

**UNITED STATES GYMNASTICS FEDERATION D/B/A
USA GYMNASTICS
2008 FORM 990 AND 990-T
TAX RETURNS**

Copy Available for Public Disclosure and Inspection

Return of Organization Exempt From Income Tax

2008

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 2008 calendar year, or tax year beginning, 2008, and ending, 20

B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <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		D Employer identification number 75-1847871
		Doing Business As USA GYMNASTICS		E Telephone number (317) 829-5658
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 132 E WASHINGTON ST 700		G Gross receipts \$ 20,510,310.
		City or town, state or country, and ZIP + 4 INDIANAPOLIS, IN 46204		
F Name and address of principal officer: STEVE PENNY 132 E WASHINGTON ST SUITE 700 INDIANAPOLIS, IN 46204				H(a) Is this a group return for affiliates? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(03) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				H(b) Are all affiliates included? Yes <input type="checkbox"/> No <input type="checkbox"/> If "No," attach a list. (see instructions)
J Website: WWW.USA-GYMNASTICS.ORG				H(c) Group exemption number ▶
K Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶				L Year of formation: 1964 M State of legal domicile: IN

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>THE UNITED STATES GYMNASTICS FEDERATION IS THE DESIGNATED NATIONAL GOVERNING BODY FOR THE SPORTS OF ARTISTIC GYMNASTICS, RHYTHMIC GYMNASTICS, TRAMPOLINE & TUMBLING, & ACROBATIC GYMNASTICS IN THE US.</u>	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.	
	3	Number of voting members of the governing body (Part VI, line 1a)	3 20
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 16
	5	Total number of employees (Part V, line 2a)	5 57
	6	Total number of volunteers (estimate if necessary)	6 1,500
	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a 564,095.
	b	Net unrelated business taxable income from Form 990-T, line 34	7b 3,095.
Revenue	8	Contribution and grants (Part VIII, line 1h)	Prior Year: 2,497,188. Current Year: 2,969,572.
	9	Program service revenue (Part VIII, line 2g)	12,583,875. 16,024,321.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	254,946. 86,896.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	301,979. 1,344,702.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	15,637,988. 20,425,491.
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)
14		Benefits paid to or for members (Part IX, column (A), line 4)	NONE NONE
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,163,291. 3,592,967.
16a		Professional fundraising fees (Part IX, column (A), line 11e)	NONE NONE
16b		Total fundraising expenses, Part IX, column (D), line 25	NONE
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	10,940,971. 15,370,088.
Net Assets or Fund Balances	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	15,015,563. 20,660,265.
	19	Revenue less expenses. Subtract line 18 from line 12	622,425. -234,774.
	20	Total assets (Part X, line 16)	Beginning of Year: 9,268,892. End of Year: 8,826,859.
	21	Total liabilities (Part X, line 26)	4,863,000. 4,655,741.
22	Net assets or fund balances. Subtract line 21 from line 20	4,405,892. 4,171,118.	

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here Signature of officer: John P Hewett Date: 11/13/09
 Type or print name and title: JOHN P HEWETT, CONTROLLER

Paid Preparer's Use Only: Preparer's signature: John W. Woodhull Esq Date: 11/11/09 Check if self-employed: Preparer's identifying number (see instructions): 700026521
 Firm's name (or yours if self-employed), address, and ZIP + 4: CROWE HORWATH LLP EIN: 3815 RIVER CROSSING PKWY, SUITE 300 INDIANAPOLIS, IN 46240-0977 Phone no.: 317-569-8989

May the IRS discuss this return with the preparer shown above? (See instructions) Yes No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2008)

- 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, SUITE 300	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. **317 829-5658** 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) N/A. 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 11/15/2009
- 5 For calendar year 2008, 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 REQUIRED TO GATHER 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.	8a	\$	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.	8b	\$	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.	8c	\$	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 Dawn Danga Title CPA Date 8/11/09

CROWE HORWATH LLP
3815 RIVER CROSSING PKWY, SUITE 300
INDIANAPOLIS, IN 46240-0977

Form 8868 (Rev. 4-2008)

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
- 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).

