

"PUBLIC DISCLOSURE REQUIREMENTS"

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2006

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

A For the 2006 calendar year, or tax year beginning 2006, and ending 2006

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	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) 829-5658 F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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

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 is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

I Group Exemption Number ▶

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

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 14,718,845.

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

	1	Contributions, gifts, grants, and similar amounts received:		
	a	Contributions to donor advised funds	1a	
	b	Direct public support (not included on line 1a)	1b	1,748,029.
	c	Indirect public support (not included on line 1a)	1c	
	d	Government contributions (grants) (not included on line 1a)	1d	
	e	Total (add lines 1a through 1d) (cash \$ <u>1,697,929.</u> noncash \$ <u>50,100.</u>)	1e	1,748,029.
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	6,143,476.
	3	Membership dues and assessments	3	6,047,023.
	4	Interest on savings and temporary cash investments	4	203,628.
	5	Dividends and interest from securities	5	
Revenue	6a	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	
	8a	Gross amount from sales of assets other than inventory	(A) Securities 8a	(B) Other
	b	Less: cost or other basis and sales expenses	8b	
	c	Gain or (loss) (attach schedule)	8c	
	d	Net gain or (loss). Combine line 8c, columns (A) and (B)	8d	
	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 1b)	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	
	10a	Gross sales of inventory, less returns and allowances	10a	300,490.
	b	Less: cost of goods sold	10b	67,322.
	c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c	233,168.
	11	Other revenue (from Part VII, line 103)	11	276,199.
	12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12	14,651,523.
Expenses	13	Program services (from line 44, column (B))	13	11,619,224.
	14	Management and general (from line 44, column (C))	14	2,270,654.
	15	Fundraising (from line 44, column (D))	15	
	16	Payments to affiliates (attach schedule)	16	
	17	Total expenses. Add lines 16 and 44, column (A)	17	13,889,878.
Net Assets	18	Excess or (deficit) for the year. Subtract line 17 from line 12	18	761,645.
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	3,021,822.
	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	3,783,467.

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

Form 990 (2006)

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

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, 20 07**.
- 5 For calendar year **2006**, or other tax year beginning **20** and ending **20**.
- 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
8b	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
8c	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 **▶ 6-27-07**

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.

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

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box **X**

• If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

Section 501(c) corporations required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c) corporations required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print File by the due date for filing your 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	
	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 (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

• 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 will cover.

1 I request an automatic 3-month (6 months for a section 501(c) corporation required to file Form 990-T) extension of time until 08/15, 2007, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year 2006 or
▶ tax year beginning _____, _____, and ending _____.

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a 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.	3a	\$	NONE
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	NONE
c Balance Due. Subtract line 3b from line 3a. 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.	3c	\$	NONE

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

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
22a	Grants paid from donor advised funds (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>				
22b	Other grants and allocations (attach schedule) (cash \$ 45,449 noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	45,449.	45,449.	STMT 8	
23	Specific assistance to individuals (attach schedule)	592,306.	592,306.	STMT 11	
24	Benefits paid to or for members (attach schedule)				
25a	Compensation of current officers, directors, key employees, etc. listed in Part V-A (attach schedule)	361,674.	93,454.	268,220.	
25b	Compensation of former officers, directors, key employees, etc. listed in Part V-B (attach schedule)				
25c	Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)				
26	Salaries and wages of employees not included on lines 25a, b, and c	2,183,823.	1,885,911.	297,912.	
27	Pension plan contributions not included on lines 25a, b, and c	105,023.	89,748.	15,275.	
28	Employee benefits not included on lines 25a - 27	237,852.	185,104.	52,748.	
29	Payroll taxes	171,431.	139,667.	31,764.	
30	Professional fundraising fees				
31	Accounting fees	31,095.		31,095.	
32	Legal fees	128,524.		128,524.	
33	Supplies	58,575.	13,149.	45,426.	
34	Telephone	114,388.	37,315.	77,073.	
35	Postage and shipping	479,173.	398,337.	80,836.	
36	Occupancy	353,072.	162,080.	190,992.	
37	Equipment rental and maintenance	118,544.	64,997.	53,547.	
38	Printing and publications	758,203.	758,067.	136.	
39	Travel	3,056,237.	2,893,639.	162,598.	
40	Conferences, conventions, and meetings				
41	Interest	4,756.		4,756.	
42	Depreciation, depletion, etc. (attach schedule)	219,923.		219,923.	STMT 1
43	Other expenses not covered above (itemize):				
a	STMT 12	4,869,830.	4,260,001.	609,829.	
b					
c					
d					
e					
f					
g					
44	Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15).	13,889,878.	11,619,224.	2,270,654.	

