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Form 990

Department of the TreasuryInternal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2019, and ending 12-31-2019

B Check if applicable:

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization
USA SWIMMING INC

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)Room/suite

1 OLYMPIC PLAZA

City or town, state or province, country, and ZIP or foreign postal code
COLORADO SPRINGS, CO 80909

F Name and address of principal officer:
TIMOTHY HINCHEY
1 OLYMPIC PLAZA
COLORADO SPRINGS, CO 80909

H(a) Is this a group return for subordinates?

☐ Yes☒ No

H(b) Are all subordinates included?

☐ Yes☐ No

If "No," attach a list. (see instructions)

H(c) Group exemption number ▶ 5367

I Tax-exempt status:

☒ 501(c)(3)

☐ 501(c) () ◀(insert no.)

☐ 4947(a)(1) or

☐ 527

J Website: ▶ WWW.USASWIMMING.ORG

K Form of organization:

☒ Corporation☐ Trust☐ Association☐ Other ▶

L Year of formation: 2005

M State of legal domicile: CO

Part ISummary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
USA SWIMMING IS THE NATIONAL GOVERNING BODY FOR THE SPORT OF SWIMMING. WE ADMINISTER COMPETITIVE SWIMMING IN ACCORDANCE WITH THE OLYMPIC & AMATEUR SPORTS ACT.

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3

Number of voting members of the governing body (Part VI, line 1a)

15

4

Number of independent voting members of the governing body (Part VI, line 1b)

14

5

Total number of individuals employed in calendar year 2019 (Part V, line 2a)

103

6

Total number of volunteers (estimate if necessary)

800

7a

Total unrelated business revenue from Part VIII, column (C), line 12

1,351,600

7b

Net unrelated business taxable income from Form 990-T, line 39

0

Revenue

Prior Year

Current Year

8 Contributions and grants (Part VIII, line 1h)

9,720,511

8,099,022

9 Program service revenue (Part VIII, line 2g)

25,316,187

27,928,544

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

1,994,892

2,953,086

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

-20,546

87,227

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

37,011,044

39,067,879

Expenses

Prior Year

Current Year

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

5,332,783

4,648,857

14 Benefits paid to or for members (Part IX, column (A), line 4)

0

0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

11,023,167

12,084,005

16a Professional fundraising fees (Part IX, column (A), line 11e)

0

0

b Total fundraising expenses (Part IX, column (D), line 25) ▶0

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

22,775,097

24,936,318

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)

39,131,047

41,669,180

19 Revenue less expenses. Subtract line 18 from line 12

-2,120,003

-2,601,301

Net Assets or Fund Balances

Beginning of Current Year

End of Year

20 Total assets (Part X, line 16)

48,792,129

51,426,674

21 Total liabilities (Part X, line 26)

17,750,555

19,894,983

22 Net assets or fund balances. Subtract line 21 from line 20

31,041,574

31,531,691

Part IISignature 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.

Sign Here

Signature of officer

ERIC SKUFCA CFO

Type or print name and title

2020-09-28

Date

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date 2020-09-21

Check ☐ if self-employed

PTIN P00450838

Firm's name ▶ WAUGH & GOODWIN LLP

Firm's EIN ▶ 20-1766527

Firm's address ▶ 1365 GARDEN OF THE GODS SUITE 150

Phone no. (719) 590-9777

COLORADO SPRINGS, CO 80907

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

☒ Yes☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2019)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission:

USA SWIMMING IS THE NATIONAL GOVERNING BODY FOR THE SPORT OF SWIMMING. WE ADMINISTER COMPETITIVE SWIMMING IN ACCORDANCE WITH THE OLYMPIC & AMATEUR SPORTS ACT. WE PROVIDE PROGRAMS AND SERVICES FOR OUR MEMBERS, SUPPORTERS, AFFILIATES, AND THE INTERESTED PUBLIC. WE VALUE THESE MEMBERS OF THE SWIMMING COMMUNITY, AND THE STAFF AND VOLUNTEERS WHO SERVE THEM. WE ARE COMMITTED TO EXCELLENCE AND THE IMPROVEMENT OF OUR SPORT. WE ARE COMMITTED TO PROVIDING A SAFE AND POSITIVE ENVIRONMENT FOR ALL MEMBERS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 10,819,841 including grants of \$ 4,137,510) (Revenue \$)

See Additional Data

4b (Code:) (Expenses \$ 7,859,791 including grants of \$ 5,000) (Revenue \$ 23,740,208)

See Additional Data

4c (Code:) (Expenses \$ 6,119,539 including grants of \$) (Revenue \$ 2,913,948)

See Additional Data

See Additional Data Table

4d Other program services (Describe in Schedule O.)

(Expenses \$ 8,239,407 including grants of \$ 506,347) (Revenue \$ 140,703)

4e Total program service expenses 33,038,578

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

		Yes	No	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No	
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	413	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	

Part V **Statements Regarding Other IRS Filings and Tax Compliance** *(continued)*

Form **990** (2019)

Part VI

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

Check if Schedule O contains a response or note to any line in this Part VI ☒

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	15	
	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	14	
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?		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?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	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?	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	Yes	
b	Each committee with authority to act on behalf of the governing body?	Yes	
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		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	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?	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	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?		
a	The organization's CEO, Executive Director, or top management official	Yes	
b	Other officers or key employees of the organization	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	Yes	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	Yes	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed▶

CO, AL, AK, AR, CA, CT, DC, FL, GA, HI, IL, KS, KY, LA, ME, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, OH, OK, OR, PA, RI, SC, TN, UT, VA, WV, WI, MO, NV, ND, TX, WA

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A 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:
▶THE ORGANIZATION 1 OLYMPIC PLAZA COLORADO SPRINGS, CO 80909 (719) 866-4578

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

Check if Schedule O contains a response or note to any line in this Part VII ☒

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

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

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

[illegible]

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) 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-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								3,545,907	1,500	508,920

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 26

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
HENSEL PHELPS CONSTRUCTION 420 6TH AVE GREELEY, CO 80631	CONSTRUCTION	2,794,065
DODD TECHNOLOGIES 720 WEST PIONEER TRACE STE 200 PENDLETON, IN 46064	EVENT PRODUCTION	1,552,836
ECLIPSE PRODUCTIONS INC 605 MANNS HARBOR DR APOLLO BEACH, FL 33572	EVENT PRODUCTION	1,146,722
SPORT GRAPHICS PRINTING 3423 PARK DAVIS CIRCLE INDIANAPOLIS, IN 46235	PRINTING	864,563
KING & SPALDING LLP 1180 PEACHTREE ST NE 17TH FLOOR ATLANTA, GA 30309	LEGAL	760,528