A corporation 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 a corporation 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. **317 829-5658** 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) **N/A**. 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 corporation required to file Form 990-T) extension of time until **08/15, 2009**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- calendar year **2008** 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 III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:

SEE STATEMENT 1

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

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

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

4a (Code:) (Expenses \$ 10,016,643. including grants of \$ 1,697,210.) (Revenue \$ 119,575.) PROGRAM SERVICES: THE UNITED STATES GYMNASTICS FEDERATION HAS THE RESPONSIBILITY TO SELECT, DEVELOP, AND TRAIN THE NATIONAL AND OLYMPIC TEAMS FOR GYMNASTICS. EXPENSES INCLUDE TRAVEL TO INTERNATIONAL COMPETITIONS, TRAINING CAMPS, ATHLETE AND COACH SUPPORT, APPAREL, JUDGES DEVELOPMENT AND TRAINING, AND EARLY TALENT IDENTIFICATION.

4b (Code:) (Expenses \$ 5,559,411. including grants of \$ NONE) (Revenue \$ 9,294,127.) HOSTED COMPETITIONS: AS THE NATIONAL GOVERNING BODY OF THE SPORT OF GYMNASTICS, THE UNITED STATES GYMNASTICS FEDERATION (THE FEDERATION) CONDUCTS REGIONAL, NATIONAL AND INTERNATIONAL COMPETITIONS, INCLUDING THE NATIONAL CHAMPIONSHIPS AND OLYMPIC TRIALS. THE FEDERATION INCURS ALL EXPENSES RELATED TO THE EVENTS, INCLUDING BUT NOT LIMITED TO, TRAVEL, ARENA RENTAL, PROMOTION, STAFFING, AWARDS, AND TELEVISION PRODUCTION.

4c (Code:) (Expenses \$ 2,977,587. including grants of \$ NONE) (Revenue \$ 6,374,263.) MEMBER SERVICES: THE UNITED STATES GYMNASTICS FEDERATION (THE FEDERATION) HAS OVER 110,000 MEMBERS AFFILIATED WITH OVER 3,000 INDEPENDENTLY OPERATED ORGANIZATIONS TO WHICH IT PROVIDES A VARIETY OF SERVICES AND BENEFITS. BENEFITS INCLUDE PARTICIPANT ACCIDENT INSURANCE COVERAGE TO COMPETING MEMBERS, AND LIABILITY COVERAGE TO HOSTS OF SANCTIONED COMPETITIONS. THE FEDERATION ALSO CONDUCTS SAFETY CERTIFICATION, WHICH IS REQUIRED OF PROFESSIONAL MEMBERS, DEVELOPS RULES AND POLICIES THAT GOVERN THE CONDUCT OF EVENTS, AND ONGOING OPERATION OF ADMINISTRATION, AND PROVIDES SUPPORT TO STATE AND REGIONAL GOVERNANCE BOARDS.

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

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ► \$ 18,553,641. (Must equal Part IX, Line 25, column (B).)

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Contains 27 rows of questions regarding organizational requirements and schedules.

Part IV Checklist of Required Schedules (continued)

		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	X	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X

Form 990 (2008)

Part V Statements Regarding Other IRS Filings and Tax Compliance

Table with columns for question ID, question text, and Yes/No columns. Includes rows 1a through 12b with various tax-related questions and numerical inputs.

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, process, or changes in Schedule O. See instructions.

		Yes	No
1a	Enter the number of voting members of the governing body		
1b	Enter the number of voting members that are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?	X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	X	
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organizations contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9a	Does the organization have local chapters, branches, or affiliates?	X	
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	X	
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	X	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		X
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done		X
13	Does the organization have a written whistleblower policy?		X
14	Does the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
a	The organization's CEO, Executive Director, or top management official?	X	
b	Other officers or key employees of the organization?		X
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: JOHN HEWETT 132 E. WASHINGTON STREET, STE 700 INDIANAPOLIS, IN 46204
317-829-5658

