

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2005

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

A For the 2005 calendar year, or tax year beginning , **2005**, and ending

- B** Check if applicable:
- Address change
 - Name change
 - Initial return
 - Final return
 - Amended return
 - Application pending

C Name of organization
UNITED STATES GYMNASTICS FEDERATION

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
201 SOUTH CAPITOL AVENUE **300**

City or town, state or country, and ZIP + 4
INDIANAPOLIS, IN 46225

D Employer identification number
75-1847871

E Telephone number
(317) 237-5050

F Accounting method: Cash Accrual
 Other (specify) ▶

● Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? Yes No

H(b) If "Yes," enter number of affiliates ▶

H(c) Are all affiliates included? Yes No
(If "No," attach a list. See instructions.)

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Group Exemption Number ▶

M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

G Website: ▶ **WWW.USA-GYMNASTICS.ORG**

J Organization type (check only one) ▶ 501(c) (03) ◀ (insert no.) 4947(a)(1) or 527

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization chooses to file a return, be sure to file a complete return. **Some states require a complete return.**

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **15,518,950.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

1 Contributions, gifts, grants, and similar amounts received:				
a Direct public support	1a	1,581,372.		
b Indirect public support	1b	129,000.		
c Government contributions (grants)	1c			
d Total (add lines 1a through 1c) (cash \$ 1,653,282. noncash \$ 57,090.)	1d		1,710,372.	
2 Program service revenue including government fees and contracts (from Part VII, line 93)	2		6,971,138.	
3 Membership dues and assessments	3		5,788,988.	
4 Interest on savings and temporary cash investments	4		80,473.	
5 Dividends and interest from securities	5			
6 a Gross rents	6a			
b Less: rental expenses	6b			
c Net rental income or (loss) (subtract line 6b from line 6a)	6c			
7 Other investment income (describe ▶)	7			
8 a Gross amount from sales of assets other than inventory	(A) Securities	(B) Other		
	8a	39,467.		
b Less: cost or other basis and sales expenses	8b	71,060.		
c Gain or (loss) (attach schedule)	8c	-31,593.		
d Net gain or (loss) (combine line 8c, columns (A) and (B))	8d		-31,593.	
9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
a Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a			
b Less: direct expenses other than fundraising expenses	9b			
c Net income or (loss) from special events (subtract line 9b from line 9a)	9c			
10 a Gross sales of inventory, less returns and allowances	STMT. 4. 10a	740,307.		
b Less: cost of goods sold	STMT. 5. 10b	251,020.		
c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c		489,287.	
11 Other revenue (from Part VII, line 103)	11		188,205.	
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		15,196,870.	
13 Program services (from line 44, column (B))	13		11,150,772.	
14 Management and general (from line 44, column (C))	14		2,021,079.	
15 Fundraising (from line 44, column (D))	15		NONE	
16 Payments to affiliates (attach schedule)	16			
17 Total expenses (add lines 16 and 44, column (A))	17		13,171,851.	
18 Excess or (deficit) for the year (subtract line 17 from line 12)	18		2,025,019.	
19 Net assets or fund balances at beginning of year (from line 73, column (A))	19		996,803.	
20 Other changes in net assets or fund balances (attach explanation)	20			
21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21		3,021,822.	

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2005)

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** and check this box. **X**
- Note: Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (not automatic) 3-Month Extension of Time - Must File Original and One Copy.

Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization UNITED STATES GYMNASTICS FEDERATION	Employer identification number 75-1847871
	Number, street, and room or suite no. If a P.O. box, see instructions. 201 SOUTH CAPITOL AVENUE	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. INDIANAPOLIS, IN 46225	

Check type of return to be filed (File a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T(sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 4720	

STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of **JOHN HEWETT**
Telephone No. **317 237-5050** FAX No.
- If the organization does not have an office or place of business in the United States, check this box.
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) . If this is for the **whole** group, check this box . If it is for **part** of the group, check this box and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until 11/15/2006
- 5 For calendar year 2005, or other tax year beginning _____ and ending _____
- 6 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period
- 7 State in detail why you need the extension _____

ADDITIONAL TIME IS NEEDED TO COLLECT ALL THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.

- 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ NONE
- b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ NONE
- c **Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ NONE

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature J. Rhoderick Title TAX MANAGER Date 8/1/06

Notice to Applicant - To Be Completed by the IRS

- We have approved this application. Please attach this form to the organization's return.
- We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
- We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested.
- Other _____

Director _____ By: _____ Date _____

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

EXTENSION APPROVED
AUG 22 2006
LINDA WEISKOPF, FIELD DIRECTOR,
SUBMISSION PROCESSING, OGDEN

Type or print	Name ERNST & YOUNG LLP / J. RHODERICK
	Number and street (include suite, room, or apt. no.) or a P.O. box number 5451 LAKEVIEW PARKWAY SOUTH DRIVE
	City or town, province or state, and country (including postal or ZIP code) INDIANAPOLIS, IN 46268

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash \$ <u>64,995</u> . noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22	64,995.	64,995.	STMT 6	
23 Specific assistance to individuals (attach schedule)	23	599,173.	599,173.	STMT 10	
24 Benefits paid to or for members (attach schedule)	24				STMT 11
25 Compensation of officers, directors, etc.	25	443,644.	NONE	443,644.	NONE
26 Other salaries and wages	26	1,897,300.	1,771,892.	125,408.	
27 Pension plan contributions	27	113,475.	97,185.	16,290.	
28 Other employee benefits	28	149,689.	112,788.	36,901.	
29 Payroll taxes	29	167,484.	134,479.	33,005.	
30 Professional fundraising fees	30				
31 Accounting fees	31	35,100.	NONE	35,100.	
32 Legal fees	32	115,250.	NONE	115,250.	
33 Supplies	33	58,728.	21,993.	36,735.	
34 Telephone	34	115,645.	39,552.	76,093.	
35 Postage and shipping	35	434,266.	359,285.	74,981.	
36 Occupancy	36	453,775.	285,824.	167,951.	
37 Equipment rental and maintenance	37	152,352.	99,285.	53,067.	
38 Printing and publications	38	717,428.	715,721.	1,707.	
39 Travel	39	2,507,507.	2,361,987.	145,520.	
40 Conferences, conventions, and meetings	40				
41 Interest	41				
42 Depreciation, depletion, etc. (attach schedule)	42	232,759.	NONE	232,759.	
43 Other expenses not covered above (itemize):					
a STMT 14	43a	4,913,281.	4,486,613.	426,668.	
b	43b				
c	43c				
d	43d				
e	43e				
f	43f				
g	43g				
44 Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15).	44	13,171,851.	11,150,772.	2,021,079.	NONE