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 IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year	
Assets	45 Cash - non-interest-bearing		45		
	46 Savings and temporary cash investments	5,133,869.	46	6,229,652.	
	47a Accounts receivable	234,743.	47a		
	b Less: allowance for doubtful accounts		47b		
				47c	234,743.
	48a Pledges receivable		48a		
	b Less: allowance for doubtful accounts		48b		
				48c	
	49 Grants receivable		49	95,593.	
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a		
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b		
	51a Other notes and loans receivable (attach schedule)		51a		
	b Less: allowance for doubtful accounts		51b		
				51c	
	52 Inventories for sale or use		52	158,052.	
	53 Prepaid expenses and deferred charges		53	719,984.	
	54a Investments - publicly-traded securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54a		
	b Investments - other securities (attach schedule)	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54b		
	55a Investments - land, buildings, and equipment: basis		55a		
	b Less: accumulated depreciation (attach schedule)		55b		
			55c		
56 Investments - other (attach schedule)		56			
57a Land, buildings, and equipment: basis	1,411,199.	57a			
b Less: accumulated depreciation (attach schedule) <small>STMT 1</small>	1,098,783.	57b			
	427,955.	57c	312,416.		
58 Other assets, including program-related investments (describe _____)		58			
59 Total assets (must equal line 74). Add lines 45 through 58	6,972,186.	59	7,750,440.		
Liabilities	60 Accounts payable and accrued expenses	668,823.	60	644,906.	
	61 Grants payable		61		
	62 Deferred revenue	3,281,541.	62	3,322,067.	
	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	3,950,364.	66	3,966,973.		
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67 Unrestricted	3,021,822.	67	3,783,467.	
	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 and column (B) must equal line 21))	3,021,822.	73	3,783,467.	
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	6,972,186.	74	7,750,440.	

Part VI Other Information (continued)

Form with multiple rows and columns for reporting information. Includes sections 82a through 91a and 91b. Columns include 'Yes' and 'No' for many items, and numerical/percentage values for others.

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? Yes No
 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					881,448.
b CLINICS/WORKSHOPS					1,819,838.
c PUBLICATIONS	511120	493,589.			24,979.
d TV RIGHTS & ADVERTISING	511120	20,612.			2,903,010.
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					6,047,023.
95 Interest on savings and temporary cash investments			14	203,628.	
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					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					233,168.
103 Other revenue: a _____					
b MISCELLANEOUS INC					141,269.
c REBATES					134,930.
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		514,201.		203,628.	12,185,665.
105 Total (add line 104, columns (B), (D), and (E))					12,903,494.

Note: Line 105 plus line 1e, 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 31

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).

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
Totals				

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
X	

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	SEE STATEMENT 32			
b	-----			
c	-----			
Totals				95,582.

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No
	N/A

Please Sign Here

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.

Signature of officer: [Signature] Date: 11/14/07

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

Paid Preparer's Use Only

Preparer's signature: [Signature] Date: 11-13-07 Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: ERNST & YOUNG U.S. LLP EIN: 34-6565596

5451 LAKEVIEW PARKWAY S. DR. Phone no.: 317-681-7000

INDIANAPOLIS, IN 46268

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

Table with 3 columns: Question, Yes, No. Rows include: 1. Lobbying activities; 2. Acts with substantial contributors; 2a-2e. Property, lending, and compensation; 3a-3d. Scholarships, annuity plans, easements, and credit services; 4a-4c. Donor advised funds and distributions; 4d-f. Donor advised funds and separate accounts; 4g. Aggregate value of assets.

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)

I certify that 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 otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
 Type I Type II Type III - Functionally Integrated Type III - Other

Provide the following information about the supported organizations. (See page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					▶

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 7 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.

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	1,568,753.	1,188,450.	1,443,323.	1,046,267.	5,246,793.
16 Membership fees received	6,072,675.	5,377,220.	5,164,795.	4,898,767.	21,513,457.
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	8,143,383.	11,609,613.	8,259,962.	5,052,437.	33,065,395.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	80,473.	26,636.	39,800.	38,245.	185,154.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	15,865,284.	18,201,919.	14,907,880.	11,035,716.	60,010,799.
24 Line 23 minus line 17.	7,721,901.	6,592,306.	6,647,918.	5,983,279.	26,945,404.
25 Enter 1% of line 23.	158,653.	182,019.	149,079.	110,357.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 NOT APPLICABLE . . . ▶					26a
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts ▶					26b
c Total support for section 509(a)(1) test: Enter line 24, column (e) ▶					26c
d Add: Amounts from column (e) for lines: 18 _____ 19 _____					26d
22 _____ 26b _____ ▶					
e Public support (line 26c minus line 26d total) ▶					26e
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ▶					26f %
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:					
(2005) _____ (2004) _____ (2003) _____ (2002) _____					
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 11b, 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:					
(2005) 1,337,435. (2004) 2,377,210. (2003) 2,706,614. (2002) 1,132,689.					
c Add: Amounts from column (e) for lines: 15 5,246,793. 16 21,513,457.					27c 59,825,645.
17 33,065,395. 20 _____ 21 _____ ▶					
d Add: Line 27a total. . . _____ and line 27b total . . . 7,553,948. ▶					27d 7,553,948.
e Public support (line 27c total minus line 27d total). ▶					27e 52,271,697.
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) ▶	27f 60,010,799.				
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)). ▶					27g 87.1038 %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ▶					27h 0.3085 %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, 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 9 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?	29	
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?	30	
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.) ----- ----- -----	31	
32 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d Copies of all material used by the organization or on its behalf to solicit contributions?	32d	
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?	33a	
b Admissions policies?	33b	
c Employment of faculty or administrative staff?	33c	
d Scholarships or other financial assistance?	33d	
e Educational policies?	33e	
f Use of facilities?	33f	
g Athletic programs?	33g	
h Other extracurricular activities?	33h	
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?	34a	
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.	34b	
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	35	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 10 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

(The term "expenditures" means amounts paid or incurred.)