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
SEE SCHEDULE J-2										

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			

1b Total **1,026,466.** **NONE** **91,045.**

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ► **6**

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
SEE STATEMENT 2		

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization ► **1**

Part VIII Statement of Revenue

75-1847871

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d	195,305.			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	2,774,267.			
	g	Noncash contributions included in lines 1a-1f: \$					
	h	Total. Add lines 1a-1f		2,969,572.			
	Program Service Revenue			Business Code			
2a		ADVERTISING	511120	564,095.	564,095.		
b		EVENT REVENUE		9,085,963.	9,085,963.		
c		MEMBERSHIP DUES		6,374,263.	6,374,263.		
d							
e							
f		All other program service revenue					
g		Total. Add lines 2a-2f		16,024,321.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		86,896.		86,896.	
	4	Income from investment of tax-exempt bond proceeds		NONE			
	5	Royalties		1,016,963.		1,016,963.	
	6a	Gross Rents	(i) Real	(ii) Personal			
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)		NONE			
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
	b	Less: cost or other basis and sales expenses					
c	Gain or (loss)						
d	Net gain or (loss)		NONE				
8a	Gross income from fundraising events (not including \$ NONE of contributions reported on line 1c). See Part IV, line 18.	a		19,931.			
		b	Less: direct expenses	NONE			
		c	Net income or (loss) from fundraising events		19,931.	19,931.	
9a	Gross income from gaming activities. See Part IV, line 19.	a					
		b	Less: direct expenses				
		c	Net income or (loss) from gaming activities		NONE		
10a	Gross sales of inventory, less returns and allowances	a		292,983.			
		b	Less: cost of goods sold		84,819.		
		c	Net income or (loss) from sales of inventory		208,164.	208,164.	
Miscellaneous Revenue		Business Code					
11a	OTHER INCOME		99,644.	99,644.			
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d		99,644.				
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		20,425,491.	15,787,965.	564,095.	1,103,859.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . .	1,516,000.	1,516,000.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	181,210.	181,210.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	NONE			
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors, trustees, and key employees	1,117,511.	886,126.	231,385.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . .	12,000.	12,000.		
7 Other salaries and wages	1,967,126.	1,484,389.	482,737.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions). .	109,635.	86,224.	23,411.	
9 Other employee benefits	184,393.	159,473.	24,920.	
10 Payroll taxes	202,302.	163,113.	39,189.	
11 Fees for services (non-employees):				
a Management	NONE			
b Legal	140,056.		140,056.	
c Accounting	30,900.		30,900.	
d Lobbying	NONE			
e Professional fundraising services. See Part IV, line 17	NONE			
f Investment management fees	NONE			
g Other	2,465,985.	2,446,776.	19,209.	
12 Advertising and promotion	122,883.	122,883.		
13 Office expenses	2,662,123.	2,329,083.	333,040.	
14 Information technology	129,317.	60,429.	68,887.	
15 Royalties	NONE			
16 Occupancy	191,845.	9,932.	181,913.	
17 Travel	3,726,938.	3,528,675.	198,264.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	NONE			
20 Interest	4,465.		4,465.	
21 Payments to affiliates	1,963,945.	1,963,945.		
22 Depreciation, depletion, and amortization . . .	130,640.		130,640.	
23 Insurance	931,561.	889,102.	42,459.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a EVENT PRODUCTION _____	383,235.	383,235.		
b CREDIT CARD PROCESSING _____	268,557.	198,761.	69,796.	
c APPAREL _____	238,699.	237,999.	700.	
d VENUE RENT _____	271,274.	271,274.		
e AWARDS _____	1,000,146.	999,831.	315.	
f All other expenses _____	707,518.	623,181.	84,338.	
25 Total functional expenses. Add lines 1 through 24f	20,660,265.	18,553,641.	2,106,624.	
26 Joint Costs. Check here <input type="checkbox"/> If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	3,802.	1	4,154.
	2	Savings and temporary cash investments	6,746,903.	2	6,284,982.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	1,125,828.	4	770,190.
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sales or use	72,422.	8	72,422.
	9	Prepaid expenses and deferred charges	780,628.	9	803,271.
	10a	Land, buildings, and equipment: cost basis	10a 753,518.		
	b	Less: accumulated depreciation. Complete Part VI of Schedule D.	10b 269,022.		
			265,915.	10c	484,496.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
15	Other assets. See Part IV, line 11	273,394.	15	407,344.	
16	Total assets. Add lines 1 through 15 (must equal line 34)	9,268,892.	16	8,826,859.	
Liabilities	17	Accounts payable and accrued expenses	673,119.	17	743,782.
	18	Grants payable		18	
	19	Deferred revenue	4,189,881.	19	3,911,959.
	20	Tax-exempt bond liabilities		20	
	21	Escrow account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable.		24	
	25	Other liabilities. Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25.	4,863,000.	26	4,655,741.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	4,403,694.	27	4,169,438.
	28	Temporarily restricted net assets	2,198.	28	1,680.
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	4,405,892.	33	4,171,118.
	34	Total liabilities and net assets/fund balances	9,268,892.	34	8,826,859.

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X
b	Were the organization's financial statements audited by an independent accountant?	2b	X
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	X
b	If "Yes," did the organization undergo the required audit or audits?	3b	

Public Charity Status and Public Support

2008

Open to Public Inspection

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

Department of the Treasury
Internal Revenue Service

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

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).** (Attach Schedule H.)
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).** (see instructions)
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III - Functionally Integrated
 - d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box. _____
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? _____
- (ii) A family member of a person described in (i) above? _____
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? _____

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the organizations the organization supports.