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____;
 (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ▶SEE STATEMENT 15 All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
a HOSTED COMPETITIONS: THE FEDERATION CONDUCTS NATIONAL LEVEL COMPETITIONS, INCLUDING INTERNATION INVITATIONAL, & THE NATIONAL CHAMPIONSHIPS, WHERE WE INCUR ALL EXPENSES RELATED TO THE EVENT, WHICH INCLUDES BUT ARE NOT LIMITED TO: TRAVEL, ARENA & EQUIPMENT RENTAL, PROMOTION, MEALS & LODGING, STAFFING, AWARDS, TV PRODUCTION, ATHLETE COMPENSATION. (Grants and allocations \$ <u>NONE</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	1,211,021.
b PROGRAM AND INTERNATIONAL RELATIONS: ATHLETE TRAINING: THE FEDERATION HAS THE RESPONSIBILITY TO DEVELOP, SELECT & TRAIN THE NAT'L & OLYMPIC TEAMS FOR GYMNASTICS. EXPENSES INCLUDE TRAVEL TO FOREIGN COMPETITIONS, TRAINING CAMPS, MEALS & LODGING), COACHING FEES, FILM ANALYSIS, APPAREL, HOSTING OF REGIONAL & QUALIFYING EVENTS, TALENT IDENTIFICATION PROGRAMS (Grants and allocations \$ <u>64,995.</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	5,673,868.
c MEMBERSHIP: THE FEDERATION HAS A MEMBERSHIP OF OVER 100,000 FOR WHICH IT PROVIDES A VARIETY OF SERVICES. EXAMPLES INCLUDE LIABILITY & SECONDARY ACCIDENT INSURANCE COVERAGE FOR PARTICIPANTS AT THE APPROXIMATELY 3,500 EVENTS SANCTIONED ANNUALLY, MEMBERSHIP CARDS, RULES & POLICIES MANUALS, REGIONAL REBATE TO HELP SUPPORT STATE GOVERNANCE. (Grants and allocations \$ <u>NONE</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	2,265,768.
d PRINTING & PUBS.: BY MANDATE OF THE AMATEUR SPORTS ACT, THE FED. IS REQ. TO COMMUNICATE TO ITS MEMBERS & KEEP THEM UPDATED ON RELEVANT INFO. PERTAINING TO THE GOVERNANCE OF THE SPORT, AS WELL AS QUAL. PROC. TO IMPORTANT INTERNAT'L EVENTS (OLYMPICS). PUBLISHES A BI-MONTHLY MAG. WHICH IS SENT TO APPROX. 90,000 MEMBERS & TECH. MAG. SENT 15,000 PROF (Grants and allocations \$ <u>NONE</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	892,943.
e Other program services (attach schedule) SEE STATEMENT 16 (Grants and allocations \$ <u>NONE</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	1,107,172.
f Total of Program Service Expenses (should equal line 44, column (B), Program services).	11,150,772.

Part IV Balance Sheets (See the instructions.)

		(A) Beginning of year		(B) End of year	
Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.					
Assets	45	Cash - non-interest-bearing		45	
	46	Savings and temporary cash investments	3,111,779.	46	5,133,869.
	47a	Accounts receivable	555,826.		
	b	Less: allowance for doubtful accounts		47c	555,826.
	48a	Pledges receivable			
	b	Less: allowance for doubtful accounts		48c	
	49	Grants receivable	155,523.	49	297,142.
	50	Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51a	Other notes and loans receivable (attach schedule)			
	b	Less: allowance for doubtful accounts		51c	
	52	Inventories for sale or use	123,409.	52	156,282.
	53	Prepaid expenses and deferred charges	318,682.	53	401,112.
	54	Investments - securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54	
	Liabilities	55a	Investments - land, buildings, and equipment: basis		
b		Less: accumulated depreciation (attach schedule)		55c	
56		Investments - other (attach schedule)		56	
57a		Land, buildings, and equipment: basis	1,397,493.		
b		Less: accumulated depreciation (attach schedule)	969,538.	57c	427,955.
58		Other assets (describe _____)		58	
59		Total assets (must equal line 74). Add lines 45 through 58.	5,192,818.	59	6,972,186.
60		Accounts payable and accrued expenses	1,198,161.	60	668,823.
61		Grants payable		61	
62		Deferred revenue	2,997,854.	62	3,281,541.
Net Assets or Fund Balances	63	Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a	Tax-exempt bond liabilities (attach schedule)		64a	
	b	Mortgages and other notes payable (attach schedule)		64b	
	65	Other liabilities (describe _____)		65	
	66	Total liabilities. Add lines 60 through 65.	4,196,015.	66	3,950,364.
Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.					
67	Unrestricted	996,803.	67	3,021,822.	
68	Temporarily restricted		68		
69	Permanently restricted		69		
Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.					
70	Capital stock, trust principal, or current funds		70		
71	Paid-in or capital surplus, or land, building, and equipment fund		71		
72	Retained earnings, endowment, accumulated income, or other funds		72		
73	Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	996,803.	73	3,021,822.	
74	Total liabilities and net assets/fund balances. Add lines 66 and 73.	5,192,818.	74	6,972,186.	

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

Table with 3 columns: Question, Yes, No. Rows include 75a (board meetings), 75b (relationships), 75c (compensation), and 75d (conflict of interest policy).

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

Table with 5 columns: (A) Name and address, (B) Loans and Advances, (C) Compensation, (D) Contributions to employee benefit plans & deferred compensation plans, (E) Expense account and other allowances.

Part VI Other Information (See the instructions.)

Table with 3 columns: Question, Yes, No. Rows include 76 (activity not reported), 77 (changes in documents), 78a/b (unrelated business income), 79 (liquidation), 80a/b (related organization), 81a (political expenditures), 81b (Form 1120-POL).