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 ▶ 24

Form 990 (2019)		Page 9					
Part VIII		Statement of Revenue					
Check if Schedule O contains a response or note to any line in this Part VIII ☐							
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a				
	b	Membership dues . . .	1b				
	c	Fundraising events . . .	1c	326,227			
	d	Related organizations	1d	1,158,750			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	6,614,045			
	g	Noncash contributions included in lines 1a - 1f:\$	1g	1,116,406			
	h	Total. Add lines 1a-1f ▶		8,099,022			
Program Service Revenue	2a		MEMBERSHIP INCOME	Business Code			
				900099	22,481,679	22,481,679	
	b		SPONSORS, SUPPLIERS & LICENSEE	900099	2,723,317	2,723,317	
	c		SPONSORS - ADVERTISING	541800	1,348,073	1,348,073	
	d		EVENTS	711300	1,258,524	1,258,524	
	e		RELATED AFFILIATE RENTAL INCOME	531120	60,000	60,000	
	f		All other program service revenue.		56,951	56,951	
g		Total. Add lines 2a-2f. ▶		27,928,544			
Other Revenue	3		Investment income (including dividends, interest, and other similar amounts) ▶	1,198,995		1,198,995	
	4		Income from investment of tax-exempt bond proceeds ▶				
	5		Royalties ▶	190,631	190,631		
			(i) Real	(ii) Personal			
	6a		Gross rents				
	b		Less: rental expenses				
	c		Rental income or (loss)				
	d		Net rental income or (loss) ▶				
			(i) Securities	(ii) Other			
	7a		Gross amount from sales of assets other than inventory	32,285,590			
	b		Less: cost or other basis and sales expenses	30,440,638	90,861		
	c		Gain or (loss)	1,844,952	-90,861		
	d		Net gain or (loss) ▶		1,754,091	-90,861	1,844,952
	8a		Gross income from fundraising events (not including \$ 326,227 of contributions reported on line 1c). See Part IV, line 18	8a	295,072		
	b		Less: direct expenses	8b	516,621		
	c		Net income or (loss) from fundraising events . . . ▶		-221,549		-221,549
	9a		Gross income from gaming activities. See Part IV, line 19	9a			
	b		Less: direct expenses	9b			
	c		Net income or (loss) from gaming activities . . . ▶				
	10a		Gross sales of inventory, less returns and allowances . . .	10a			
b		Less: cost of goods sold . . .	10b				
c		Net income or (loss) from sales of inventory . . . ▶					
Miscellaneous Revenue		Business Code					
11a		CONSUMER REVENUE	900099	81,044	81,044		
b		OTHER INCOME	711300	33,574	33,574		
c		MAILING LIST SALES	541900	3,527	3,527		
d		All other revenue					
e		Total. Add lines 11a-11d ▶		118,145			
12		Total revenue. See instructions ▶		39,067,879	26,794,859	1,351,600	2,822,398

Form 990 (2019)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	817,421	817,421		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	3,831,436	3,831,436		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	3,026,966	1,040,605	1,986,361	
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	6,761,616	5,282,109	1,479,507	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	533,169	387,680	145,489	
9 Other employee benefits	1,161,683	789,440	372,243	
10 Payroll taxes	600,571	396,975	203,596	
11 Fees for services (non-employees):				
a Management				
b Legal	436,780	5,066	431,714	
c Accounting	19,125		19,125	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	86,272		86,272	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	4,715,548	2,756,277	1,959,271	
12 Advertising and promotion	316,723	316,723		
13 Office expenses	1,102,053	1,063,700	38,353	
14 Information technology	524,984	8,412	516,572	
15 Royalties				
16 Occupancy	344,670	251,609	93,061	
17 Travel	6,228,687	5,758,018	470,669	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,367,268	1,093,473	273,795	
23 Insurance	3,189,432	3,189,393	39	
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 TELEVISION AND VIDEO PR	1,767,762	1,767,762		
b DUES, FEES, AND TICKETS	1,304,467	1,001,026	303,441	
c VENUE RENT AND LEASE EX	722,898	700,427	22,471	
d APPAREL	688,453	687,553	900	
e All other expenses	2,121,196	1,893,473	227,723	
25 Total functional expenses. Add lines 1 through 24e	41,669,180	33,038,578	8,630,602	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720).				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing		1,236,480	1	4,145,411	
	2	Savings and temporary cash investments		405,979	2	110,432	
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net		1,122,559	4	1,520,175	
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6		
	7	Notes and loans receivable, net			7		
	8	Inventories for sale or use			8		
	9	Prepaid expenses and deferred charges		3,567,211	9	6,936,495	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	14,084,906			
	b	Less: accumulated depreciation	10b	9,737,028	4,451,020	10c	4,347,878
	11	Investments—publicly traded securities		37,674,690	11	34,012,455	
	12	Investments—other securities. See Part IV, line 11			12		
	13	Investments—program-related. See Part IV, line 11			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		334,190	15	353,828	
16	Total assets. Add lines 1 through 15 (must equal line 34)		48,792,129	16	51,426,674		
Liabilities	17	Accounts payable and accrued expenses		3,434,896	17	4,037,732	
	18	Grants payable			18		
	19	Deferred revenue		14,315,659	19	15,857,251	
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21		
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22		
	23	Secured mortgages and notes payable to unrelated third parties			23		
	24	Unsecured notes and loans payable to unrelated third parties			24		
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D			25		
	26	Total liabilities. Add lines 17 through 25		17,750,555	26	19,894,983	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here ☒ and complete lines 27, 28, 32, and 33.						
	27	Net assets without donor restrictions		31,041,574	27	31,531,691	
	28	Net assets with donor restrictions			28		
	Organizations that do not follow FASB ASC 958, check here ☐ and complete lines 29 through 33.						
	29	Capital stock or trust principal, or current funds			29		
	30	Paid-in or capital surplus, or land, building or equipment fund			30		
	31	Retained earnings, endowment, accumulated income, or other funds			31		
	32	Total net assets or fund balances		31,041,574	32	31,531,691	
33	Total liabilities and net assets/fund balances		48,792,129	33	51,426,674		

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	39,067,879
2	Total expenses (must equal Part IX, column (A), line 25)	2	41,669,180
3	Revenue less expenses. Subtract line 2 from line 1	3	-2,601,301
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	31,041,574
5	Net unrealized gains (losses) on investments	5	3,091,419
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	-1
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	31,531,691

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☒

	Yes	No
1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		No
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis	Yes	
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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	Yes	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

Additional Data

Software ID:
Software Version:
EIN: 20-4264282
Name: USA SWIMMING INC

Form 990 (2019)

Form 990, Part III, Line 4a:

NATIONAL TEAM: WITH FOUR MAJOR INTERNATIONAL COMPETITIONS THIS SUMMER, USA SWIMMING PROVED ONCE AGAIN TO BE STRONG ON THE GLOBAL STAGE. USA SWIMMING ATHLETES WON OVER 130 MEDALS OVER THE SUMMER, LEADING THE WAY WITH 23 MEDALS IN OLYMPIC EVENTS AT THE WORLD CHAMPIONSHIPS AND SETTING FIVE WORLD RECORDS. THE OTHER EVENTS THIS SUMMER INCLUDED THE WORLD UNIVERSITY GAMES, THE PAN AMERICAN GAMES AND THE WORLD JUNIOR CHAMPIONSHIPS.