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Table with 7 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1-3; 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f); 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities, whether or not the business is regularly carried on; 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.); 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (See instructions.); 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Description and percentage. Rows include: 14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) 14%; 15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f 15%; 16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization; 16b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization; 17a 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "fact-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization; 17b 10%-facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization; 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,188,450.	1,568,753.	1,949,578.	2,497,188.	2,969,572.	10,173,541.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	16,986,833.	14,216,058.	12,297,871.	11,188,817.	15,773,140.	70,462,719.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1-5	18,175,283.	15,784,811.	14,247,449.	13,686,005.	18,742,712.	80,636,260.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						NONE
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						NONE
c Add lines 7a and 7b.						
8 Public support (Subtract line 7c from line 6.)						80,636,260.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	18,175,283.	15,784,811.	14,247,449.	13,686,005.	18,742,712.	80,636,260.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	26,636.	80,473.	203,628.	1,408,150.	1,103,859.	2,822,746.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	26,636.	80,473.	203,628.	1,408,150.	1,103,859.	2,822,746.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on			514,201.	477,858.	564,095.	1,556,154.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	NONE	NONE	276,199.	105,673.	99,644.	481,516.
13 Total support. (Add lines 9, 10c, 11, and 12.)						85,496,676.
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)).	15	94.32%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	98.22%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	3.30%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	0.55%

- 19a **33 1/3% support tests - 2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- b **33 1/3% support tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

SCHEDULE A, PART III - OTHER INCOME

DESCRIPTION	2004	2005	2006	2007	2008	TOTAL
MISCELLANEOUS INCOME	NONE	NONE	276,199.	105,673.	99,644.	481,516.
TOTALS	NONE	NONE	276,199.	105,673.	99,644.	481,516.

Supplemental Financial Statements

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

Name of the organization

Employer identification number

UNITED STATES GYMNASTICS FEDERATION

75-1847871

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Yes No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? Yes No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

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

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

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

a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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

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

- a Public exhibition, b Scholarly research, c Preservation for future generations, d Loan or exchange programs, e Other

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

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

Part IV Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

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

Table with 2 columns: Description, Amount. Rows: 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance.

2a Did the organization include an amount on Form 990, Part X, line 21?

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

Table with 6 columns: (a) Current Year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows: 1a Beginning of year balance, 1b Contributions, 1c Investment earnings or losses, 1d Grants or scholarships, 1e Other expenditures for facilities and programs, 1f Administrative expenses, 1g End of year balance.

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment %
b Permanent endowment %
c Term endowment %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

Table with 2 columns: Yes, No. Rows: 3a(i) unrelated organizations, 3a(ii) related organizations, 3b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Depreciation, (d) Book value. Rows: 1a Land, 1b Buildings, 1c Leasehold improvements, 1d Equipment, 1e Other, Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other _____		
Total. (Column (b) should equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of liability	(b) Amount	
Federal income taxes		
Total. (Column (b) should equal Form 990, Part X, col. (B) line 25.) ▶		

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4-8	9	
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

SEE PAGE 5

Part XIV Supplemental Information (continued)

FIN 48 FOOTNOTE

SCHEDULE D, PART X

FASB INTERPRETATION NO. 48, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES

(FIN 48), ISSUED JULY 2006, WAS EFFECTIVE AS OF JANUARY 1, 2007. THE

UNITED STATES GYMNASTICS FEDERATION (THE FEDERATION) HAS ELECTED TO DEFER

ADOPTION OF FIN 48, IN ACCORDANCE WITH THE PROVISIONS OF FASB STAFF

POSITION NO. FIN 48-3, WHICH PERMITS CERTAIN NONPUBLIC ENTERPRISES TO

DELAY ADOPTION UNTIL FISCAL YEARS BEGINNING AFTER DECEMBER 15, 2008.

UPON ADOPTION OF FIN 48, THE FEDERATION WILL RECOGNIZE A TAX BENEFIT ONLY

IF IT IS MORE LIKELY THAN NOT THE TAX POSITION WOULD BE SUSTAINED IN A

TAX EXAMINATION, WITH A TAX EXAMINATION BEING PRESUMED TO OCCUR. THE

AMOUNT RECOGNIZED WILL BE THE LARGEST AMOUNT OF TAX BENEFIT THAT IS

GREATER THAN 50% LIKELY OF BEING REALIZED ON EXAMINATION. FOR TAX

POSITIONS NOT MEETING THE MORE-LIKELY-THAN-NOT TEST, NO TAX BENEFIT WILL

BE RECORDED. CURRENTLY, THE FEDERATION ACCOUNTS FOR CONTINGENCIES

ASSOCIATED WITH UNCERTAIN TAX POSITIONS IN ACCORDANCE WITH SFAS NO. 5,

ACCOUNTING FOR CONTINGENCIES, WHICH PROVIDES THE RECORDING OF A

CONTINGENCY BASED ON THE PROBABILITY OF CERTAIN EVENTS TO TRANSPIRE THAT

RANGE FROM PROBABLE TO REMOTE AS OPPOSED TO APPLYING A MORE LIKELY THAN

NOT RECOGNITION THRESHOLD.