Part VI Other Information (continued)

Yes No

82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? 82a X
b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) 82b
83 a Did the organization comply with the public inspection requirements for returns and exemption applications? 83a X
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions? 83b N/A
84 a Did the organization solicit any contributions or gifts that were not tax deductible? 84a N/A
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 84b N/A
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? 85a N/A
b Did the organization make only in-house lobbying expenditures of \$2,000 or less? 85b N/A
If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.
c Dues, assessments, and similar amounts from members 85c N/A
d Section 162(e) lobbying and political expenditures 85d N/A
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A
f Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? 85g N/A
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? 85h N/A
86 501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12 86a N/A
b Gross receipts, included on line 12, for public use of club facilities 86b N/A
87 501(c)(12) orgs. Enter: a Gross income from members or shareholders 87a N/A
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 87b N/A
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX 88 X
89 a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 NONE ; section 4912 NONE ; section 4955 NONE
b 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction 89b X
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 NONE
d Enter: Amount of tax on line 89c, above, reimbursed by the organization NONE
90 a List the states with which a copy of this return is filed IN,
b Number of employees employed in the pay period that includes March 12, 2005 (See instructions.) 90b 46
91 a The books are in care of JOHN HEWETT Telephone no. 317-237-5050
Located at 201 S. CAPITOL AVE.#300 INDIANAPOLIS, IN ZIP + 4 46225
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 91b X
If "Yes," enter the name of the foreign country
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.
c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c X
If "Yes," enter the name of the foreign country
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a EVENT REVENUES					1,061,810.
b CLINICS/WORKSHOPS					2,685,737.
c PUBLICATIONS	511120	483,892.			
d TV RIGHTS & ADVERT	511120	29,823.			2,709,876.
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					5,788,988.
95 Interest on savings and temporary cash investments			14	80,473.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	-31,593.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					489,287.
103 Other revenue: a					
b MISCELLANEOUS INC					82,369.
c REBATES					105,836.
d					
e					
104 Subtotal (add columns (B), (D), and (E))		513,715.		48,880.	12,923,903.
105 Total (add line 104, columns (B), (D), and (E))					13,486,498.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	STMT 24

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

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.

Please Sign Here

Signature of officer: *John P. Hewett* Date: 11/13/06

Type or print name and title: JOHN P. HEWETT, CONTROLLER

Paid Preparer's Use Only

Preparer's signature: *Jennifer Rhoderick* Date: 11-13-06 Check if self-employed:

Firm's name (or yours if self-employed): ERNST & YOUNG LLP / J. RHODERICK Preparer's SSN or PTIN (See Gen. Inst. W): 34-656596

address, and ZIP + 4: 5451 LAKEVIEW PARKWAY SOUTH DRIVE Phone no.: 317-681-7000

INDIANAPOLIS, IN 46268

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),
or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information - (See separate instructions.)

▶ **MUST** be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No. 1545-0047

2005

Name of the organization: **UNITED STATES GYMNASTICS FEDERATION**
Employer identification number: **75-1847871**

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
SEE STATEMENT 25				
Total number of other employees paid over \$50,000 . . ▶		7		

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
SEE STATEMENT 26		
Total number of others receiving over \$50,000 for professional services ▶		2

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services ▶		NONE

Part III Statements About Activities (See page 2 of the instructions.)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)		X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	X	
e Transfer of any part of its income or assets?		X
3a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)	X	
b Do you have a section 403(b) annuity plan for your employees?		X
c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?		X
4a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		X

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)

The organization is not a private foundation because it is: (Please check only ONE applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
 - 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
 - 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
 - 8 A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
 - 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ► _____
 - 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the Support Schedule in Part IV-A.)
 - 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
 - 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
 - 12 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 charitable, etc., 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). (Also complete the Support Schedule in Part IV-A.)
 - 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization: Type 1 Type 2 Type 3
- Provide the following information about the supported organizations. (See page 6 of the instructions.)
- | (a) Name(s) of supported organization(s) | (b) Line number from above |
|--|----------------------------|
| | |
| | |
| | |
- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Table with 6 columns: Calendar year (or fiscal year beginning in), (a) 2004, (b) 2003, (c) 2002, (d) 2001, (e) Total. Rows include: 15 Gifts, grants, and contributions received; 16 Membership fees received; 17 Gross receipts from admissions, merchandise sold or services performed; 18 Gross income from interest, dividends, amounts received from payments on securities loans; 19 Net income from unrelated business activities not included in line 18; 20 Tax revenues levied for the organization's benefit; 21 The value of services or facilities furnished to the organization by a governmental unit without charge; 22 Other income; 23 Total of lines 15 through 22; 24 Line 23 minus line 17; 25 Enter 1% of line 23; 26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24; b Prepare a list for your records to show the name of and amount contributed by each person; c Total support for section 509(a)(1) test; d Add: Amounts from column (e) for lines 18, 19, 22, 26b; e Public support (line 26c minus line 26d total); f Public support percentage (line 26e (numerator) divided by line 26c (denominator)).

27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year:

(2004) _____ (2003) _____ (2002) _____ (2001) _____
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:
(2004) 2,377,210. (2003) 2,706,614. (2002) 1,132,689. (2001) 1,164,754.

c Add: Amounts from column (e) for lines: 15 5,929,382. 16 19,955,852. 17 31,389,606. 20 _____ 21 _____ 27c 57,274,840.
d Add: Line 27a total _____ and line 27b total _____ 7,381,267. 27d 7,381,267.
e Public support (line 27c total minus line 27d total) _____ 27e 49,893,573.
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) _____ 27f 57,429,827.
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) _____ 27g 86.8775 %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) _____ 27h 0.2699 %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Part V Private School Questionnaire (See page 7 of the instructions.) NOT APPLICABLE
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) ----- ----- -----		
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----		
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) ----- ----- -----		
34 a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)
 (To be completed **ONLY** by an eligible organization that filed Form 5768) **NOT APPLICABLE**

Check **a** if the organization belongs to an affiliated group. Check **b** if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term "expenditures" means amounts paid or incurred.)			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount. Enter the amount from the following table - If the amount on line 40 is - The lobbying nontaxable amount is - Not over \$500,000 20% of the amount on line 40 Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000	41	
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
 See the instructions for lines 45 through 50 on page 11 of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
Grassroots nontaxable					
48 amount					
Grassroots ceiling amount					
49 (150% of line 48(e))					
Grassroots lobbying					
50 expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities **NOT APPLICABLE**
 (For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h.)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h.)			

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 12 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of:

- (i) Cash
(ii) Other assets
b Other transactions:
(i) Sales or exchanges of assets with a noncharitable exempt organization
(ii) Purchases of assets from a noncharitable exempt organization
(iii) Rental of facilities, equipment, or other assets
(iv) Reimbursement arrangements
(v) Loans or loan guarantees
(vi) Performance of services or membership or fundraising solicitations

Table with columns Yes and No. Rows for 51a(i), a(ii), b(i) through b(vi), and c.