Form 990, Part III, Line 4b:

EVENTS & MEMBER SERVICES: USA SWIMMING HOSTED MULTIPLE EVENTS ACROSS MANY LEVELS OF THE SPORT, HIGHLIGHTED BY THE PHILLIPS 66 NATIONAL CHAMPIONSHIPS IN STANFORD, CALIF., WHICH WAS BROADCAST LIVE ON NBC NETWORKS. THE TOYOTA U.S. OPEN, HELD IN DECEMBER, WAS ALSO FEATURED ON NBC. OTHER CHAMPIONSHIP-LEVEL EVENTS FEATURED ON TV AND/OR ON LIVE WEBCAST INCLUDED THE TYR PRO SWIM SERIES, THE OPEN WATER NATIONAL CHAMPIONSHIPS, THE SPEEDO JUNIOR NATIONAL CHAMPIONSHIPS, FUTURES CHAMPIONSHIPS, AND THE SPEEDO SECTIONALS. USA SWIMMING ALSO PROVIDED SUPPORT FOR OTHER CHAMPIONSHIP EVENTS SUCH AS THE ZONE CHAMPIONSHIPS AND IM XTREME GAMES.

Form 990, Part III, Line 4c:

COMMERCIAL: USA SWIMMING HAD A STRONG YEAR IN 2019, HIGHLIGHTED BY HOSTING MULTIPLE NATIONAL EVENTS AND THE U.S. TEAM WINNING 27 MEDALS AT THE 2019 WORLD CHAMPIONSHIPS IN SOUTH KOREA, 45 MEDALS AT THE PAN AMERICAN GAMES IN PERU AND 40 MEDALS AT THE WORLD UNIVERSITY GAMES IN ITALY. IN 2019, NBC, NBCSN AND THE OLYMPIC CHANNEL AIRED BROADCASTS OF THE TYR PRO SWIM SERIES, THE PHILLIPS 66 NATIONAL CHAMPIONSHIPS AND THE TOYOTA U.S. OPEN.THE COMMERCIAL DIVISION IS SPLIT INTO TEAMS WITH DISTINCT, YET COMPLEMENTARY FUNCTIONS IN SUPPORT OF THE NGB. PARTNERSHIPS & EVENT MARKETING: THE FIFTH CONSECUTIVE #SWIMBIZ CONFERENCE WAS HELD, OFFERING MARKETING AND SPONSORSHIP GUIDANCE TO MEMBERSHIP. NEW SHORT- AND LONG-TERM CORPORATE PARTNERS WERE SIGNED TO ASSIST IN REVENUE GENERATION, AND MANY OF THOSE PARTNERS PROVIDED RETAIL ACTIVATIONS AND HOSPITALITY OFFERINGS AT MAJOR EVENTS TO DRIVE INTEREST IN THE SPORT AND THE ATHLETES.COMMUNICATIONS: USA SWIMMING'S SOCIAL MEDIA PLATFORMS SAW AN AVERAGE OF 15.6% GROWTH IN FOLLOWERS, WHILE THE KICKSET PODCAST SERIES RECORDED NEARLY 35,000 DOWNLOADS. CREATIVE SERVICES: USA SWIMMING'S SIGNATURE DESK SHOW, DECK PASS LIVE, SHOT LIVE FROM ALL MAJOR DOMESTIC AND INTERNATIONAL MEETS, SURPASSED MORE THAN 4 MILLION 3-SECOND VIEWS AND 1.4 MILLION 10-SECOND VIEWS. FURTHER, OVER 500,000 VIEWERS TUNED IN TO WATCH THE SECOND SEASON OF THE OFF THE BLOCKS DIGITAL SERIES. USA SWIMMING'S AWARD WINNING SPLASH MAGAZINE WAS DELIVERED FOUR TIMES TO OVER 300,000 HOUSEHOLDS.BUSINESS INTELLIGENCE AND DIGITAL PLATFORMS: INVESTMENTS WERE MADE IN CUSTOMER RELATIONSHIP MANAGEMENT (CRM) AND A WEBSITE REDESIGN TO ENHANCE USA SWIMMING'S DIGITAL OFFERINGS AND COMMUNICATION WITH ITS MEMBERS. DATA ANALYTICS CONTINUES TO BE USED TO UNDERSTAND THE SWIM CONSUMER AND TO BETTER SUPPORT AND SERVICE MEMBERS.

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

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

(Code:) (Expenses \$ 4,594,537 including grants of \$ 506,347) (Revenue \$ 80,703)

SPORT DEVELOPMENT: ACCOMPLISHMENTS INCLUDED: CONDUCTING OVER 132 VISITS BY CONSULTANTS WITH EXPERTISE IN BOTH ADMINISTRATIVE OPERATIONS AND COACHING SCIENCE; CONDUCTING SEVEN REGIONAL COACHING CLINICS SERVING 433 COACHES; CONTINUING A PARTNERSHIP WITH THE CHICAGO PARK DISTRICT TO HELP WITH THEIR GROWING COMPETITIVE SWIM TEAM AND SIGNING A ONE-YEAR PILOT MOU WITH THE LOS ANGELES PARKS AND RECREATION; HOLDING NUMEROUS TRAININGS ON DIVERSITY & INCLUSION FOR BOTH STAFF AND MEMBERS; PROVIDING LSC GOVERNANCE VISITS TO 23 LSCS TO FACILITATE STRATEGIC PLANNING, BOARD GOVERNANCE, SUCCESSION PLANNING, GOVERNANCE COMMITTEE ACTIVATION AND OTHER GENERAL LSC OPERATIONS; HOSTING 123 COACHES AT THE OLYMPIC TRAINING CENTER FOR EDUCATIONAL CONFERENCES; AND FACILITATING A CLUB BUSINESS MANAGEMENT COURSE FOR 237 TEAM LEADERS.