		(a) Affiliated group totals	(b) To be completed for all electing organizations
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	41	
	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		
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 13 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
45	Lobbying nontaxable amount				
46	Lobbying ceiling amount (150% of line 45(e))				
47	Total lobbying expenditures				
48	Grassroots nontaxable amount				
49	Grassroots ceiling amount (150% of line 48(e))				
50	Grassroots lobbying 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 13 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.

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 of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), 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).

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
			Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			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.)
			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	UNITED AIR LINES AIRFARE CREDITS _____ _____ _____	\$ 50,100.	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

FORM 990 - GENERAL EXPLANATION ATTACHMENT

DEPRECIATION EXPENSE; & LAND, BUILDINGS, AND EQUIPMENT:
 FORM 990, PART II, LINE 42 AND PART IV, LINE 57

DESCRIPTION	2006
FURN & EQUIP	1,411,199
ACCUM DEPREC	1,098,783
NET BOOK VALUE	312,416

DEPRECIATION EXPENSE 219,923

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

FORM 990 - GENERAL EXPLANATION ATTACHMENT

USA GYMNASTICS NATIONAL TEAM PROGRAM GRANTS
FORM 990, SCH A, PART III, LINE 3A

USA GYMNASTICS NATIONAL TEAM PROGRAM GRANTS

USA GYMNASTICS WILL PROVIDE NATIONAL TEAM PROGRAM GRANTS 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 INTERNATIONAL 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

FORM 990 - GENERAL EXPLANATION ATTACHMENT (CONT'D)
=====

PROGRAM GRANTS.

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 - CHOSEN 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

FORM 990 - GENERAL EXPLANATION ATTACHMENT (CONT'D)
=====

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 - GENERAL EXPLANATION ATTACHMENT
=====

TRAMPOLINE & TUMBLING SCHOLARSHIP PROGRAM
SCHEDULE A, PART III, LINE 3A

SCHOLARSHIP PROGRAM

THE MEMBERS OF THE TRAMPOLINE & TUMBLING PROGRAM RECOGNIZE THAT COLLEGE-AGE ATHLETES ARE ESSENTIAL TO OUR INTERNATIONAL COMPETITIVE STANDING. IN ORDER TO GIVE THESE ATHLETES EVERY OPPORTUNITY TO MEET THE DEMANDS OF HIGHER EDUCATION WHILE STILL TRAINING AND COMPETING FOR THE PROGRAM, STEPS MUST BE TAKEN TO HELP PROVIDE FUNDING.

PURPOSE:

THE PURPOSE OF THE SCHOLARSHIP PROGRAM IS TO PROVIDE TRAMPOLINE & TUMBLING ATHLETES WITH FUNDS TO CONTINUE THEIR EDUCATION WHILE STILL TRAINING AND COMPETING FOR USA GYMNASTICS.

ELIGIBILITY:

- SEVENTEEN YEARS OF AGE OR OLDER
- FULL-TIME OR PART-TIME (AT LEAST 8 HOURS) STUDENT AT AN ACCREDITED COLLEGE OR UNIVERSITY
- CURRENTLY REGISTERED ATHLETE, TRAINING AND COMPETING WITH USA GYMNASTICS TRAMPOLINE & TUMBLING
- GPA OF AT LEAST 2.5

COMMITTEE:

A COMMITTEE OF 4 USA GYMNASTICS PROFESSIONAL MEMBERS WILL CHOOSE SCHOLARSHIP RECIPIENTS. THE SCHOLARSHIP COMMITTEE WILL CONSIST OF THE SENIOR PROGRAM DIRECTOR, ACTING AS CHAIR OF THE COMMITTEE, CHAIRMAN OF THE ATHLETE SUPPORT COMMITTEE, A MEMBER OF THE PROGRAM COMMITTEE (SELECTED BY THE PROGRAM COMMITTEE), AND AN ATHLETE REPRESENTATIVE (RETIRED FROM COMPETITION) OVER THE AGE OF 18.

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

DESCRIPTION

AMOUNT

SALES OF TECHNICAL MATERIALS RELATING TO
COACHING AND JUDGING GYMNASTICS

300,490.

TOTAL

300,490.
=====

FORM 990, PART I - COST OF GOODS SOLD

=====

INVENTORY AT BEGINNING OF YEAR	156,282.
PURCHASES	69,092.
SALARIES AND WAGES	
OTHER COSTS	

SUBTOTAL	225,374.
MINUS ENDING INVENTORY	158,052.