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees
d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization.

Table with 4 columns: (a) Line no., (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. First row contains 'N/A'.

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? [] Yes [X] No

b If "Yes," complete the following schedule:

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. First row contains 'N/A'.

Schedule B

(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for
line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

2005

Name of organization UNITED STATES GYMNASTICS FEDERATION	Employer identification number 75-1847871
---	--

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(03) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule - see instructions.)

General Rule -

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules -

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test under Regulations sections 1.509(a)-3/1.170A-9(e) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ▶ \$ _____

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2005)

Name of organization UNITED STATES GYMNASTICS FEDERATION

Employer identification number

75-1847871

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	-	1,496,088.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	-	57,090.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	-	129,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	-	13,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization UNITED STATES GYMNASTICS FEDERATION

Employer identification number

75-1847871

Part II Noncash Property (See Specific Instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/> \$ 57,090.	<hr/> <hr/> <hr/> <hr/> VARIOUS
<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/> \$	<hr/> <hr/> <hr/> <hr/>
<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/> \$	<hr/> <hr/> <hr/> <hr/>
<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/> \$	<hr/> <hr/> <hr/> <hr/>
<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/> \$	<hr/> <hr/> <hr/> <hr/>
<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/> \$	<hr/> <hr/> <hr/> <hr/>

FORM 990 - GENERAL EXPLANATION ATTACHMENT
=====

FORM 990, PART II, LINE 42 AND PART IV, LINE 57

FURN & EQUIP	1,397,493
ACCUM DEPREC	969,538

NET BOOK VALUE	427,955
DEPRECIATION EXPENSE	232,759

DEPRECIATION IS CALCULATED USING STRAIGHT LINE METHOD OVER ESTIMATED USEFUL LIVES OF THE ASSETS.

FORM 990 - GENERAL EXPLANATION ATTACHMENT
=====

FORM 990, SCH A, PART III, LINE 3A

USA GYMNASTICS NATIONAL TEAM PROGRAM GRANTS

USA GYMNASTICS WILL PROVIDE NATIONAL TEAM PROGRAM FRANTS TO PROGRAMS BASED ON THE CRITERIA AND REQUIREMENTS LISTED BELOW. THE PURPOSE OF THIS FUNDING IS TO SUPPORT THE EXTRAORDINARY EFFORTS OF PROGRAMS WHO ARE STRIVING TO RAISE THE LEVEL OF THE UNITED STATES' INTERNATIONAL SUCCESS.

A. ELIGIBILITY

TO BE ELIGIBLE FOR A USA GYMNASTICS NATIONAL TEAM PROGRAM GRANT A GYMNASTICS TRAINING PROGRAM MUST:

- (1) HAVE A CURRENT, OR WITHIN PAST 12 MONTHS, U.S. NATIONAL TEAM MEMBER.
- (2) SUBMIT A COMPLETED GRANT APPLICATION TO THE MEN'S PROGRAM DIRECTOR OF USA GYMNASTICS.
- (3) PROGRAM COACH AND NATIONAL TEAM MEMBER(S) MUST FULFILL OBLIGATIONS LISTED IN SECTION IV OF THIS DOCUMENT.

B. PROGRAM DESCRIPTION

THE PURPOSE OF THE NATIONAL TEAM GRANT PROGRAM IS TO IMPROVE THE INTERNATIONAL PERFORMANCE OF THE USA MEN'S GYMNASTICS PROGRAM THROUGH FINANCIAL ASSISTANCE TO GYMNASTICS PROGRAMS INVOLVED IN TRAINING FOR INTERNATION COMPETITION. THE GRANT PROGRAM IS DESIGNED TO BE FLEXIBLE TO MEET THE INDIVIDUAL NEEDS OF PROGRAMS. NATIONAL TEAM PROGRAMS MAY SUBMIT A GRANT FOR FINANCIAL ASSISTANCE IN ANY OF THE FOLLOWING CATEGORIES:

- (1) ADDITIONAL GYMNASTICS TRAINING OR EDUCATIONAL OPPORTUNITIES
- (2) FINANCIAL RELIEF FOR THE PROGRAM WHICH COULD INCLUDE SUCH AREAS AS: EXTRAORDINARY OPERATING EXPENSES, EXTRAORDINARY EQUIPMENT EXPENSES, AND EMERGENCY SITUATIONS.
- (3) FINANCIAL RELIEF FOR A NATIONAL TEAM ATHLETE TRAINING IN THE PROGRAM.

C. APPLICATION PROCESS

INTERESTED APPLICANTS SHOULD SUBMIT SIX COPIES OF THE COMPLETED GRANT APPLICATION FORM (AVAILABLE FROM THE MEN'S PROGRAM AT USA GYMNASTICS). GRANT APPLICATION FORMS SHOULD BE FILLED OUT COMPLETELY AND BE AS DETAILED AS POSSIBLE. ALL GRANTS WILL BE EVALUATED BASED ON MERIT AND NEED. GRANTS MAY BE SUBMITTED AT ANYTIME DURING THE YEAR TO THE MEN'S PROGRAM DIRECTOR AT USA GYMNASTICS. GRANTS MAY BE WRITTEN FOR MULTIPLE (UP TO FOUR) YEARS. THE GRANT COMMITTEE WILL MEET QUARTERLY TO CONSIDER PROGRAM GRANTS.

FORM 990 - GENERAL EXPLANATION ATTACHMENT
=====

D. APPROVAL PROCESS

GRANT APPLICATIONS, RECEIVED BY THE MEN'S PROGRAM DIRECTOR, WILL BE ACKNOWLEDGED IN WRITING TO THE APPLICANT. THE GRANT WILL THEN BE SUBMITTED TO THE GRANT COMMITTEE FOR CONSIDERATION AT IT'S NEXT SCHEDULED QUARTERLY MEETING. THE GRANT COMMITTEE WILL PRESENT IT'S RECOMMENDATIONS, WITH RATIONALE, TO THE MEN'S PROGRAM COMMITTEE FOR FINAL ACCEPTANCE. UPON MEN'S PROGRAM COMMITTEE APPROVAL THE APPLICANT WILL RECEIVE WRITTEN NOTICE OF THE GRANT COMMITTEE'S ACTION CONCERNING THE GRANT. GRANT AWARDS MAY BE PAID TO THE PROGRAM IN LUMP SUM OR IN TWO OR MORE EQUAL PAYMENTS - AS RECOMMENDED BY THE GRANT COMMITTEE.