(Code:) (Expenses \$ 3,195,456 including grants of \$) (Revenue \$)

RISK MANAGEMENT: AS A BENEFIT OF MEMBERSHIP, USA SWIMMING PROVIDES MEMBERS AND VOLUNTEERS WITH PARTICIPANT ACCIDENT INSURANCE AND PARTICIPANT LIABILITY INSURANCE. MEMBER CLUBS ARE ALSO PROVIDED PUBLIC LIABILITY INSURANCE SO THEY CAN RENT OR LEASE POOL TIME FOR THEIR PRACTICES AND MEETS. ELITE ATHLETE HEALTH INSURANCE AND SPORTS INJURY COORDINATION OF BENEFITS ARE PROVIDED TO NATIONAL TEAM ATHLETES THAT ELECT TO PARTICIPATE IN THE PROGRAM. DOMESTIC AND INTERNATIONAL TRAVEL ACCIDENT INSURANCE IS PROVIDED TO ATHLETES, COACHES AND SUPPORT PERSONNEL WHO TRAVEL TO COMPETITIONS. FOREIGN COMMERCIAL LIABILITY INSURANCE COVERAGES ARE ALSO PROVIDED TO TEAM, STAFF AND VOLUNTEERS WHO TRAVEL ON BEHALF OF THE USA SWIMMING NATIONAL TEAMS. PROFESSIONAL LIABILITY INSURANCE IS PROVIDED TO HEALTH CARE PROFESSIONALS WHO ACT AS EVENT VOLUNTEERS TO THE USA SWIMMING TEAM AT THE REQUEST OF THE NATIONAL TEAM OR UPON APPLICATION TO USA SWIMMING.

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

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

(Code:) (Expenses \$ 449,414 including grants of \$) (Revenue \$ 60,000)

FOUNDATION PROGRAMS: USA SWIMMING PROVIDED FUNDING TO ITS AFFILIATE FOUNDATION WHOSE MISSION IS SAVING LIVES AND BUILDING CHAMPIONS.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) 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- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ROBERT VINCENT CHAIR OF BOARD	32.00	X		X				0	0	0
JIM SHEEHAN IMMEDIATE PAST CHAIR	8.00	X						0	0	0
TOM UGAST VICE CHAIR FISCAL OVERSIGHT	16.00	X		X				0	0	0
CHRIS BREARTON CHAIR ELECT	8.00	X						0	0	0
NATALIE COUGHLIN-HALL ATHLETE REPRESENTATIVE	8.00	X						250	0	0
MAYA DIRADO ANDREWS ATHLETE REPRESENTATIVE	8.00	X						3,500	1,500	0
DR CECIL GORDON EASTERN ZONE DIRECTOR	4.00	X						1,200	0	0
JEANETTE SKOW WESTERN ZONE DIRECTOR	8.00	X						0	0	0
JAY THOMAS SOUTHERN ZONE DIRECTOR	8.00	X						0	0	0
TERI MCKEEVER WESTERN ZONE DIR THRU 9/30/19	8.00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) 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- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOHN BRADLEY CENTRAL ZONE DIRECTOR THRU 9/30/19	8.00	X						0	0	0
BILL SCHALZ CENTRAL ZONE DIRECTOR	8.00	X						0	0	0
MARY TURNER EASTERN ZONE DIRECTOR THRU 9/30/19	8.00	X						0	0	0
KENNETH CHUNG SOUTHERN ZONE DIRECTOR	8.00	X						0	0	0
KATHLEEN PRINDLE SOUTHERN ZONE DIRECTOR	8.00	X						0	0	0
JENNIFER GIBSON SOUTHERN ZONE DIRECTOR	8.00	X						0	0	0
JOHN ROY SOUTHERN ZONE DIRECTOR THRU 9/30/19	8.00	X						0	0	0
DALE AMMON WESTERN ZONE DIRECTOR THRU 9/30/19	8.00	X						0	0	0
DAVIS TARWATER ATHLETE REPRESENTATIVE/VIC	16.00	X		X				0	0	0
BRUCE GEMMELL NATIONAL TEAM STEERING COM	8.00	X						15,469	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) 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- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
TIMOTHY HINCHEY PRESIDENT AND CEO	35.00 5.00			X				749,201	0	43,006
MICHAEL UNGER COO	40.00			X				465,201	0	61,606
SHANA FERGUSON CCO	40.00			X				186,121	0	14,705
JAMES HARVEY CFO (OUTGOING)	35.00 5.00			X				253,882	0	60,264
KATIE MCROBERTS CHIEF ADMINISTRATIVE OFFIC	40.00			X				316,198	0	39,683
ERIC SKUFCA CHIEF FINANCIAL OFFICER	35.00 5.00			X				242,402	0	31,212
GEORGE WARD RISK MANAGEMENT DIRECTOR	40.00				X			204,784	0	45,730
LINDSAY MINTENKO NATIONAL TEAM MANAGING DIR	40.00				X			240,674	0	51,881
JOEL SHINOFIELD SPORT DEVELOPMENT MANAGING	40.00					X		242,442	0	22,153
ISABELLE MCLEMORE MANAGING DIRECTOR OF COMMU	40.00					X		186,057	0	24,577

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) 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- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MICK NELSON FACILITIES DEVELOPMENT DIR	40.00					X		158,344	0	27,145
TOM AVISCHIOUS SENIOR DIRECTOR OF FIELD S	40.00					X		141,856	0	38,228
JOHN BURBIDGE SENIOR DIRECTOR IT	40.00					X		138,326	0	48,730

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
USA SWIMMING INC

Employer identification number
20-4264282

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10 ☒ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III.
If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support							
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4. . .						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
9	Net income from unrelated business activities, whether or not the business is regularly carried on. .						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (see instructions)					12	
13	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, check this box and stop here ▶ ☐						
Section C. Computation of Public Support Percentage							
14	Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))					14	
15	Public support percentage for 2018 Schedule A, Part II, line 14					15	
16a	33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ ☐						
b	33 1/3% support test—2018. 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—2019. 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—2018. 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 ▶ ☐						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .	11,181,486	15,109,708	10,517,224	9,720,511	8,099,022	54,627,951
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	22,546,285	26,629,219	23,444,307	24,236,993	26,794,859	123,651,663
3 Gross receipts from activities that are not an unrelated trade or business under section 513			301,875	303,600	295,072	900,547
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	33,727,771	41,738,927	34,263,406	34,261,104	35,188,953	179,180,161
7a Amounts included on lines 1, 2, and 3 received from disqualified persons				1,860	1,860	3,720
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.					456,445	456,445
c Add lines 7a and 7b. .				1,860	458,305	460,165
8 Public support. (Subtract line 7c from line 6.)						178,719,996

