)	2017

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual (C) Retirement and (A) Name and Title (B) Breakdown of W-2 and/or 1099-MISC compensation (D) Nontaxable (E) Total of columns (F) Compensation in other deferred benefits column (B) reported (B)(i)-(D)(i) Base (ii) Bonus & incentive (iii) Other compensation as deferred on prior compensation compensation reportable Form 990 compensation 123,404 1 Steve Penny (i) 0 424,239 7,500 7,413 562,556 0 President (through March 0 0 0 0 0 0 0 (ii) 2 John Hewett 134,871 (i) 5,000 871 8,752 13,204 162,698 0 Chief Financial Officer 0 0 0 0 0 0 0 (ii) 3 Davonshe Galimore 213,830 (i) 25,000 516 14,712 13,960 268,018 0 Chief Operating Officer 0 0 0 0 0 0 (ii) 4 Rhonda Faehn 263,431 (i) 5,000 180 316,323 0 16,200 31,512 Sr VP Women's Program 0 0 0 0 0 0 0 (ii) 5 Cheryl Jarrett 130,193 (i) 721 5,000 8,743 25,678 170,335 0 Vice President Member 0 0 0 0 0 0 0 (ii) Services 6 Luan Peszek 125,887 (i) 5,000 535 8,396 22,518 162,336 0 VP Program Development 0 0 0 0 0 0 0 (ii)

Schedule J (Form 990) 2017	Page <b>3</b>					
Part III Supplemental Inform	Part III Supplemental Information					
Provide the information, explanation, or	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 \$1,989 for Steve Penny The entire amount of dues paid were reported as taxable compensation on his 2017 W-2					
Schedule J, Part I, Line 4a Severance or change-of-control payment	Entered into a severance agreement with former President Steve Penny Paid a total of \$420,000 in 2017					
Schedule J, Part I, Line 7 Non-fixed	The board sets a bonus pool that is distributed to staff members, including the COO, CFO and the key employees. The bonuses awarded to each employee are					

Schedule J (Form 990) 2017

payments

discretionary

DLN: 93493310022478 SCHEDULE M OMB No 1545-0047 **Noncash Contributions** (Form 990) ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990. ▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990 Open to Public Department of the Treasury Internal Revenue Service Inspection Name of the organization **Employer identification number USA Gymnastics** 75-1847871 Part I **Types of Property** (a) (b) (c) (d) Check If Number of contributions or Noncash contribution Method of determining applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1g 1 Art—Works of art . . 2 Art—Historical treasures 3 Art—Fractional interests Books and publications Clothing and household goods . . . . Cars and other vehicles Boats and planes . . Intellectual property . . Securities—Publicly traded . 10 Securities—Closely held stock . 11 Securities—Partnership, LLC, or trust interests . . . Securities—Miscellaneous . Qualified conservation contribution—Historic structures . . . . **14** Oualified conservation contribution—Other . . Real estate—Residential . 16 Real estate—Commercial . 17 Real estate—Other . . Collectibles . . . 18 19 Food inventory . . . 20 Drugs and medical supplies . 21 Taxidermy . . . . 22 Historical artifacts . . 23 Scientific specimens . . 24 Archeological artifacts . . 25 Other ► ( Χ 115,399 Market value AIRLINE TICKETS ) Χ 26 Other ▶ ( 191,951 Market value APPAREL ) Other ▶ ( Χ 55,000 Market value MEDALS/AWARDS ) 28 Other ▶ ( \_\_ Number of Forms 8283 received by the organization during the tax year for contributions 0 for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? 30a Nο b If "Yes," describe the arrangement in Part II 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? Nο 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a Nο b If "Yes," describe in Part II If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2017) Cat No 51227J

chedule M (Form 990) (2017)		
Part III Supplemental Info		
	tion required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part	
I, column (b), the ni	umber of contributions, the number of items received, or a combination of both. Also complete	
this part for any add	litional information.	
Return Reference	Explanation	
•	Other - AIRLINE TICKETS Number of contributions Other - APPAREL NUMBER OF CONTRIBUTIONS Other - MEDALS/AWARDS NUMBER OF CONTRIBUTIONS	
	Schedule M (Form 990) (2017)	