E. GRANT COMMITTEE

THE GRANT COMMITTEE WILL BE MADE UP OF FIVE MEMBERS. NO MEMBER SELECTED TO SERVE ON THE GRANT COMMITTEE MAY BE A GRANT APPLICANT OR ASSOCIATED WITH A PROGRAM THAT IS A GRANT APPLICANT. ALL COMMITTEE MEMBERS ARE SELECTED TO ONE YEAR TERMS WITH NO LIMIT ON THE NUMBER OF TERMS A MEMBER MAY SERVE. THE MEMBERS OF THE COMMITTEE ARE:

- (1) MEN'S PROGRAM COMMITTEE REPRESENTATIVE - SELECTED BY THE MPC, FROM THE MPC.
- (2) SENIOR TEAM REPRESENTATIVE - SELECTED BY THE NAMED PERSONAL COACHES OF THE SENIOR NATIONAL TEAM MEMBERS AT THE CONCLUSION OF THE U.S. CHAMPIONSHIPS.
- (3) JUNIOR TEAM REPRESENTATIVE - SELECTED BY THE NAMED PERSONAL COACHES OF THE JUNIOR ELITE NATIONAL TEAM MEMBERS AT THE CONCLUSION OF THE U.S. CHAMPIONSHIPS.
- (4) ATHLETE REPRESENTATIVE - SELECTED BY THE ATHLETES ADVISORY COUNCIL.
- (5) USA GYMNASTICS STAFF REPRESENTATIVE - CHOSEDN BY USA GYMNASTICS.

F. LOSS OF FUNDING AND APPEAL PROCESS

THE MEN'S PROGRAM DIRECTOR AND THE GRANT COMMITTEE ARE CHARGED, BY THE MEN'S PROGRAM COMMITTEE, WITH OVERSIGHT OF THE PROPER USE OF GRANT FUNDS.

GRANT RECIPIENTS ARE OBLIGATED TO FULFILL ALL NATIONAL TEAM REQUIREMENTS LISTED IN SECTION IV OF THIS DOCUMENT. IN ADDITION, GRANT RECIPIENTS MUST PROVIDE, UPON WRITTEN REQUEST BY EITHER THE MEN'S PROGRAM DIRECTOR OR GRANT COMMITTEE, DOCUMENTATION THAT GRANT FUNDS HAVE BEEN USED IN A MANNER CONSISTENT WITH THE APPROVED GRANT. EITHER THE MEN'S PROGRAM DIRECTOR OR THE GRANT COMMITTEE CAN RECOMMEND TO THE MEN'S PROGRAM COMMITTEE THAT A PROGRAM GRANT BE SUSPENDED DUE TO LACK OF COMPLIANCE WITH THE GRANT OBLIGATIONS. PROGRAMS CAN APPEAL A LOSS OF FUNDING TO THE MEN'S PROGRAM COMMITTEE BY WRITTEN MEANS THROUGH THE MEN'S PROGRAM DIRECTOR.

FORM 990, PART I - GROSS SALES LESS RETURNS AND ALLOWANCES

=====

DESCRIPTION

AMOUNT

MERCHANDISE

740,307.

TOTAL

740,307.
=====

FORM 990, PART I - COST OF GOODS SOLD

=====

INVENTORY AT BEGINNING OF YEAR	123,409.
PURCHASES	283,893.
SALARIES AND WAGES	
OTHER COSTS	

SUBTOTAL	407,302.
MINUS ENDING INVENTORY	156,282.

COST OF GOODS SOLD	251,020.
	=====

FORM 990, PART II - GRANTS AND ALLOCATIONS PAID DURING THE YEAR

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR
AND
FOUNDATION STATUS OF RECIPIENT

RECIPIENT NAME AND ADDRESS	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
GRANTS PAID		
PAUL HAMM 2747 MARELEVISTA BLVD COLUMBUS, OH 43204	TUITION SUPPORT	17,667.
MORGAN HAMM 2747 MARELEVISTA BLVD COLUMBUS, OH 43204	TUITION SUPPORT	8,000.
RYAN WESTON 284 HENRY ST CHUBBUCK, ID 83202	TUITION SUPPORT	2,628.
KRISTA MAHONEY 1370 E 2540 S HEBER CITY, UT 84032	TUITION SUPPORT	1,991.
LOGAN DOOLEY 224263 ALISO PARK DRIVE LAKE FOREST, CA 92630	TUITION SUPPORT	1,600.
JEFFREY BROWN 4233 NE TREMONT CT LEES SUMMIT, MO 64064	TUITION SUPPORT	1,500.

FORM 990, PART II - GRANTS AND ALLOCATIONS PAID DURING THE YEAR

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
JOSH VANCE 2519 RIDGE TOP DR SW BYRON CENTER, MI 49315	NONE INDIVIDUAL	TUITION SUPPORT	1,500.
SHELLY KLOCHAN 2004 DAVIS AVE WHITING, IN 46394	NONE INDIVIDUAL	TUITION SUPPORT	4,000.
DERRICK ALDRICH 1995 MAGGUIRE RD WINDEMERE, FL 34786	NONE INDIVIDUAL	TUITION SUPPORT	1,500.
KEVIN STRICKLAND 15 PALERMO DR TINTON FALLS, NJ 07724	NONE INDIVIDUAL	TUITION SUPPORT	4,000.
KAYCEE MELVIN 424 E MONROE MORTON, IL 61550	NONE INDIVIDUAL	TUITION SUPPORT	1,500.
MEGAN DACY 133 KEOWEE CR WAXAHACHIE, TX 75165	NONE INDIVIDUAL	TUITION SUPPORT	960.

FORM 990, PART II - GRANTS AND ALLOCATIONS PAID DURING THE YEAR

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR
AND
FOUNDATION STATUS OF RECIPIENT

RECIPIENT NAME AND ADDRESS	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
CHRISTOPHER ADAIR 5601 19TH ST LUBBOCK, TX 79407	TUITION SUPPORT	1,500.
JILL MAZUR 2248 TIFFANY LANE PITTSBURGH, PA 15241	TUITION SUPPORT	1,000.
MARGARET MATHEWSON 135 WHITE BIRCH LANE DALLAS, PA 18612	TUITION SUPPORT	1,000.
DAVID FORD 4936 REBECCA DR POCATELLO, ID 83202	TUITION SUPPORT	650.
JENNIFER PARILLA 2372 ZENITH AVE NEWPORT BEACH, CA 92660	TUITION SUPPORT	1,000.
HOUSTON GYMNASTICS ACAD 5804 S RICE AVE HOUSTON, TX 77081	SUPPORT	2,000.