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6. . .	33,727,771	41,738,927	34,263,406	34,261,104	35,188,953	179,180,161
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . .	1,154,431	931,579	1,156,343	1,247,119	1,198,995	5,688,467
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.	1,154,431	931,579	1,156,343	1,247,119	1,198,995	5,688,467
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
13 Total support. (Add lines 9, 10c, 11, and 12.) . .	34,882,202	42,670,506	35,419,749	35,508,223	36,387,948	184,868,628
14 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, check this box and stop here. ☐						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	96.670 %
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	96.770 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	3.080 %
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	3.210 %

- 19a 33 1/3% support tests—2019.** 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 more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☒
- b 33 1/3% support tests—2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV Supporting Organizations

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

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a 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?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section 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? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section 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 instructions):		
a ☐ The organization satisfied the Activities Test. Complete line 2 below.		
b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.		
c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2 Activities Test. Answer (a) and (b) below.		
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? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
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>		
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 Part VI the role played by the organization in this regard.</i>		

Part V

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1

☐ 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.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	

7

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

Part V

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). 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 Part VI). See instructions	
9 Distributable amount for 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

Additional Data

Software ID:
Software Version:
EIN: 20-4264282
Name: USA SWIMMING INC

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

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SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
USA SWIMMING INC

Employer identification number
20-4264282

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
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

☐ Yes ☐ No

6 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 7.

1 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

2 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
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►

4 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 ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$

8 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)?

☐ Yes ☐ No

9 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.

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a 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.

b 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:

a Revenue included on Form 990, Part VIII, line 1 ► \$

b Assets included in Form 990, Part X ► \$

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

Cat. No. 52283D

Schedule D (Form 990) 2019

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3

Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . .

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII and complete the following table:

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

☐

Part V

Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Temporarily restricted endowment ▶

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

Yes

No

b

If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

3b

Yes

No

4

Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI

Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		3,118,352	1,315,625	1,802,727
c Leasehold improvements		77,287	77,287	0
d Equipment		1,351,570	1,078,926	272,644
e Other		9,537,697	7,265,190	2,272,507
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				4,347,878

Schedule D (Form 990) 2019

Part VII

Investments—Other Securities.

Complete if the organization answered "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	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII

Investments—Program Related.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(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 Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(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 Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

☒

Schedule D (Form 990) 2019

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	42,023,026
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	3,091,419
b	Donated services and use of facilities	2b	10,000
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	3,101,419
3	Subtract line 2e from line 1	3	38,921,607
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	86,272
b	Other (Describe in Part XIII.)	4b	60,000
c	Add lines 4a and 4b	4c	146,272
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	39,067,879

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	41,532,908
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	41,532,908
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	86,272
b	Other (Describe in Part XIII.)	4b	50,000
c	Add lines 4a and 4b	4c	136,272
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	41,669,180

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
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 20-4264282
Name: USA SWIMMING INC

Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	INCOME TAXES USA SWIMMING, INC. ARE EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. IN ADDITION, THE ORGANIZATION QUALIFIES FOR THE CHARITABLE CONTRIBUTION DEDUCTION AND HAVE BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION. USA SWIMMING, INC. FORM 990, RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX, IS SUBJECT TO EXAMINATION BY VARIOUS TAXING AUTHORITIES, GENERALLY FOR THREE YEARS AFTER THE DATE THEY WERE FILED. MANAGEMENT OF THE ORGANIZATION BELIEVES THAT IT DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS.

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS:	GOLDEN GOGGLES GRANT EXPENSE SHOWN NET OF REVENUE ON AUDITED FINANCIALS 50,000. GOLDEN GOGGLES IN-KIND SERVICES SHOWN NET OF REVENUE ON AUDITED FINANCIALS 10,000.

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS:	GOLDEN GOGGLES GRANT EXPENSE SHOWN NET OF REVENUE ON AUDITED FINANCIALS 50,000.

Supplemental Information	
Return Reference	Explanation
SCHEDULE D PART XI LINE 2D	THE ORGANIZATION RECORDS INVESTMENT INCOME NET OF INVESTMENT FEES ON THEIR AUDITED FINANCIAL STATEMENTS.

SCHEDULE F
(Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
USA SWIMMING INC

Employer identification number
20-4264282

Part I

General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No
- 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
See Add'l Data					
3a Sub-total	0	0			2,115,656
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	0			2,115,656

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

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

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

[illegible]

Part IV Foreign Forms

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

Part V

Supplemental Information

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

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART III ACCOUNTING METHOD:	

Additional Data

Software ID:

Software Version:

EIN: 20-4264282

Name: USA SWIMMING INC

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
MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	0	0	PROGRAM SERVICES	TRAVEL & VARIOUS TRAVEL RELATED EXPENSES FOR EVENTS, INCLUDING THE OPEN WATER WORLD CUP	84,218
SOUTH AMERICA	0	0	PROGRAM SERVICES	TRAVEL & VARIOUS TRAVEL RELATED EXPENSES FOR EVENTS, INCLUDING THE PAN AM GAMES AND FINA OPEN WATER JR CHAMPIONSHIPS.	109,846

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
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	PROGRAM SERVICES	TRAVEL & VARIOUS TRAVEL RELATED EXPENSES FOR ORGANIZATIONAL RELATIONS AND EVENTS, INCLUDING WORLD UNIVERSITY GAMES, JR TEAM INT'L COMPETITION AND FINA WORLD JR CHAMPIONSHIPS	989,808
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	TRAVEL & VARIOUS TRAVEL RELATED EXPENSES FOR EVENTS, INCLUDING THE FINA WORLD CHAMPIONSHIP, FINA OPEN WATER WORLD CHAMPIONSHIPS, OPEN WATER INTERNATIONAL CAMPS AND NATIONAL TEAM INTERNATIONAL CAMPS	931,784

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
USA SWIMMING INC

Employer identification number
20-4264282

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a ☐ Mail solicitations

e ☐ Solicitation of non-government grants

b ☐ Internet and email solicitations

f ☐ Solicitation of government grants

c ☐ Phone solicitations

g ☐ Special fundraising events

d ☐ In-person solicitations
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total ▶						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		GOLDEN GOGGLE AWARDS (event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue					
	1 Gross receipts	621,299			621,299
	2 Less: Contributions	326,227			326,227
	3 Gross income (line 1 minus line 2)	295,072			295,072
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	229,238			229,238
	7 Food and beverages	158,066			158,066
	8 Entertainment	10,500			10,500
	9 Other direct expenses	118,817			118,817
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				516,621
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-221,549

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ►

Address ►

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____.

c If "Yes," enter name and address of the third party:

Name ►

Address ►

16 Gaming manager information:

Name ►

Gaming manager compensation ► \$

Description of services provided ►

☐ Director/officer

☐ Employee

☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Return Reference

Explanation

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I
(Form 990)

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public
Inspection

Department of the
Treasury
Internal Revenue Service
Name of the organization
USA SWIMMING INC

Employer identification number

20-4264282

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(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)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 33

3 Enter total number of other organizations listed in the line 1 table ▶ 4

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) MEDAL MONEY, ATHLETE STIPENDS AND RECORD BONUSES	115	3,259,426			
(2) ATHLETE GRANTS	58	572,010			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2:	APPLICANTS MUST QUALIFY, WHERE APPLICABLE, FOR CERTAIN GRANTS, AND A FINAL REPORT IS REQUIRED TO BE SUBMITTED TO USA SWIMMING.