efile GRAPH	IC print - DO NOT PROCESS As Filed Data -	DLN	: 93493310022478
SCHEDUL (Form 990 or EZ)	990- Complete to provide information for responses to specific qu Form 990 or 990-EZ or to provide any additional informa  Attach to Form 990 or 990-EZ.  Information about Schedule O (Form 990 or 990-EZ) and its insometical www.irs.gov/form990.	estions on ation.	2017 Open to Public Inspection
Name of the org USA Gymnastics	e O, Supplemental Information	75-1847871	tification number
Return Reference	Explanation		
Form 990, Part III, Line 2 New program services	Based on the detailed assessment of an independent review, USA Gymnastics has over the safe sport and child welfare policies as well as numerous governance and operation occdures in order to provide a safe environment for all participants		

Return Reference	Explanation
Form 990, Part III, Line 4d Description of other program services	(Expenses \$ 4,831,744 including grants of \$)(Revenue \$ 4,080,403) HOSTED COMPETITIONS AS THE NATIONAL GOVERNING BODY OF THE SPORT OF GYMNASTICS, THE USA GYMNASTICS CONDUCTS REGION AL, NATIONAL AND INTERNATIONAL COMPETITIONS, INCLUDING THE NATIONAL CHAMPIONSHIPS AND OLYM PIC TRIALS USA GYMNASTICS INCURS ALL EXPENSES RELATED TO THE EVENTS, INCLUDING BUT NOT LI MITED TO, TRAVEL, ARENA RENTAL, PROMOTION, STAFFING, AWARDS, AND TELEVISION PRODUCTION

Return Reference	Explanation
Form 990, Part III, Line 4d Description of other program services	(Expenses \$ 1,847,571 including grants of \$ 0)(Revenue \$ 0) COMMUNICATIONS USA GYMNASTICS PROMOTES THE SPORT AND HELPS DELIVER THE POSITIVE MESSAGE OF BEING INVOLVED IN THE SPORT OF GYMNASTICS VIA A VARIETY OF PLATFORMS MEDIA RELEASES ABOUT UPCOMING EVENTS, ATHLETES' COMPETITIVE SUCCESS OVERSEAS, AND OTHER GYMNASTICS RELATED STORIES ARE GENERATED ON A DAIL Y BASIS USA GYMNASTICS MAINTAINS A WEB SITE, HAS A FACEBOOK PAGE, AND ISSUES SEVERAL PUBL ICATIONS TO QUICKLY DELIVER UPDATED INFORMATION TO ITS MEMBERS AND FANS OF THE SPORT ALIKE

# 990 Schedule O, Supplemental Information Return Explanation

Reference

stockholders

Form 990,
Part VI, Line
6 Classes of members or members or Part VI 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 BEN
EFICIAL INTERESTS OF ANY KIND IN THE PROPERTY OF THE ORGANIZATION

Return Reference	Explanation
Form 990, Part VI, Line 7a Members or stockholders electing members of governing body	USA Gymnastics has three classes of members who can elect members of the Board of Director s. The first class of members is the professional members, made up of coaches, club owners & judges. The professional members have the right to elect positions within their discipl ine to the board of directors. The second class of members is the athlete members, made up of athletes who have either participated in the Olympic/World Champs/Pan Am Games within 10 years or have been a national team member within 2 years. The athlete members have the right to collectively elect 5 positions to the board of directors, the advisory council, c onsisting of gymnastics related organizations, appoints 3 members to the Board. A third class of members are the organizational members (YMCA, AAU etc.), which as a group, appoint 3 members to the Board of Directors. The Board itself elects a Chair and other officers, as well as appointing Public Sector members.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 8b Documentation of meetings held by committees of governing body	The organization does not have any committees with authority to act on behalf of the governing body

Return Explanation
Reference

Form 990,	The form 990 is reviewed in detail by the management. In addition, a final draft of the fo
Part VI, Line	rm 990 was presented to the Board of Directors before it was filed with the IRS
11b Review	
of form 990	
by governing	
body	