FORM 990, PART II - GRANTS AND ALLOCATIONS PAID DURING THE YEAR

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT

RECIPIENT NAME AND ADDRESS	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
STANFORD GYMNASTICS STANFORD UNIVERSITY STANFORD, CA 94305	SUPPORT	6,000.
UNIVERSITY OF MINNESOTA 306 COOKE HALL MINNEAPOLIS, MN 55455	SUPPORT	800.
JON VALDEZ 1700 S 4TH ST CHAMPAIGN, IL 61820	SUPPORT	700.
WORLD OLYMPIC GYM ACADEMY 1937 W PARKER RD PLANO, TX 75023	SUPPORT	3,500.
TOTAL CONTRIBUTIONS PAID		64,996.

FORM 990, PART II - SPECIFIC ASSISTANCE TO INDIVIDUALS
=====

DESCRIPTION -----	PROGRAM SERVICES -----
ATHLETE PAYMENTS	599,173.
TOTALS	----- 599,173. =====

FORM 990, PART II, LINE 25 - OFFICER COMPENSATION SCHEDULE

OFFICER NAME AND TYPE OF COMPENSATION	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
STEVE PENNY			
COMPENSATION:	NONE	205,625.	NONE
PENSION PLAN CONTRIBUTIONS:	NONE	12,570.	NONE
EXPENSE ACCOUNT:	NONE	10,805.	NONE
ROBERT COLAROSSO			
COMPENSATION:	NONE	97,552.	NONE
PENSION PLAN CONTRIBUTIONS:	NONE	5,853.	NONE
EXPENSE ACCOUNT:	NONE	1,950.	NONE
RON FROEHLICH			
COMPENSATION:	NONE	23,433.	NONE
PENSION PLAN CONTRIBUTIONS:	NONE	NONE	NONE
EXPENSE ACCOUNT:	NONE	NONE	NONE
TOM KOLL			
COMPENSATION:	NONE	18,150.	NONE
PENSION PLAN CONTRIBUTIONS:	NONE	NONE	NONE
EXPENSE ACCOUNT:	NONE	NONE	NONE
YOICHI TOMITA			
COMPENSATION:	NONE	1,165.	NONE
PENSION PLAN CONTRIBUTIONS:	NONE	NONE	NONE
EXPENSE ACCOUNT:	NONE	NONE	NONE
TONYA CASE			
COMPENSATION:	NONE	23,433.	NONE
PENSION PLAN CONTRIBUTIONS:	NONE	NONE	NONE
EXPENSE ACCOUNT:	NONE	NONE	NONE
GARY ANDERSON			
COMPENSATION:	NONE	4,871.	NONE
PENSION PLAN CONTRIBUTIONS:	NONE	NONE	NONE
EXPENSE ACCOUNT:	NONE	NONE	NONE
STEVE BUTCHER			
COMPENSATION:	NONE	3,800.	NONE
PENSION PLAN CONTRIBUTIONS:	NONE	NONE	NONE
EXPENSE ACCOUNT:	NONE	NONE	NONE
DAVID HOLCOMB			
COMPENSATION:	NONE	750.	NONE
PENSION PLAN CONTRIBUTIONS:	NONE	NONE	NONE

FORM 990, PART II, LINE 25 - OFFICER COMPENSATION SCHEDULE

OFFICER NAME AND TYPE OF COMPENSATION -----EXPENSE-ACCOUNT-----	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
	NONE	NONE	NONE
KIM ZMESKAL BURDETTE			
COMPENSATION:	NONE	3,170.	NONE
PENSION PLAN CONTRIBUTIONS:	NONE	NONE	NONE
EXPENSE ACCOUNT:	NONE	NONE	NONE
BOB COILAROSSO			
COMPENSATION:	NONE	9,000.	NONE
PENSION PLAN CONTRIBUTIONS:	NONE	NONE	NONE
EXPENSE ACCOUNT:	NONE	NONE	NONE
MARK WILLIAMS			
COMPENSATION:	NONE	9,774.	NONE
PENSION PLAN CONTRIBUTIONS:	NONE	NONE	NONE
EXPENSE ACCOUNT:	NONE	NONE	NONE
BUTCH ZUNICH			
COMPENSATION:	NONE	1,750.	NONE
PENSION PLAN CONTRIBUTIONS:	NONE	NONE	NONE
EXPENSE ACCOUNT:	NONE	NONE	NONE
THOM GLIELMI			
COMPENSATION:	NONE	1,135.	NONE
PENSION PLAN CONTRIBUTIONS:	NONE	NONE	NONE
EXPENSE ACCOUNT:	NONE	NONE	NONE
STEVE RYBACKI			
COMPENSATION:	NONE	4,416.	NONE
PENSION PLAN CONTRIBUTIONS:	NONE	NONE	NONE
EXPENSE ACCOUNT:	NONE	NONE	NONE
TIM KLEMPNAAUER			
COMPENSATION:	NONE	1,400.	NONE
PENSION PLAN CONTRIBUTIONS:	NONE	NONE	NONE
EXPENSE ACCOUNT:	NONE	NONE	NONE
MIKE BURNS			
COMPENSATION:	NONE	3,042.	NONE
PENSION PLAN CONTRIBUTIONS:	NONE	NONE	NONE
EXPENSE ACCOUNT:	NONE	NONE	NONE

FORM 990, PART II, LINE 25 - OFFICER COMPENSATION SCHEDULE

=====

OFFICER NAME AND TYPE OF COMPENSATION	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
-----	-----	-----	-----
TOTALS	NONE	443,644.	NONE
	=====	=====	=====

FORM 990, PART II - OTHER EXPENSES

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL
APPAREL	246,728.	246,728.	NONE
HONORARIUMS/STIPENDS	1,410,477.	1,410,477.	NONE
INSURANCE	1,030,390.	998,907.	31,483.
STATE/REGION REBATES	395,593.	395,593.	NONE
MISC EVENT PRODUCTION	443,061.	443,061.	NONE
ADMIN SERVICES AND COMMISSION	402,806.	389,896.	12,910.
MEDALS/AWARD	70,866.	70,866.	NONE
AUDIO VISUAL	126,598.	123,664.	2,934.
BANKING AND CREDIT CARD FEES	238,746.	NONE	238,746.
COMPUTER RELATED EXP	82,185.	NONE	82,185.
EVENT PROMOTION	71,723.	71,723.	NONE
OTHER ARENA COSTS	42,613.	42,613.	NONE
EQUIPMENT PURCHASE	39,072.	39,072.	NONE
LOCAL ORGANIZING COMM COSTS	68,278.	68,278.	NONE
PARTICIPANT GIFTS	123,576.	123,576.	NONE
MISCELLANEOUS	120,569.	62,159.	58,410.
TOTALS	4,913,281.	4,486,613.	426,668.

FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

=====

TO ENCOURAGE PARTICIPATION AND THE PURSUIT OF EXCELLENCE IN ALL ASPECTS OF GYMNASTICS.

FORM 990, PART III - OTHER PROGRAM SERVICES (LINE E)

DESCRIPTION	GRANTS AND ALLOCATIONS	EXPENSES
OTHER: INCLUDES MARKETING & COMMUNICATIONS	NONE	1,107,172.
TOTALS	NONE	1,107,172.

FORM 990, PART IV-A - OTHER REVENUE ON RETURN BUT NOT ON BOOKS

DESCRIPTION -----	AMOUNT -----
RECLASS COGS	-251,020.
RECLASS LOSS ON DISPOSAL	-31,593.
OTHER	-1.

TOTAL	-282,614.
	=====

FORM 990, PART IV-B - OTHER EXPENSES ON BOOKS BUT NOT ON RETURN

=====

DESCRIPTION	AMOUNT
-----	-----
RECLASS COGS	251,020.
RECLASS LOSS ON DISPOSAL	31,593.
OTHER	1.

TOTAL	282,614.
	=====

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
STEVE PENNY 201 S CAPITOL AVE SUITE 300 INDIANAPOLIS, IN 46225	PRESIDENT (APR-DEC) 40	205,625.	12,570.	10,805.
ROBERT COLAROSSO 201 S CAPITOL AVE SUITE 300 INDIANAPOLIS, IN 46225	PRESIDENT (JAN-MAR) 40	97,552.	5,853.	1,950.
RON FROEHLICH 201 S CAPITOL AVE SUITE 300 INDIANAPOLIS, IN 46225	CHAIRMAN 5	23,433.	NONE	NONE
TOM KOLL 201 S CAPITOL AVE SUITE 300 INDIANAPOLIS, IN 46225	VICE CHAIR 1	18,150.	NONE	NONE
YOICHI TOMITA 201 S CAPITOL AVE SUITE 300 INDIANAPOLIS, IN 46225	VICE CHAIR 1	1,165.	NONE	NONE
ANDREA SCHMID SHAPIRO 201 S CAPITOL AVE SUITE 300 INDIANAPOLIS, IN 46225	VICE CHAIR 1	NONE	NONE	NONE
PAUL PARILLA 201 S CAPITOL AVE SUITE 300 INDIANAPOLIS, IN 46225	VICE CHAIR 1	NONE	NONE	NONE
TONYA CASE 201 S CAPITOL AVE SUITE 300 INDIANAPOLIS, IN 46225	VICE CHAIR 1	23,433.	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
GARY ANDERSON 201 S CAPITOL AVE SUITE 300 INDIANAPOLIS, IN 46225	SECRETARY 1	4,871.	NONE	NONE
BOB WOOD 201 S CAPITOL AVE SUITE 300 INDIANAPOLIS, IN 46225	MEMBER 1	NONE	NONE	NONE
STEVE BUTCHER 201 S CAPITOL AVE SUITE 300 INDIANAPOLIS, IN 46225	MEMBER 1	3,800.	NONE	NONE
DAVID HOLCOMB 201 S CAPITOL AVE SUITE 300 INDIANAPOLIS, IN 46225	MEMBER 1	750.	NONE	NONE
KIM ZMESKAL BURDETTE 201 S CAPITOL AVE SUITE 300 INDIANAPOLIS, IN 46225	MEMBER 1	3,170.	NONE	NONE
JOHN ROETHLISBERGER 201 S CAPITOL AVE SUITE 300 INDIANAPOLIS, IN 46225	MEMBER 1	NONE	NONE	NONE
VANESSA VANDER PLUYM 201 S CAPITOL AVE SUITE 300 INDIANAPOLIS, IN 46225	MEMBER 1	NONE	NONE	NONE
KARL HEGER 201 S CAPITOL AVE SUITE 300 INDIANAPOLIS, IN 46225	MEMBER 1	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
LARISSA FONTAINE 201 S CAPITOL AVE SUITE 300 INDIANAPOLIS, IN 46225	MEMBER 1	NONE	NONE	NONE
BOB COILAROSS I 201 S CAPITOL AVE SUITE 300 INDIANAPOLIS, IN 46225	MEMBER 1	9,000.	NONE	NONE
RON FERRIS 201 S CAPITOL AVE SUITE 300 INDIANAPOLIS, IN 46225	MEMBER 1	NONE	NONE	NONE
JERRY MILAN 201 S CAPITOL AVE SUITE 300 INDIANAPOLIS, IN 46225	MEMBER 1	NONE	NONE	NONE
BETTY HEPPNER 201 S CAPITOL AVE SUITE 300 INDIANAPOLIS, IN 46225	MEMBER 1	NONE	NONE	NONE
FRANCIS ALLEN 201 S CAPITOL AVE SUITE 300 INDIANAPOLIS, IN 46225	MEMBER 1	NONE	NONE	NONE
MARK COOK 201 S CAPITOL AVE SUITE 300 INDIANAPOLIS, IN 46225	MEMBER 1	NONE	NONE	NONE
MARILYN STRAWBRIDGE 201 S CAPITOL AVE SUITE 300 INDIANAPOLIS, IN 46225	MEMBER 1	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
CAROLE IDE 201 S CAPITOL AVE SUITE 300 INDIANAPOLIS, IN 46225	MEMBER 1	NONE	NONE	NONE
MARK WILLIAMS 201 S CAPITOL AVE SUITE 300 INDIANAPOLIS, IN 46225	MEMBER 1	9,774.	NONE	NONE
MEG STEPHENSON 201 S CAPITOL AVE SUITE 300 INDIANAPOLIS, IN 46225	MEMBER 1	NONE	NONE	NONE
BECKY OAKES 201 S CAPITOL AVE SUITE 300 INDIANAPOLIS, IN 46225	MEMBER 1	NONE	NONE	NONE
BUTCH ZUNICH 201 S CAPITOL AVE SUITE 300 INDIANAPOLIS, IN 46225	MEMBER 1	1,750.	NONE	NONE
MARGIE CANFIELD 201 S CAPITOL AVE SUITE 300 INDIANAPOLIS, IN 46225	MEMBER 1	NONE	NONE	NONE
PAUL SPADARO 201 S CAPITOL AVE SUITE 300 INDIANAPOLIS, IN 46225	MEMBER 1	NONE	NONE	NONE
THOM GLIELMI 201 S CAPITOL AVE SUITE 300 INDIANAPOLIS, IN 46225	MEMBER 1	1,135.	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
STEVE RYBACKI 201 S CAPITOL AVE SUITE 300 INDIANAPOLIS, IN 46225	MEMBER 1	4,416.	NONE	NONE
TONY GEHMAN 201 S CAPITOL AVE SUITE 300 INDIANAPOLIS, IN 46225	MEMBER 1	NONE	NONE	NONE
TIM KLEMPNAAUER 201 S CAPITOL AVE SUITE 300 INDIANAPOLIS, IN 46225	MEMBER 1	1,400.	NONE	NONE
SUZIE DITULLIO 201 S CAPITOL AVE SUITE 300 INDIANAPOLIS, IN 46225	MEMBER 1	NONE	NONE	NONE
CASEY KOENIG 201 S CAPITOL AVE SUITE 300 INDIANAPOLIS, IN 46225	MEMBER 1	NONE	NONE	NONE
MIKE BURNS 201 S CAPITOL AVE SUITE 300 INDIANAPOLIS, IN 46225	MEMBER 1	3,042.	NONE	NONE