Additional Data

Software ID:
Software Version:
EIN: 20-4264282
Name: USA SWIMMING INC

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CSCAA 5101 NW 21ST AVE FORT LAUDERDALE, FL 33303	59-6145666	501(C)(3)	120,000				COACHING SUPPORT
USA SWIMMING FOUNDATION 1 OLYMPIC PLAZA COLORADO SPRINGS, CO 80909	72-1581977	501(C)(3)	50,000				GOLDEN GOGGLES GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ATHENS BULLDOG SWIM CLUB 1151 SCOTLAND BEND WATKINSVILLE, GA 30677	58-1869533	501(C)(3)	33,000				NATIONAL TEAM INVESTMENT & OLYMPIC TEAM PREP
CAL AQUATICS 135 HAAS PAVILLION BERKELEY, CA 94720	83-0376748		21,000				NATIONAL TEAM INVESTMENT & OLYMPIC TEAM PREP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CARMEL SWIM CLUB 515 E MAIN ST STE 121 CARMEL, IN 46032	35-1468610	501(C)(3)	18,435				CLUB EXCELLENCE & NATIONAL TEAM INVESTMENT
NATION'S CAPITAL SWIMMING 8120 WOODMONT AVE STE 101 BETHESDA, MD 20814	80-0851325		16,000				CLUB EXCELLENCE GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SANDPIPERS OF NEVADA 4460 S DURANGO DR STE A LAS VEGAS, NV 89147	88-0151712	501(C)(3)	15,453				CLUB EXCELLENCE GRANT
UNIV OF TEXAS 1900 RED RIVER D4050 AUSTIN, TX 78712	74-6000203	501(C)(3)	15,000				NATIONAL TEAM INVESTMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SWIM ATLANTA 4850 SUGARLOAF PKWY STE 702 LAWRENCEVILLE, GA 30044	58-1631501	501(C)(3)	12,000				CLUB EXCELLENCE GRANT
SWIMMAC CAROLINA 9850 PROVIDENCE RD CHARLOTTE, NC 28277	59-1769720	501(C)(3)	12,000				CLUB EXCELLENCE GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DAYTON RAIDERS 560 GRANGE HALL RD BEAVERCREEK, OH 45430	31-1443137	501(C)(3)	11,774				CLUB EXCELLENCE GRANT
CARDINAL AQUATICS 13415 KRISTEN LEIGH CT LOUISVILLE, KY 40299	20-3483548		11,421				CLUB EXCELLENCE & NATIONAL TEAM INVESTMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DYNAMO SWIM CLUB 3119 SHALLOWFORD RD NE CHAMBLEE, GA 30341	58-1076889	501(C)(3)	11,371				CLUB EXCELLENCE GRANT
MASON MANTA RAYS 6050 MASON-MONTGOMERY RD MASON, OH 45040	31-6001070	501(C)(3)	11,154				CLUB EXCELLENCE GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LONG ISLAND AQUATIC CLUB 750 STEWART AVE UNIT F GARDEN CITY, NY 11530	11-3230107	501(C)(3)	10,958				CLUB EXCELLENCE GRANT
FORT COLLINS AREA SWIM TEAM 3563 BEAR RIVER CT FORT COLLINS, CO 80524	74-2469145	501(C)(3)	10,540				CLUB EXCELLENCE GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LAKESIDE SWIM TEAM 1928 WOODBOURNE AVE LOUISVILLE, KY 40205	31-1054854	501(C)(3)	10,332				CLUB EXCELLENCE GRANT
VIRGINIA GATORS 2721 BRAMBLETON AVE ROANOKE, VA 24015	54-1433280	501(C)(3)	10,001				CLUB EXCELLENCE GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAGNOLIA AQUATIC CLUB 14350 FM 1488 MAGNOLIA, TX 77354	74-6003129	501(C)(3)	9,862				CLUB EXCELLENCE GRANT
MARLINS OF RALEIGH 4904 WATERS EDGE DR STE 295 RALEIGH, NC 27606	30-0050977	501(C)(3)	9,833				CLUB EXCELLENCE GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AQUAJETS SWIM TEAM 6545 FLYING CLOUD DR EDEN PRAIRIE, MN 55344	20-5956938	501(C)(3)	9,761				CLUB EXCELLENCE GRANT
BREA AQUATICS 1702 HERITAGE AVE PLACENTIA, CA 92870	95-3421475	501(C)(3)	9,739				CLUB EXCELLENCE GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AUSTIN SWIM CLUB 5513 SOUTHWEST PKWY AUSTIN, TX 78735	46-2626390	501(C)(3)	9,090				CLUB EXCELLENCE GRANT
NASHVILLE AQUATIC CLUB 222 25TH AVE N NASHVILLE, TN 37203	62-0678884	501(C)(3)	8,693				CLUB EXCELLENCE GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PLEASANTON SEAHAWKS 420 SAN DIEGO PLACE SAN RAMON, CA 94583	94-2556838	501(C)(3)	8,041				CLUB EXCELLENCE GRANT
MISSION VIEJO NADADORES 27474 CASTA DEL SOL UNIT 2 MISSION VIEJO, CA 92692	33-0099234	501(C)(3)	6,475				CLUB EXCELLENCE & NATIONAL TEAM INVESTMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
POTOMAC VALLEY SWIMMING PO BOX 3729 MCLEAN, VA 22103	53-5975869	501(C)(3)	6,249				ZONE DIVERSITY GRANT
SARASOTA SHARKS 8501 POTTER PARK DR SARASOTA, FL 34238	59-1618413	501(C)(3)	6,005				CLUB EXCELLENCE & NATIONAL TEAM INVESTMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF FLORIDA PO BOX 14485 GAINESVILLE, FL 32604	65-4598590	501(C)(3)	6,000				NATIONAL TEAM INVESTMENT
GATOR SWIM CLUB 13721 NW 10TH PLACE NEWBERRY, FL 32669	20-0469415		5,908				CLUB EXCELLENCE & NATIONAL TEAM INVESTMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TAC TITANS 275 CONVENTION DR CARY, NC 27511	14-1839387	501(C)(3)	5,788				CLUB EXCELLENCE & NATIONAL TEAM INVESTMENT
RIPTIDE SWIM TEAM 5385 153RD ST W APPLE VALLEY, MN 55124	30-0281785	501(C)(3)	5,717				CLUB EXCELLENCE & NATIONAL TEAM INVESTMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTH CAROLINA SWIMMING PO BOX 460 SIX MILE, SC 29682	56-9568596	501(C)(3)	5,000				ZONE DIVERSITY GRANT
INDIANA SWIM CLUB 1001 E 17TH ST BLOOMINGTON, IN 47408	23-7364661	501(C)(3)	15,000				NATIONAL TEAM INVESTMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CLUB WOLVERINE 1000 SOUTH STATE ST ANN ARBOR, MI 48109	38-2319366	501(C)(3)	8,935				CLUB EXCELLENCE & NATIONAL TEAM INVESTMENT
STANFORD UNIV 641 CAMPUS DR STANFORD, CA 94305	94-1156365	GOVERNMENT	30,000				NATIONAL TEAM INVESTMENT & OLYMPIC TEAM PREP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AGGIE SWIM CLUB 1228 TAMU COLLEGE STATION, TX 77483	74-2791978	501(C)(3)	9,000				NATIONAL TEAM INVESTMENT