COST OF GOODS SOLD	67,322.
	=====

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

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT AND RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
GRANTS PAID			
UNIVERSITY OF OKLAHOMA 325 W IMHOFF NORMAN, OK 73019	NATIONAL TEAM PROGRAM INDIVIDUAL	TRAINING SUPPORT	2,000.
UNIVERSITY OF ILLINOIS 1700 S 4TH ST CHAMPAIGN, IL 61820	NATIONAL TEAM PROGRAM INDIVIDUAL	TRAINING SUPPORT	3,000.
ORLANDO METRO 4658 L.B. MCLEOD ROAD; ORLANDO, FL 32811	NATIONAL TEAM PROGRAM INDIVIDUAL	TRAINING SUPPORT	1,500.
BUFFALO GROVE GYMNASTICS 1362 BARCLAY BLVD BUFFALO GROVE, IL 60089	NATIONAL TEAM PROGRAM INDIVIDUAL	TRAINING SUPPORT	2,000.
NEW HOPE ACADEMY 17270 NEWHOPE ST FOUNTAIN VALLEY, CA 92708	NATIONAL TEAM PROGRAM INDIVIDUAL	TRAINING SUPPORT	1,500.
UNIVERSAL GYMNASTICS 13439 SW 131ST MIAMI, FL 33186	NATIONAL TEAM PROGRAM INDIVIDUAL	TRAINING SUPPORT	2,000.
UNIV OF CALIFORNIA BERKELEY 25 SPORTS LANE BERKELEY, CA 94720	NATIONAL TEAM PROGRAM INDIVIDUAL	TRAINING SUPPORT	3,500.
PENN STATE UNIVERSITY UNIVERSITY PARK, PA 16802	NATIONAL TEAM PROGRAM INDIVIDUAL	TRAINING SUPPORT	3,400.

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

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

AND

RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
UNIVERSITY OF MINNESOTA 306 COOKE HALL MINNEAPOLIS, MN 55455	NATIONAL TEAM PROGRAM INDIVIDUAL	TRAINING SUPPORT	1,500.
HOUSTON GYMNASTICS ACADEMY 5804 S RICE AVE HOUSTON, TX 77081	NATIONAL TEAM PROGRAM INDIVIDUAL	TRAINING SUPPORT	5,000.
LESS STANFORD RETURN OF PY GRANT STANFORD GYMNASTICS STANFORD, CA 94305	NATIONAL TEAM PROGRAM INDIVIDUAL	TRAINING SUPPORT	-3,000.
CHRISTA BEIRIGE CHESTER SPRINGS, PA 19425	ATHLETE INDIVIDUAL	EDUCATIONAL SUPPORT	1,000.
JEFFREY BROWN 4233 NE TREMONT CT LEES SUMMIT, MO 64064	ELITE ATHLETE INDIVIDUAL	EDUCATIONAL SUPPORT	2,000.
KAYCEE MELVIN 424 E MONROE MORTON, IL 61550	ELITE ATHLETE INDIVIDUAL	EDUCATIONAL SUPPORT	2,000.
KEVIN STRICKLAND 15 PALERMO DR TINTON FALLS, NJ 07724	ELITE ATHLETE INDIVIDUAL	EDUCATIONAL SUPPORT	1,500.
SHELLEY KLOCHAN 2004 DAVIS AVE WHITING, IN 46394	ELITE ATHLETE INDIVIDUAL	EDUCATIONAL SUPPORT	5,000.

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

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

AND

RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
MICHAEL DEVINE 809 GREGORY WAY WINNEBAGO, IL 61088	ELITE ATHLETE INDIVIDUAL	EDUCATIONAL SUPPORT	5,000.
KRISTA MAHONEY 1370 E 2540 S HEBER CITY, UT 84032	ELITE ATHLETE INDIVIDUAL	EDUCATIONAL SUPPORT	2,009.
MEGAN DACY 133 KEOWEE CR WAXAHACHIE, TX 75165	ELITE ATHLETE INDIVIDUAL	EDUCATIONAL SUPPORT	540.
STANFORD UNIVERSITY STANFORD GYMNASTCS STANFORD, CA 94305	NATIONAL TEAM PROGRAM INDIVIDUAL	TRAINING SUPPORT	2,500.
SERGEI PANKANICH 1104 BAKER STREET 1104 BAKER STREET, TX 75069	ELITE COACH INDIVIDUAL	TRAINING SUPPORT	1,500.
TOTAL CONTRIBUTIONS PAID			45,449.

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

DESCRIPTION -----	PROGRAM SERVICES -----
ATHLETE PAYMENTS	592,306.
TOTALS	----- 592,306. =====

FORM 990, PART II - OTHER EXPENSES

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL
MISCELLANEOUS	85,631.	52,359.	33,272.
APPAREL	153,927.	153,927.	
HONORARIUMS/STIPENDS	1,222,955.	1,222,955.	
INSURANCE	1,073,710.	1,043,203.	30,507.
STATE/REGION REBATES	409,230.	409,230.	
MISC EVENT PRODUCTION	713,341.	713,341.	
ADMIN SERVICES AND COMMISSIONS	498,516.	42,923.	455,593.
MEDALS AND AWARDS	66,781.	66,781.	
AUDIO VISUAL	81,367.	80,350.	1,017.
BANKING AND CREDIT CARD FEES	220,463.	220,463.	
COMPUTER RELATED EXPENSES	89,315.		89,315.
EVENT PROMOTION	29,660.	29,660.	
OTHER ARENA COSTS	86,887.	86,887.	
LOCAL ORGANIZING COMMITTEE	55,772.	55,772.	
PARTICIPANT GIFTS	82,275.	82,150.	125.
TOTALS	4,869,830.	4,260,001.	609,829.