Return Reference	Explanation
Form 990, Part VI, Line 12c Conflict of interest policy	A Conflict of Interest questionnaire is completed by every Director, officer, member of an y committee, and employee. The staff questionnaires are then reviewed by the President, the eithics committee is charged with reviewing the President's, the Board of Directors', and senior management's conflict of interest questionnaire. Potential conflicts of interest a re-brought to the attention of the President of the board, who then directs the matter to the full 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 potentia. I 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, Line 15a Process to establish compensation of top management official	THE COMPENSATION COMMITTEE AND THE FULL BOARD OF DIRECTORS REVIEW CEO COMPENSATION ANNUALL Y, UTILIZING INFORMATION PROVIDED IN AN IN-DEPTH COMPENSATION STUDY THAT WAS CONDUCTED BY AN EXTERNAL PARTY IN 2014 THIS PROCESS IS DOCUMENTED IN THE BOARD MEETING MINUTES, AND WAS LAST UNDERTAKEN IN 2017 In 2014, the Board of Directors commissioned a compensation review for the upper management and department directors of the organization, including the President/CEO, COO, CFO, VPS of Marketing, Communications, and Member Services, Program Directors, and Event Director THE INFORMATION GATHERED DURING THIS ANALYSIS REMAINS RELEVANT FOR THE CURRENT YEAR COMPENSATION REVIEW FOR THE CEO

Return Reference	Explanation
Form 990, Part VI, Line 15b Process to establish compensation of other employees	THE CEO IS RESPONSIBLE FOR REVIEWING AND DETERMINING THE COMPENSATION OF OTHER OFFICERS AN D KEY EMPLOYEES AFTER THE CEO DETERMINES EACH INDIVIDUAL'S ANNUAL SALARY, THE AMOUNTS ARE SHARED WITH AND REVIEWED BY THE FINANCE COMMITTEE IN EVALUATING ANNUAL COMPENSATION FOR OTHER OFFICERS AND KEY EMPLOYEES, THE CEO AND FINANCE COMMITTEE UTILIZE INFORMATION PROVID ED IN AN IN-DEPTH COMPENSATION STUDY THAT WAS CONDUCTED BY AN EXTERNAL PARTY IN 2014 THIS PROCESS IS DOCUMENTED IN THE FINANCE COMMITTEE MEETING MINUTES, AND WAS LAST UNDERTAKEN IN 2016 The Board of Directors commissioned a compensation analysis in 2014 that was used in the deliberative process of the President to evaluate and establish compensation levels of the other executive and management staff. The analysis included information of local and national sports organizations of similar size and scope. THE INFORMATION GATHERED DURIN G THIS ANALYSIS REMAINS RELEVANT FOR THE CURRENT YEAR COMPENSATION REVIEW FOR OTHER OFFICE RS/KEY EMPLOYEES.

Return
Reference

Explanation

Explanation

Form 990,
Part VI, Line
19 Required documents available to the public at this time
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.

of Directors

Return Reference	Explanation
Form 990, Part VII, Section A Compensation	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 as part of the organization's operations, and that reportable compensation is reflected in Part VII

Return

Reference	
Form 990,	Commission Rev - Total Revenue 7553, Related or Exempt Function Revenue , Unrelated Busi
Part VIII, Line	ness Revenue 7553, Revenue Excluded from Tax Under Sections 512, 513, or 514 , Misc REve
11d Other	nue - Total Revenue 47161, Related or Exempt Function Revenue 47161, Unrelated Business
Miscellaneous	Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 ,
Revenue	

Explanation

Return Explanation

se 329965. Program Service Expense 329965. Management and General Expenses 0, Fundraisi

Form 990,
Part IX, Line
11g Other
Fees
Admin Service Fees - Total Expense 2349761, Program Service Expense 2091403, Management and General Expenses 258358, Fundraising Expenses , Gymnastics fees (coaching/judging/cl inicians) - Total Expense 1872302, Program Service Expense 1868502, Management and Gener al Expenses 3800, Fundraising Expenses , Communications consulting expense - Total Expen