**Schedule F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990. Complete if the organization answered "Yes" to
Form 990, Part IV, line 14b line 15, or line 16.**

Name of the organization

Employer identification number

UNITED STATES GYMNASTICS FEDERATION

75-1847871

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

1 For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States.

3 Activities per Region. (Use Schedule F-1 (Form 990) if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
EAST ASIA AND THE PACIFIC	NONE	NONE	PROGRAM SERVICES	COMPETITIONS	130,073.
EUROPE	NONE	NONE	PROGRAM SERVICES	COMPETITIONS	150,837.
MIDDLE EAST AND NORTH AFRICA	NONE	NONE	PROGRAM SERVICES	COMPETITIONS	6,393.
NORTH AMERICA	NONE	NONE	PROGRAM SERVICES	COMPETITIONS	2,560.
RUSSIA/INDEPENDENT STATES	NONE	NONE	PROGRAM SERVICES	COMPETITIONS	10,921.
SOUTH AMERICA	NONE	NONE	PROGRAM SERVICES	COMPETITIONS	34,580.
Totals ▶	NONE	NONE			335,364.

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

Schedule F (Form 990) 2008

JSA

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Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 X
 Use Schedule F-1 (Form 990) if additional space is needed.

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

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

3 Enter total number of other organizations or entities

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Supplemental Information

Complete this part to provide the information required in Part I, line 2, and any other additional information.

Area with horizontal dashed lines for supplemental information.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

▶ Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

2008

**Open To Public
Inspection**

Name of the organization

UNITED STATES GYMNASSTICS FEDERATION

Employer identification number

75-1847871

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- | | |
|---|---|
| <input type="checkbox"/> a Mail solicitations | <input type="checkbox"/> e Solicitation of non-government grants |
| <input type="checkbox"/> b Email solicitations | <input type="checkbox"/> f Solicitation of government grants |
| <input type="checkbox"/> c Phone solicitations | <input type="checkbox"/> g Special fundraising events |
| <input type="checkbox"/> d In-person solicitations | |

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

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

Total ▶

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

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col. (a) through col. (c))		
		SILENT AUCTION (event type)	SILENT AUCTION (event type)	5 (total number)			
Revenue	1	Gross receipts	5,488.	5,080.	9,363.	19,931.	
	2	Less: Charitable contributions	NONE	NONE	NONE	NONE	
	3	Gross revenue (line 1 minus line 2)	5,488.	5,080.	9,363.	19,931.	
Direct Expenses	4	Cash prizes					
	5	Non-cash prizes					
	6	Rent/facility costs					
	7	Other direct expenses	NONE	NONE	NONE	NONE	
	8	Direct expense summary. Add lines 4 through 7 in column (d)					(NONE)
	9	Net income summary. Combine lines 3 and 8 in column (d)					19,931.

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

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

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities: _____		
a Is the organization licensed to operate gaming activities in each of these states? _____	9a	
b If "No," Explain: _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? _____	10a	
b If "Yes," Explain: _____		
11 Does the organization operate gaming activities with nonmembers? _____	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? _____	12	

- 13** Indicate the percentage of gaming activity operated in:
- a** The organization's facility **13a** %
 - b** An outside facility **13b** %

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

Name ▶ _____
 Address ▶ _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? **15a**

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

c If "Yes," enter name and address:

Name ▶ _____
 Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? **17a**

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

	Yes	No
13a		
13b		
14		
15a		
15b		
15c		
16		
17a		
17b		

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S.

Department of the Treasury
Internal Revenue Service

Name of the organization

UNITED STATES GYMNASTICS FEDERATION

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed

Table with columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section if applicable, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation, (g) Description of non-cash assistance, (h) Purpose of grant or assistance.