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

=====

AMATEUR SPORT NATIONAL GOVERNING BODY

FORM 990, PART III - PROGRAM SERVICE ACCOMPLISHMENTS

PROGRAM SERVICE ACCOMPLISHMENT A

HOSTED COMPETITIONS:

THE FEDERATION CONDUCTS NATIONAL LEVEL COMPETITIONS, INCLUDING INTERNATIONAL INVITATIONAL, AND THE NATIONAL CHAMPIONSHIPS, WHERE WE INCUR ALL EXPENSES RELATED TO THE EVENT, WHICH INCLUDE BUT ARE NOT LIMITED TO:

- TRAVEL (INCLUDING INTERNATIONAL AIRFARES)
- ARENA AND EQUIPMENT RENTAL
- PROMOTION
- MEALS AND LODGING
- STAFFING
- AWARDS
- TELEVISION PRODUCTION
- ATHLETE COMPENSATION

PROGRAM SERVICE ACCOMPLISHMENT B

PROGRAM AND INTERNATIONAL RELATIONS

ATHLETE TRAINING:

THE FEDERATION HAS THE RESPONSIBILITY TO DEVELOP, SELECT AND TRAIN THE NATIONAL AND OLYMPIC TEAMS FOR GYMNASTICS. EXPENSES INCLUDE TRAVEL TO FOREIGN COMPETITIONS, TRAINING CAMPS, LOCATION EXPENSES WHILE AT THE CAMPS (MEALS AND LODGING), COACHING FEES, FILM ANALYSIS, APPAREL, HOSTING OF REGIONAL AND QUALIFYING EVENTS, EARLY TALENT IDENTIFICATION PROGRAMS, ETC....

PROGRAM ADMINISTRATION:

THE FEDERATION IS BROKEN DOWN INTO SIX DISCIPLINES OF GYMNASTICS; MEN, WOMEN, TRAMPOLINE&TUMBLING, RHYTHMIC, SPORT ACROBATICS AND GENERAL GYMNASTICS. THE NATIONAL OFFICE HAS A PROGRAM DIRECTOR IN EACH OF THESE DISCIPLINES WHO ARE IN CHARGE OF DAILY ADMINISTRATION OF THEIR AREA. EXPENSE IN THESE AREAS INCLUDE SALARIES, COMMITTEE MEETINGS, ADMINISTRATIVE EXPENSES AND SUPPORT TO REGIONAL AND STATE VOLUNTEER ADMINISTRATIVE BODIES.

PROGRAM DEVELOPMENT:

EXPENSES IN THIS AREA ARE FOR ITEMS THAT DIRECTLY IMPACT SOME AREA OF PROGRAM DEVELOPMENT, AS DIRECTED BY THE PROGRAM DIRECTORS. AN EXAMPLE WOULD INCLUDE FEES PAID TO TECHNICAL EXPERTS TO PREPARE JUDGING ANALYSIS OR TO PROVIDE

FORM 990, PART III - PROGRAM SERVICE ACCOMPLISHMENTS

INDIVIDUAL COACHING INSTRUCTION TO CERTAIN ELITE ATHLETES. OTHER EXAMPLES WOULD INCLUDE THE IMPLEMENTATION OF A COACH'S INCENTIVE PROGRAM WHEREBY COACHES ARE AWARDED FINANCIAL SUPPORT BASED ON THE PERFORMANCE OF THEIR ATHLETES AT THE NATIONAL CHAMPIONSHIPS.

ATHLETE PAYMENTS:

IN THIS DAY AND AGE OF INCREASING PROFESSIONALISM AMONGST THE WORLD'S ELITE ATHLETES, THE FEDERATION HAS INSTITUTED PROGRAMS WHERE THE TOP ATHLETES ARE PAID UP TO BASE LEVEL STIPENDS, PLUS INCENTIVE BASED PAYMENTS BASED ON COMPETITIVE RESULTS. THIS ALLOWS THE ATHLETES THE OPPORTUNITY TO TRAIN FULL TIME, WHICH IS NECESSARY TO COMPETE WITH THE WORLD'S BEST, WITHOUT THE PRESSURE OF WORRYING ABOUT DAILY LIVING, TRAINING, AND TRAVEL EXPENSES.

INTERNATIONAL RELATIONS:

IN ORDER TO FOSTER INTERNATIONAL COMPETITION AND TO FORWARD THE INTERESTS OF USA GYMNASTICS, WE FINANCIALLY SUPPORT REPRESENTATIVES TO THE INTERNATIONAL GOVERNING BODY OF GYMNASTICS, THE FIG. TECHNICAL COMMITTEES ARE SUPPORTED AS WELL AS REPRESENTATIVES TO THE EXECUTIVE COMMITTEE.