GRAND TOTALS 412,466. 18,423. 12,755.

FORM 990, PART VIII - ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE NO.	EXPLANATION OF HOW EACH ACTIVITY FOR WHICH INCOME IS REPORTED IN COLUMN (E) OF PART VII CONTRIBUTED IMPORTANTLY TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES
93A, 93D, 102, &103	ONE OF THE PRIMARY PURPOSES OF THE ORGANIZATION IS TO FOSTER AND PROMOTE NATIONAL AND INTERNATIONAL COMPETITIONS. A KEY INGREDIENT TO ACHIEVE THAT END IS TO PROVIDE A COMPETITION AUDIENCE THROUGH BOTH GATE, TELEVISION, AND SPONSORSHIP WITH THE OBJECTIVE BEING TO INCREASE AWARENESS AND POPULARITY OF THE SPORT, THEREBY INCREASING PARTICIPATION ON THE GRASS ROOTS LEVEL.
93B	PROVIDING EDUCATION AND SAFETY IN THE SPORT IS ACCOMPLISHED BY CONDUCTING LOCAL AND NATIONAL EDUCATION SEMINARS, INCLUDING SAFETY CERTIFICATION AND INTRODUCTION OF NEW SKILL DEVELOPMENT ROUTINES. REVENUES GENERATED IN THIS AREA ARE USED TO PRODUCE SAFETY AND EDUCATION MATERIALS AND ENABLE US TO ENLIST THE AID OF THE SPORT'S MOST PROGRESSIVE TEACHERS TO HELP US DISSEMINATE THE INFORMATION TO THE GYMNASTICS COMMUNITY.
93C	THROUGH OUR BIMONTHLY AND MONTHLY PUBLICATIONS, AS WELL AS OUR WEBSITE, WE PROVIDE A FORUM FOR SPREADING INFORMATION THROUGHOUT THE GYMNASTICS COMMUNITY.
94	THROUGH MEMBERSHIP DUES, WHICH REPRESENT A LARGE PORTION OF OUR REVENUES, WE PROVIDE FINANCIAL ASSISTANCE AND A GOVERNANCE PROGRAM ON THE REGIONAL AND LOCAL LEVELS AS WELL AS PROVIDED INFORMATION SYSTEMS AND LIABILITY INSURANCE COVERAGE, WITHOUT WHICH, THE 4,000 LOCAL GYMNASTICS COMPETITIONS WOULD NOT BE ABLE TO BE CONDUCTED.

SCHEDULE A, PART I - COMPENSATION OF THE FIVE HIGHEST PAID EMPLOYEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCOUNT
KATHY KELLY 201 S. CAPITOL AVENUE INDIANAPOLIS, IN 46225	VICE PRESIDENT 40	97,278.	5,837.	222.
KATHLENN FELDMAN 201 S. CAPITOL AVENUE INDIANAPOLIS, IN 46225	VICE PRESIDENT 40	96,918.	5,815.	211.
JOHN HEWETT 201 S. CAPITOL AVENUE INDIANAPOLIS, IN 46225	CONTROLLER 40	94,485.	5,669.	75.
DAVONSHE GALIMORE 201 S. CAPITOL AVENUE INDIANAPOLIS, IN 46225	VICE PRESIDENT 40	92,169.	5,530.	77.
STEVE WHITLOCK 201 S. CAPITOL AVENUE INDIANAPOLIS, IN 46225	WEB ADMINISTRATOR 40	73,939.	4,436.	186.
TOTAL COMPENSATION		454,789.	27,287.	771.

SCH. A, PART II-A COMPENSATION OF THE 5 HIGHEST PAID FOR PROF. SERV.

NAME AND ADDRESS -----	TYPE OF SERVICE -----	COMPENSATION -----
BELA KAROLYI 454 FOREST SERVICE RD #200 HUNTSVILLE, TX 77340	CAMP COOR/SPOKESMAN	88,775.
BAKER & DANIELS 300 N MDERIDIAN ST INDIANAPOLIS, IN 46204	LEGAL	84,632.
MARTA KAROLYI 454 FOREST SERVICE RD #200 HUNTSVILLE, TX 77340	NAT TEAM COORDINATOR	64,500.
JASON GATSON 5683 TOMICHE DR COLORADO SPRINGS, CO 80922	NAT TEAM ATHLETE	52,597.
BRETT MCCLURE 1675 PIROS DR COLORADO SPRINGS, CO 80915	NAT TEAM ATHLETE	52,597.
TOTAL COMPENSATION		----- 343,101. =====

SCHEDULE A, PART III - EXPLANATION FOR LINE 3A
=====

SEE GENERAL EXPLANATION STATEMENT