Schedule J (Form 990)	Compensation Information	OMB No. 1545-0047
		2019
		Open to Public Inspection
Department of the Treasury Internal Revenue Service	For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.	
Name of the organization USA SWIMMING INC		Employer identification number 20-4264282

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

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.

[illegible]

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 4A	JAMES HARVEY, CFO, RECEIVED SEVERANCE PAYMENT OF \$172,406 WHICH WAS INCLUDED ON HIS W-2 AND IS REPORTED ON SCHEDULE J, PART II COLUMN B (III).
PART I, LINE 7	PERFORMANCE BASED COMPENSATION IS PAID TO KEY EMPLOYEES PURSUANT TO THE EMPLOYMENT PRACTICES OF THE ORGANIZATION. THIS COMPENSATION IS NOT BASED ON PERFORMANCE OF THE ORGANIZATION, BUT INSTEAD IS BASED ON INDIVIDUAL PERFORMANCE OF EACH EMPLOYEE.

Additional Data

Software ID:
Software Version:
EIN: 20-4264282
Name: USA SWIMMING INC

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1TIMOTHY HINCHEY PRESIDENT AND CEO	(i)	590,201	150,000	9,000	8,400	34,606	792,207	0
	(ii)	0	0	0	0	0	0	0
1MICHAEL UNGER COO	(i)	403,401	61,800	0	28,000	33,606	526,807	0
	(ii)	0	0	0	0	0	0	0
2SHANA FERGUSON CCO	(i)	152,360	20,125	13,636	0	14,705	200,826	0
	(ii)	0	0	0	0	0	0	0
3JAMES HARVEY CFO (OUTGOING)	(i)	81,476	0	172,406	26,368	33,896	314,146	0
	(ii)	0	0	0	0	0	0	0
4KATIE MCROBERTS CHIEF ADMINISTRATIVE OFFIC	(i)	274,948	41,250	0	28,000	11,683	355,881	0
	(ii)	0	0	0	0	0	0	0
5ERIC SKUFCA CHIEF FINANCIAL OFFICER	(i)	197,070	40,000	5,332	0	31,212	273,614	0
	(ii)	0	0	0	0	0	0	0
6GEORGE WARD RISK MANAGEMENT DIRECTOR	(i)	185,595	19,189	0	21,113	24,617	250,514	0
	(ii)	0	0	0	0	0	0	0
7LINDSAY MINTENKO NATIONAL TEAM MANAGING DIR	(i)	208,071	32,603	0	24,995	26,886	292,555	0
	(ii)	0	0	0	0	0	0	0
8JOEL SHINOFIELD SPORT DEVELOPMENT MANAGING	(i)	199,924	24,480	18,038	0	22,153	264,595	0
	(ii)	0	0	0	0	0	0	0
9ISABELLE MCLEMORE MANAGING DIRECTOR OF COMMU	(i)	168,557	17,500	0	5,775	18,802	210,634	0
	(ii)	0	0	0	0	0	0	0
10MICK NELSON FACILITIES DEVELOPMENT DIR	(i)	145,788	12,556	0	15,840	11,305	185,489	0
	(ii)	0	0	0	0	0	0	0
11TOM AVISCHIOUS SENIOR DIRECTOR OF FIELD S	(i)	128,466	13,390	0	14,729	23,499	180,084	0
	(ii)	0	0	0	0	0	0	0
12JOHN BURBIDGE SENIOR DIRECTOR IT	(i)	138,326	0	0	14,813	33,917	187,056	0
	(ii)	0	0	0	0	0	0	0

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

►Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.
►Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
USA SWIMMING INC

Employer identification number
20-4264282

Part I

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► See Additional Data				
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				

29

Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

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 isn't required to be used for exempt purposes for the entire holding period?

30a

Yes

No

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?

31

Yes

32a

Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

32a

No

b

If "Yes," describe in Part II.

33

If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Cat. No. 51227J

Schedule M (Form 990) (2019)

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
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Additional Data

Software ID:
Software Version:
EIN: 20-4264282
Name: USA SWIMMING INC

Part I, Lines 25-28

Other ► (APPAREL)
Other ► (TIMING SYSTEMS)
Other ► (AIRLINE CERTIFICATES)
Other ► (BAG TAGS)
Other ► (PRINTING)
Other ► (LANE LINES)
Other ► (FURNITURE)
Other ► (OTHER)
Other ► (VALUE OF ADVERTISING RECEIVED)

(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
X	3	488,787	FAIR MARKET VALUE
X	1	400,000	FAIR MARKET VALUE
X	2	199,107	FAIR MARKET VALUE
X	1	15,000	FAIR MARKET VALUE
X	1	11,313	FAIR MARKET VALUE
X	1	10,000	FAIR MARKET VALUE
X	1	7,333	FAIR MARKET VALUE
X	1	4,000	FAIR MARKET VALUE
X	3	-19,134	FAIR MARKET VALUE