PROGRAM SERVICE ACCOMPLISHMENT C

MEMBERSHIP:

THE FEDERATION HAS A MEMBERSHIP OF OVER 100,000 FOR WHICH IT PROVIDES A VARIETY OF SERVICES. EXAMPLES INCLUDE LIABILITY AND SECONDARY ACCIDENT INSURANCE COVERAGE FOR PARTICIPANTS AT THE APPROXIMATELY 3,500 EVENTS SANCTIONED ANNUALLY, MEMBERSHIP CARDS, RULES AND POLICIES MANUALS, REGIONAL REBATE TO HELP SUPPORT STATE GOVERNANCE.

PROGRAM SERVICE ACCOMPLISHMENT D

PRINTING, PUBLICATIONS, AND COMMUNICATION:

BY MANDATE OF THE AMATEUR SPORTS ACT, THE FEDERATION IS REQUIRED TO COMMUNICATE TO ITS MEMBERS AND KEEP THEM UPDATED ON RELEVANT INFORMATION PERTAINING TO THE GOVERNANCE OF THE SPORT, AS WELL AS QUALIFICATION PROCEDURES TO IMPORTANT INTERNATIONAL EVENTS SUCH AS THE OLYMPIC GAMES. THE FEDERATION PUBLISHES A BIMONTHLY MAGAZINE WHICH IS SENT TO APPROXIMATELY 90,000 MEMBERS AS

FORM 990, PART III - PROGRAM SERVICE ACCOMPLISHMENTS
=====

WELL AS A MONTHLY TECHNICAL MAGAZINE WHICH IS SENT TO THE 15,000 PROFESSIONAL AND INSTRUCTOR MEMBERS. FEDERATION MAINTAINS A WEB SITE THAT PROVIDES A DIRECT LINK TO MEMBERS AND INTERESTED INDIVIDUALS PROVIDING THEM NEWS, UPDATES, OPPORTUNITIES AND ALL MATTER OF INFORMATION ABOUT THE SPORT.

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

DESCRIPTION	GRANTS AND ALLOCATIONS	EXPENSES
OTHER: INCLUDES MARKETING & COMMUNICATIONS	NONE	286,326.
TOTALS	NONE	286,326.

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

DESCRIPTION -----	AMOUNT -----
RECLASS COGS	-67,322.
TOTAL	----- -67,322. =====

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

DESCRIPTION	AMOUNT
RECLASS COGS	67,322.
TOTAL	67,322.

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
RON FROELICH 201 SOUTH CAPITOL AVENUE 300 INDIANAPOLIS, IN 46225	CHAIR 10.00	23,433.	NONE	NONE
GARY ANDERSON 201 SOUTH CAPITOL AVENUE 300 INDIANAPOLIS, IN 46225	SECRETARY 1.00	10,200.	NONE	NONE
ROBERT WOOD 201 SOUTH CAPITOL AVENUE 300 INDIANAPOLIS, IN 46225	TREASURER 1.00	NONE	NONE	NONE
TOM KOLL 201 SOUTH CAPITOL AVENUE 300 INDIANAPOLIS, IN 46225	VICE CHAIR-WOMEN 1.00	4,025.	NONE	NONE
YOICHI TOMITA 201 SOUTH CAPITOL AVENUE 300 INDIANAPOLIS, IN 46225	VICE CHAIR-MEN 1.00	2,425.	NONE	NONE
ANDREA SCHMID SHAPIRO	VICE CHAIR RSG 1.00	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
201 SOUTH CAPITOL AVENUE 300 INDIANAPOLIS, IN 46225				
PAUL PARILLA 201 SOUTH CAPITOL AVENUE 300 INDIANAPOLIS, IN 46225	VICE CHAIR TRAMPOLINE 1.00	NONE	NONE	NONE
TONYA CASE 201 SOUTH CAPITOL AVENUE 300 INDIANAPOLIS, IN 46225	VICE CHAIR ACROBATICS 1.00	26,356.	NONE	NONE
STEVE BUTCHER 201 SOUTH CAPITOL AVENUE 300 INDIANAPOLIS, IN 46225	MEMBER 1.00	1,850.	NONE	NONE
DAVID HOLCOMB 201 SOUTH CAPITOL AVENUE 300 INDIANAPOLIS, IN 46225	MEMBER 1.00	750.	NONE	NONE
KIM ZMESKAL BURDETTE 201 SOUTH CAPITOL AVENUE 300	MEMBER 1.00	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
INDIANAPOLIS, IN 46225				
JOHN ROETHLISBERGER 201 SOUTH CAPITOL AVENUE 300 INDIANAPOLIS, IN 46225	MEMBER 1.00	NONE	NONE	NONE
CAROLINE HUNT 201 SOUTH CAPITOL AVENUE 300 INDIANAPOLIS, IN 46225	MEMBER 1.00	NONE	NONE	NONE
KARL HEGER 201 SOUTH CAPITOL AVENUE 300 INDIANAPOLIS, IN 46225	MEMBER 1.00	NONE	NONE	NONE
LARISSA FONTAINE 201 SOUTH CAPITOL AVENUE 300 INDIANAPOLIS, IN 46225	MEMBER 1.00	NONE	NONE	NONE
ROBERT COLARROSSI 201 SOUTH CAPITOL AVENUE 300 INDIANAPOLIS, IN 46225	MEMBER 1.00	12,000.	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

ONCE PRESIDENT, ROBERT COLAROSSO WAS COMPENSATED IN A NEW, INDEPENDENT CONTRACTOR POSITION AS FIG REPRESENTATIVE FOR A TOTAL OF \$9,000, AND AS SUCH, IS A MEMBER OF THE BOARD.