- 2 Enter total number of section 501(c)(3) and government organizations
3 Enter total number of other organizations

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

2008

Open to Public Inspection

Employer identification number 75-1847871

Yes No

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIP GRANTS	9	181,210.	NONE	N/A	N/A

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

SCHEDULE I, PART I, LINE 2

FOR THE GRANTS TO UNIVERSAL GYMNASTICS AND HOUSTON GYMNASTICS ACADEMY,

THE ORGANIZATION RELIES UPON THE RESPECTIVE GOVERNING BODIES OF EACH

ORGANIZATION TO PROPERLY USE AND SPEND THE FUNDS AWARDED. THERE IS NO

MONITORING THE USE OF THE GRANT FUNDS.

FOR THE GRANT TO THE NATIONAL GYMNASTICS FOUNDATION, THE GOVERNING BODY

OF THE UNITED STATES GYMNASTICS FEDERATION OVERSEES THE EXPENDITURES OF

THOSE GRANT FUNDS TO BE SURE FUNDS ARE USED FOR THEIR INTENDED PURPOSE.

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

BECAUSE THE ORGANIZATIONS ARE RELATED AND UTILIZE THE SAME STAFF AND MANAGEMENT TEAM, MAKING SURE THE FUNDS ARE USED FOR THEIR INTENDED PURPOSE IS NOT DIFFICULT.

FOR THE SCHOLARSHIPS THAT ARE GRANTED TO INDIVIDUALS, THE UNITED STATES GYMNASTICS FEDERATION MAKES THE CHECK PAYABLE DIRECTLY TO THE EDUCATIONAL INSTITUTION OF CHOICE OF THE RECIPIENT. THIS PROCESS ALLOWS THE ORGANIZATION TO ENSURE THE FUNDS ARE USED FOR THEIR INTENDED PURPOSE.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.**

Name of the organization

Employer identification number

UNITED STATES GYMNASTICS FEDERATION

75-1847871

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input checked="" type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- | | |
|---|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a:

- a** Receive a severance payment or change of control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

	Yes	No
1b	X	
2	X	
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X

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

Schedule J (Form 990) 2008

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(i) STEVE PENNY	254,870.	60,000.	25,602.	13,800.	14,354.	368,625.	NONE
(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
(i)							
(ii)							
(i)							
(ii)							
(i)							
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(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							

Part III Supplemental Information

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

TRAVEL FOR COMPANIONS

SCHEDULE J, PART I, LINE 1A

THE PRESIDENT OF THE UNITED STATES GYMNASTICS FEDERATION, STEVE PENNY, IS

ALLOWED TRAVEL FOR COMPANIONS AS PART OF HIS EMPLOYMENT CONTRACT. THE

TRAVEL FOR COMPANIONS IS TREATED AS TAXABLE COMPENSATION ON HIS FORM W-2.

**SCHEDULE J-2
(Form 990)**

Continuation Sheet for Form 990

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Name of the Organization

Employer Identification number

UNITED STATES GYMNASTICS FEDERATION

75-1847871

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
PETER VIDMAR CHAIR (DEC 2008)	1.	X		X			NONE	NONE	NONE	
PAUL PARILLA VICE CHAIR (DEC 2008)	1.	X		X			NONE	NONE	NONE	
GARY ANDERSON SECRETARY	1.	X		X			500.	NONE	NONE	
JIM MORRIS TREASURER (DEC 2008)	1.	X		X			NONE	NONE	NONE	
TOM KOLL DIRECTOR	1.	X					9,288.	NONE	NONE	
STEVE RYBACKI DIRECTOR	1.	X					41,000.	NONE	NONE	
YOICHI TOMITA DIRECTOR	1.	X					500.	NONE	NONE	
RUSS FYSTROM DIRECTOR (DEC 2008)	1.	X					417.	NONE	NONE	
BROOKE BUSHNELL-TOOHEY DIRECTOR (DEC 2008)	1.	X					12,225.	NONE	NONE	
GEORGE DREW DIRECTOR	1.	X					3,180.	NONE	NONE	
JAY BINDER DIRECTOR	1.	X					NONE	NONE	NONE	
MIKE BURNS DIRECTOR	1.	X					4,525.	NONE	NONE	
RON FERRIS DIRECTOR	1.	X					NONE	NONE	NONE	
KIM ZMESKAL DIRECTOR	1.	X					3,000.	NONE	NONE	
JOHN ROETHLISBERGER DIRECTOR	1.	X					NONE	NONE	NONE	
JESSICA HOWARD DIRECTOR	1.	X					850.	NONE	NONE	
KARL HEGER DIRECTOR	1.	X					646.	NONE	NONE	
MICHAEL RODRIGUES DIRECTOR	1.	X					2,000.	NONE	NONE	
FRANK MARSHALL DIRECTOR	1.	X					NONE	NONE	NONE	
BITSEY KELLEY DIRECTOR (DEC 2008)	1.	X					NONE	NONE	NONE	
MARY LOU RETTON DIRECTOR (DEC 2008)	1.	X					NONE	NONE	NONE	