990 Schedule O, Supplemental Information

na Expenses

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493310022478 OMB No 1545-0047 **SCHEDULE R Related Organizations and Unrelated Partnerships** (Form 990) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶ Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. Open to Public Department of the Treasury Inspection Internal Revenue Service **Employer identification number** Name of the organization USA Gymnastics 75-1847871 Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I

Name, address, and EIN (if applicable) of disregarded entity	Primary ad		n country)	ncome End-of-year a		ontrolling itity
Part II Identification of Related Tax-Exempt Organizations related tax-exempt organizations during the tax year.	Complete if the orga	anization answered	"Yes" on Form 990	0, Part IV, line 34 be	ecause it had one or	more
(a)  Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	<b>(f)</b> Direct controlling entity	(g) Section 512(b) (13) controlled entity?

Yes No (1) NATIONAL GYMNASTICS FOUNDATION INC PROGRAM SUPPORT ΙN 501(c)(3) Type I USA GYMNASTICS Yes 130 E WASHINGTON ST STE 700 INDIANAPOLIS, IN 46204 35-1757753 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50135Y Schedule R (Form 990) 2017

(a)  Name, address, and EIN of related organization			(b) (c) Primary activity domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income		Disprop alloca	tions?	(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gener mana partr	ral or Piging on	<b>(k)</b> Percenta owners
								Yes	No		Yes	No	
												$\perp$	
												-	
												_	
Identification of Related Organizates because it had one or more related o						ation answ	vered "Yes	" on Fo	orm 99	90, Part IV,	line :	34	
(a)  Name, address, and EIN of related organization	(b) Primary activity	L do (state	(c) egal micile or foreign	Direct	(d) controlling Type entity (C co	(e) e of entity rp, S corp, r trust)	<b>(f)</b> Share of total Income		(g) of end-o year assets	of- Percei owne	ntage	[(13)	(ı) tion 5 ) cont entity
	1											. I Y∉	es
		со	untry)										
	_	со	untry)					<u> </u>					
		со	untry)										
		со	untry)									+	
		со	untry)										
		со	untry)									  -  -	
		со	untry)									  -  -  -	

(1)National Gymnastics Foundation Inc

(2)National Gymnastics Foundation Inc

chedule R (Form 990) 2017		Pa	ige <b>3</b>
Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity	1a		No
<b>b</b> Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
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)	<b>1</b> i		No
j Lease of facilities, equipment, or other assets to related organization(s)	<b>1</b> j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	11	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	1	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o Sharing of paid employees with related organization(s)	10	Yes	

				1
f	Dividends from related organization(s)	1f		No
g	Sale of assets to related organization(s)	<b>1</b> g		No
h	Purchase of assets from related organization(s)	1h		No
i	Exchange of assets with related organization(s)	<b>1</b> i		No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		No
ı	Performance of services or membership or fundraising solicitations for related organization(s)	11	Yes	
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o	Sharing of paid employees with related organization(s)	10	Yes	

h	Purchase of assets from related organization(s)	In		NO
i	Exchange of assets with related organization(s)	1i		No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		No
ı	Performance of services or membership or fundraising solicitations for related organization(s)	11	Yes	
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o	Sharing of paid employees with related organization(s)	10	Yes	
р	Reimbursement paid to related organization(s) for expenses	<b>1</b> p		No
q	Reimbursement paid by related organization(s) for expenses	1q	Yes	
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 covered relationships and transaction thresholds			

(a)
Name of related organization

(b) Transaction type (a-s)

В

C

(c) Amount involved

62,781

739,374

FMV

FMV

(d) Method of determining amount involved

Schedule R (Form 990) 2017

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

<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-	01	(e) re all partners section 501(c)(3) rganizations?	(f) Share of total Income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?	ate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General d managin partner	g l	<b>(k)</b> Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
													_
	•		•			•				Schedul	e R (Forn	າ 99	0) 2017

Schedule R (Form 990) 2017 Part VII Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions) Schedule R (Form 990) 2017