RON FERRIS
 201 SOUTH CAPITOL AVENUE
 300
 INDIANAPOLIS, IN 46225

MEMBER 1.00

NONE

NONE

NONE

JERRY MILAN
 201 SOUTH CAPITOL AVENUE
 300
 INDIANAPOLIS, IN 46225

MEMBER 1.00

NONE

NONE

NONE

BETTY HEPNER
 201 SOUTH CAPITOL AVENUE
 300
 INDIANAPOLIS, IN 46225

MEMBER 1.00

NONE

NONE

NONE

FRANCIS ALLEN
 201 SOUTH CAPITOL AVENUE
 300
 INDIANAPOLIS, IN 46225

MEMBER 1.00

NONE

NONE

NONE

MARK COOK
 201 SOUTH CAPITOL AVENUE

MEMBER 1.00

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
300 INDIANAPOLIS, IN 46225				
MARILYN STRAWBRIDGE 201 SOUTH CAPITOL AVENUE 300 INDIANAPOLIS, IN 46225	MEMBER 1.00	NONE	NONE	NONE
CAROLE IDE 201 SOUTH CAPITOL AVENUE 300 INDIANAPOLIS, IN 46225	MEMBER 1.00	NONE	NONE	NONE
YOSHI HAYASAKI 201 SOUTH CAPITOL AVENUE 300 INDIANAPOLIS, IN 46225	MEMBER 1.00	NONE	NONE	NONE
MEG STEPHENSON 201 SOUTH CAPITOL AVENUE 300 INDIANAPOLIS, IN 46225	MEMBER 1.00	NONE	NONE	NONE
BECKY OAKES 201 SOUTH CAPITOL AVENUE 300 INDIANAPOLIS, IN 46225	MEMBER 1.00	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
BUTCH ZUNICH 201 SOUTH CAPITOL AVENUE 300 INDIANAPOLIS, IN 46225	MEMBER 1.00	3,100.	NONE	NONE
MARGIE CANFIELD 201 SOUTH CAPITOL AVENUE 300 INDIANAPOLIS, IN 46225	MEMBER 1.00	NONE	NONE	NONE
PAUL ZIERT 201 SOUTH CAPITOL AVENUE 300 INDIANAPOLIS, IN 46225	MEMBER 1.00	NONE	NONE	NONE
THOM GLIELMI 201 SOUTH CAPITOL AVENUE 300 INDIANAPOLIS, IN 46225	MEMBER 1.00	5,715.	NONE	NONE
TONY GEHMAN 201 SOUTH CAPITOL AVENUE 300 INDIANAPOLIS, IN 46225	MEMBER 1.00	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
STEVE RYBACKI 201 SOUTH CAPITOL AVENUE 300 INDIANAPOLIS, IN 46225	MEMBER 1.00	NONE	NONE	NONE
TIM KLEMPNAUER 201 SOUTH CAPITOL AVENUE 300 INDIANAPOLIS, IN 46225	MEMBER 1.00	1,200.	NONE	NONE
SUZIE DITULLIO 201 SOUTH CAPITOL AVENUE 300 INDIANAPOLIS, IN 46225	MEMBER 1.00	750.	NONE	NONE
CASEY KOENIG 201 SOUTH CAPITOL AVENUE 300 INDIANAPOLIS, IN 46225	MEMBER 1.00	NONE	NONE	NONE
TOM FORSTER 201 SOUTH CAPITOL AVENUE 300 INDIANAPOLIS, IN 46225	MEMBER 1.00	NONE	NONE	NONE
KELLI HILL	MEMBER 1.00	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
201 SOUTH CAPITOL AVENUE 300 INDIANAPOLIS, IN 46225	MEMBER 1.00	5,900.	NONE	NONE
MIKE BURNS 201 SOUTH CAPITOL AVENUE 300 INDIANAPOLIS, IN 46225	MEMBER 1.00	5,900.	NONE	NONE
STEVE PENNY 201 SOUTH CAPITOL AVENUE 300 INDIANAPOLIS, IN 46225	PRESIDENT 40.00	225,000.	28,320.	9,000.
ABIE GROSSFELD 201 SOUTH CAPITOL AVENUE 300 INDIANAPOLIS, IN 46225	MEMBER 0.50	750.	NONE	NONE
MICHELLE LARSON 201 SOUTH CAPITOL AVENUE 300 INDIANAPOLIS, IN 46225	MEMBER 0.50	NONE	NONE	NONE
IVANKA KIROV 201 SOUTH CAPITOL AVENUE 300	MEMBER 0.50	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
INDIANAPOLIS, IN 46225				
SHAUN KEMPTON 201 SOUTH CAPITOL AVENUE 300 INDIANAPOLIS, IN 46225	MEMBER 0.50	NONE	NONE	NONE
DR. GEORGE DREW 201 SOUTH CAPITOL AVENUE 300 INDIANAPOLIS, IN 46225	MEMBER 0.50	900.	NONE	NONE
LINDA PORTER 201 SOUTH CAPITOL AVENUE 300 INDIANAPOLIS, IN 46225	MEMBER 0.50	NONE	NONE	NONE
JAY BINDER 201 SOUTH CAPITOL AVENUE 300 INDIANAPOLIS, IN 46225	MEMBER 0.50	NONE	NONE	NONE
JAY THORNTON 201 SOUTH CAPITOL AVENUE 300 INDIANAPOLIS, IN 46225	MEMBER 0.50	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
STEVE MC CAIN 201 SOUTH CAPITOL AVENUE 300 INDIANAPOLIS, IN 46225	MEMBER 0.50	NONE	NONE	NONE
MOHIN BHARDWAJ 201 SOUTH CAPITOL AVENUE 300 INDIANAPOLIS, IN 46225	MEMBER 0.50	NONE	NONE	NONE
SHANNON MILLER 201 SOUTH CAPITOL AVENUE 300 INDIANAPOLIS, IN 46225	MEMBER 0.50	NONE	NONE	NONE
JAMIE MARSHIK 201 SOUTH CAPITOL AVENUE 300 INDIANAPOLIS, IN 46225	MEMBER 0.50	NONE	NONE	NONE
JESSICA HOWARD 201 SOUTH CAPITOL AVENUE 300 INDIANAPOLIS, IN 46225	MEMBER 0.50	NONE	NONE	NONE
LORI KATZ	MEMBER 0.50	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
201 SOUTH CAPITOL AVENUE 300 INDIANAPOLIS, IN 46225				
KATE FABER HICKIE 201 SOUTH CAPITOL AVENUE 300 INDIANAPOLIS, IN 46225	MEMBER 0.50	NONE	NONE	NONE
HOWARD SCHWARZ 201 SOUTH CAPITOL AVENUE 300 INDIANAPOLIS, IN 46225	MEMBER 0.50	NONE	NONE	NONE
GRAND TOTALS		324,354.	28,320.	9,000.