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

Schedule J-2 (Form 990) 2008

JSA

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**SCHEDULE J-2
(Form 990)**

Continuation Sheet for Form 990

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Name of the Organization

Employer Identification number

UNITED STATES GYMNASTICS FEDERATION

75-1847871

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
RON FROEHLICH CHAIR (JAN-NOV 2008)	1.	X		X			23,433.	NONE	NONE	
BOB WOOD TREASURER (JAN-NOV 2008)	1.	X		X			NONE	NONE	NONE	
ANDREA SCHMID SHAPIRO VICE CHAIR (JAN-NOV 2008)	1.	X		X			600.	NONE	NONE	
TONYA CASE VICE CHAIR (JAN-NOV 2008)	1.	X		X			24,828.	NONE	NONE	
STEVE BUTCHER DIRECTOR (JAN-NOV 2008)	1.	X					4,850.	NONE	NONE	
DAVID HOLCOMB DIRECTOR (JAN-NOV 2008)	1.	X					2,150.	NONE	NONE	
SEAN KEMPTON VICE CHAIR (JAN-NOV 2008)	1.	X		X			1,450.	NONE	NONE	
LARISSA FONTAINE DIRECTOR (JAN-NOV 2008)	1.	X					NONE	NONE	NONE	
TOM FORSTER DIRECTOR (JAN-NOV 2008)	1.	X					3,038.	NONE	NONE	
KELLI HILL DIRECTOR (JAN-NOV 2008)	1.	X					NONE	NONE	NONE	
ABIE GROSSFELD DIRECTOR (JAN-NOV 2008)	1.	X					1,100.	NONE	NONE	
IVANKA KIROV DIRECTOR (JAN-NOV 2008)	1.	X					1,300.	NONE	NONE	
MICHELLE LARSON DIRECTOR (JAN-NOV 2008)	1.	X					NONE	NONE	NONE	
SCOTT LINEBERRY DIRECTOR (JAN-NOV 2008)	1.	X					NONE	NONE	NONE	
LINDA PORTER DIRECTOR (JAN-NOV 2008)	1.	X					84.	NONE	NONE	
JAY THORNTON DIRECTOR (JAN-NOV 2008)	1.	X					NONE	NONE	NONE	
DOMINIQUE DAWES DIRECTOR (JAN-NOV 2008)	1.	X					1,500.	NONE	NONE	
SHANNON MILLER DIRECTOR (JAN-NOV 2008)	1.	X					1,700.	NONE	NONE	
DAN GILL DIRECTOR (JAN-NOV 2008)	1.	X					300.	NONE	NONE	
MARY SANDERS DIRECTOR (JAN-NOV 2008)	1.	X					300.	NONE	NONE	
AMATEUR ATHLETIC UION DIRECTOR (JAN-NOV 2008)	1.		X				NONE	NONE	NONE	