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization
USA SWIMMING INC

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number

20-4264282

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IV, LINE 6	USA SWIMMING INC'S CONSOLIDATED FINANCIAL STATEMENTS INCLUDE AN ENDOWMENT WHICH IS HELD BY USA SWIMMING FOUNDATION AND REPORTED ON USA SWIMMING FOUNDATION'S FORM 990.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4	ATHLETE REPRESENTATIVES ON THE USA SWIMMING BOARD OF DIRECTORS ARE NOW ELECTED BY SIMILARLY QUALIFIED ELITE ATHLETES, AS SET FORTH IN THE USOPC BYLAWS, RATHER THAN THE ATHLETE MEMBER OF OUR HOUSE OF DELEGATES.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE CORPORATION IS A MEMBERSHIP ORGANIZATION. THERE ARE TWO CLASSES OF NON-VOTING MEMBERS, GROUPS AND INDIVIDUALS. MEMBERS HAVE REPRESENTATION THROUGH THE HOUSE OF DELEGATES. EACH LOCAL SWIM COMMITTEE (LSC) HAS MEMBERS IN THE HOUSE OF DELEGATES AND ATHLETES AND COACHES ARE APPOINTED AS MEMBERS OF THE HOUSE OF DELEGATES.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	MEMBERS ELECT THE BOARD OF DIRECTORS AT AN ANNUAL CONVENTION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	THE MEMBER'S HOUSE OF DELEGATES IS RESPONSIBLE FOR THE FOLLOWING ACTIONS: 1) THE ELECTION OF CERTAIN BOARD MEMBERS 2) APPROVAL OF CHANGES TO THE RULEBOOK

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE FORM IS DISTRIBUTED TO THE ENTIRE BOARD OF DIRECTORS VIA EMAIL AND ARE GIVEN THE OPPORTUNITY TO PROVIDE INPUT BEFORE FILING.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	EACH DIRECTOR, OFFICER, COMMITTEE MEMBER AND EMPLOYEE SHALL ANNUALLY SIGN A STATEMENT WHICH AFFIRMS SUCH PERSON: 1. HAS RECEIVED A COPY OF THE CONFLICTS OF INTEREST POLICY, 2. HAS READ AND UNDERSTANDS THE POLICY, 3. HAS AGREED TO COMPLY WITH THE POLICY, AND 4. UNDERSTANDS THAT USA SWIMMING IS A CHARITABLE ORGANIZATION AND IN ORDER TO MAINTAIN ITS FEDERAL TAX EXEMPTION IT MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES. THE DISCLOSURE STATEMENTS SHALL BE REVIEWED BY THE CHAIRPERSON OF THE BOARD AND USA SWIMMING'S GENERAL COUNSEL. ANY ISSUES NOT PREVIOUSLY DISCLOSED SHALL BE REFERRED BY HIM OR HER TO THE BOARD OR APPROPRIATE COMMITTEE. THE DISCLOSURE STATEMENTS SHALL BE RETAINED IN THE FILES OF THE GENERAL COUNSEL.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	A SPECIAL COMMITTEE OF THE BOARD OF DIRECTORS DEVELOPED AN EMPLOYMENT CONTRACT FOR THE CURRENT EXECUTIVE DIRECTOR USING COMPARABLE COMPENSATION DATA FROM OTHER NATIONAL GOVERNING BODIES AND LIKE INDUSTRIES. THE HUMAN RESOURCE DEPARTMENT REVIEWS SALARY SURVEYS AND DATA FROM OTHER NATIONAL GOVERNING BODIES TO SET AND ADJUST COMPENSATION FOR OFFICERS AND OTHER KEY EMPLOYEES.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC ON THE ORGANIZATION'S WEBSITE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VII, SECTION A, LINE 1A	THE NUMBER OF DIRECTORS LISTED IN THIS SECTION IS GREATER THAN THE NUMBER OF DIRECTORS REPORTED IN PART VI, SECTION A, LINES 1A AND 1B DUE TO TURNOVER IN MEMBERS DURING THE YEAR.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VII, SECTION A, LINE 1A	THE NUMBER OF HOURS OF OFFICERS, KEY EMPLOYEES, AND HIGHLY COMPENSATED EMPLOYEES IS BASED ON NUMBER OF HOURS FOR A FULL TIME POSITION. THE HOURS DO NOT REFLECT ACTUAL HOURS SPENT BY THESE EMPLOYEES.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	PROFESSIONAL FEES AND HONORARIA: PROGRAM SERVICE EXPENSES 2,356,277. MANAGEMENT AND GENERAL EXPENSES 1,959,271. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 4,315,548. TIMING SYSTEM: PROGRAM SERVICE EXPENSES 400,000. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 400,000.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	ROUNDING -1.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
USA SWIMMING INC

Employer identification number
20-4264282

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)USA SWIMMING FOUNDATION INC 1 OLYMPIC PLAZA COLORADO SPRINGS, CO 80909 72-1581977	FUNDRAISING ARM OF USA SWIMMING, INC.	CO	501(C)(3)	509(A)(3)	USA SWIMMING INC	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) SWIM TRIALS LLC 1 OLYMPIC PLAZA COLORADO SPRINGS, CO 80909 26-0522174	OLYMPIC TRIALS	CO	USA SWIMMING	EXEMPT FUNCTION	-93,499	113,957		No			No	50.000 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No

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

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a Yes	
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 Yes	
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)	1i	No
j Lease of facilities, equipment, or other assets to related organization(s)	1j Yes	
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)	1l	No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m Yes	
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)	1o Yes	
p Reimbursement paid to related organization(s) for expenses	1p	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)	(c) Amount involved	(d) Method of determining amount involved
(1)USA SWIMMING FOUNDATION INC	A	60,000	CASH
(2)USA SWIMMING FOUNDATION INC	B	50,000	CASH
(3)USA SWIMMING FOUNDATION INC	C	1,158,750	CASH
(4)USA SWIMMING FOUNDATION INC	Q	275,000	ESTIMATED CASH
(5)USA SWIMMING FOUNDATION INC	O	449,414	CASH
(6)SWIM TRIALS LLC	C	114,000	CASH

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.

[illegible]

Part VII **Supplemental Information**

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

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 20-4264282
Name: USA SWIMMING INC

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
USA SWIMMING FOUNDATION INC	A	60,000	CASH
USA SWIMMING FOUNDATION INC	B	50,000	CASH
USA SWIMMING FOUNDATION INC	C	1,158,750	CASH
USA SWIMMING FOUNDATION INC	Q	275,000	ESTIMATED CASH
USA SWIMMING FOUNDATION INC	O	449,414	CASH
SWIM TRIALS LLC	C	114,000	CASH