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.

FORM 990, PART XI - TRANSFERS FROM CONTROLLED ENTITIES STATEMENT

CONTROLLED ENTITY'S NAME: NATIONAL GYMNASTICS FOUNDATION
CONTROLLED ENTITY'S ADDRESS: 201 S. CAPITOL AVENUE
CITY, STATE & ZIP: INDIANAPOLIS, IN 46225
EIN: 35-1757753

TRANSFER AMOUNT: 18,582.

EXPLANATION OF TRANSFER FROM CONTROLLED ENTITY:

USGF PAYS EXPENSES ON BEHALF OF THE FOUNDATION, WHO IN TURN REIMBURSES USGF

CONTROLLED ENTITY'S NAME: NATIONAL GYMNASTICS FOUNDATION
CONTROLLED ENTITY'S ADDRESS: 201 S. CAPITOL AVENUE
CITY, STATE & ZIP: INDIANAPOLIS, IN 46225
EIN: 35-1757753

TRANSFER AMOUNT: 77,000.

EXPLANATION OF TRANSFER FROM CONTROLLED ENTITY:

CONTRIBUTION

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 FELDMANN 201 SOUTH CAPITAL AVENUE INDIANAPOLIS, IN 46225	VP MEMBER SERVICES 40.00	103,161.	6,175.	NONE
JOHN HEWETT 201 SOUTH CAPITAL AVENUE INDIANAPOLIS, IN 46225	CONROLLER 40.00	101,124.	6,060.	NONE
KATHY KELLY 201 SOUTH CAPITAL AVENUE INDIANAPOLIS, IN 46225	PROGRAM DIRECTOR 40.00	99,222.	5,940.	NONE
DAVONSHE GALIMORE 201 SOUTH CAPITAL AVENUE INDIANAPOLIS, IN 46225	VP EVENTS/MEN'S PROG 40.00	99,078.	5,940.	NONE
KELLY FEILKE 201 SOUTH CAPITAL AVENUE INDIANAPOLIS, IN 46225	MARKETING DIRECTOR 40.00	96,043.	5,762.	NONE
TOTAL COMPENSATION		498,628.	29,877.	NONE

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

BAKER AND DANIELS	LEGAL	83,491.
300 N MERIDIAN		
INDIANAPOLIS, IN 46204		
	TOTAL COMPENSATION	----- 83,491. =====

SCH. A, PART II-B COMPENSATION OF THE 5 HIGHEST PAID FOR OTHER SERV.
=====

BELA KAROLYI 454 FOREST SERVICE RD #200 HUNTSVILLE, TX 77340	TRAINING CAMP HOST	373,898.
MARTA KAROLYI 454 FOREST SERVICE RD #200 HUNTSVILLE, TX 77340	NATIONAL TEAM COOR	67,500.
ARTHUR AKOPYAN 411 N JACKSON GLENDALE, CA 91206	ELITE CLINICIAN	50,000.
	TOTAL COMPENSATION	----- 491,398. =====

SCHEDULE A, PART III - EXPLANATION FOR LINE 2D

=====

SEE FORM 990 PART V-A

SCHEDULE A, PART III - EXPLANATION FOR LINE 3A

=====

SEE GENERAL EXPLANATION STATEMENT