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

Schedule J-2 (Form 990) 2008

**SCHEDULE J-2
(Form 990)**

Continuation Sheet for Form 990

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Name of the Organization

Employer Identification number

UNITED STATES GYMNASTICS FEDERATION

75-1847871

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
AMERICAN SOKOL ORGANIZATION DIRECTOR (JAN-NOV 2008)	1.		X					NONE	NONE	NONE
AMERICAN TURNERS DIRECTOR (JAN-NOV 2008)	1.		X					NONE	NONE	NONE
COLLEGE GYMNASTICS ASSOCIATION MEN DIRECTOR (JAN-NOV 2008)	1.		X					NONE	NONE	NONE
NAT'L ASSN COLLEGIATE COACHES WOMEN DIRECTOR (JAN-NOV 2008)	1.		X					NONE	NONE	NONE
NAT'L ASSN GIRLS & WOMEN IN SPORT DIRECTOR (JAN-NOV 2008)	1.		X					NONE	NONE	NONE
NAT'L ASSN WOMEN'S GYMNASTICS JDGS DIRECTOR (JAN-NOV 2008)	1.		X					NONE	NONE	NONE
NCAA-MEN DIRECTOR (JAN-NOV 2008)	1.		X					NONE	NONE	NONE
NCAA-WOMEN DIRECTOR (JAN-NOV 2008)	1.		X					NONE	NONE	NONE
NAT'L FED STATE HIGH SCHOOL ASSNS DIRECTOR (JAN-NOV 2008)	1.		X					NONE	NONE	NONE
NAT'L HS GYMNASTICS COACHES ASSN DIRECTOR (JAN-NOV 2008)	1.		X					NONE	NONE	NONE
US ASSN INDEPEDENT GYMNASTICS CLUBS DIRECTOR (JAN-NOV 2008)	1.		X					NONE	NONE	NONE
US ELITE COACHES ASSOCIATION-MEN DIRECTOR (JAN-NOV 2008)	1.		X					NONE	NONE	NONE
US ELITE COACHES ASSOCIATION-WOMEN DIRECTOR (JAN-NOV 2008)	1.		X					NONE	NONE	NONE
US MEN'S GYMNASTICS COACHES ASSN DIRECTOR (JAN-NOV 2008)	1.		X					NONE	NONE	NONE
US RHYTHMIC GYMNASTICS COACHES ASSN DIRECTOR (JAN-NOV 2008)	1.		X					NONE	NONE	NONE
YMCA DIRECTOR (JAN-NOV 2008)	1.		X					NONE	NONE	NONE
STEVE PENNY PRESIDENT	40.			X				340,471.	NONE	28,154.
JOHN HEWETT CONTROLLER	40.			X				106,583.	NONE	11,294.
KATHY FELDMANN VP MEMBER SERVICES	40.					X		113,759.	NONE	7,345.
KATHY KELLY VP PROGRAM	40.					X		111,117.	NONE	11,843.
DAVONSHE GALIMORE VP EVENTS/OLYMPIC RELATIONS	40.					X		108,299.	NONE	11,883.

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

Schedule J-2 (Form 990) 2008

Continuation Sheet for Form 990

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Name of the Organization

Employer Identification number

UNITED STATES GYMNASTICS FEDERATION

75-1847871

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
KELLY FEILKE SR DIR OF MARKETING	40.					X		101,473.	NONE	20,526.

Name of the organization

Employer identification number

UNITED STATES GYMNASTICS FEDERATION

75-1847871

AUDITED FINANCIAL STATEMENTS

FORM 990, PART IV, LINE 12 AND PART XI, LINES 2B-2C

THE ORGANIZATION'S FINANCIAL STATEMENTS WERE AUDITED IN ACCORDANCE WITH

GAAP BY AN INDEPENDENT ACCOUNTANT ON A CONSOLIDATED BASIS. THE

ORGANIZATION ALSO HAS A COMMITTEE THAT ASSUMES THE RESPONSIBILITY FOR

OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN

INDEPENDENT ACCOUNTANT.

ORGANIZATIONS THAT MAY RECEIVE DEDUCTIBLE CONTRIBUTIONS

FORM 990, PART V, LINES 7G & 7G

THESE QUESTIONS DO NOT APPLY TO THE ORGANIZATION AND THEREFORE WERE

INTENTIONALLY LEFT BLANK.

Name of the organization

Employer identification number

UNITED STATES GYMNASTICS FEDERATION

75-1847871

CLASSES OF MEMBERS OR STOCKHOLDERS

FORM 990, PART VI, SECTION A, LINES 6 & 7A

THE UNITED STATES GYMNASTICS FEDERATION HAS TWO CLASSES OF MEMBERS. THE

FIRST CLASS OF MEMBERS IS THE PROFESSIONAL MEMBERS, MADE UP OF COACHES &

JUDGES. THE PROFESSIONAL MEMBERS HAVE THE RIGHT TO COLLECTIVELY ELECT 7

POSITIONS TO THE BOARD OF DIRECTORS. THE SECOND CLASS OF MEMBERS IS THE

ATHLETE MEMBERS, MADE UP OF ATHLETES WHO HAVE EITHER PARTICIPATED IN THE

OLYMPICS WITHIN 10 YEARS OR HAVE BEEN A NATIONAL TEAM MEMBER WITHIN 18

MONTHS. THE ATHLETE MEMBERS HAVE THE RIGHT TO COLLECTIVELY ELECT 5

POSITIONS TO THE BOARD OF DIRECTORS.

Name of the organization

Employer identification number

UNITED STATES GYMNASTICS FEDERATION

75-1847871

REVIEW OF FORM 990 BY GOVERNING BODY

FORM 990, PART VI, SECTION A, LINE 10

THE FORM 990 IS REVIEWED IN DETAIL BY THE CONTROLLER AND PRESIDENT. THEN

A FINAL DRAFT OF THE FORM 990 IS DISTRIBUTED VIA EMAIL TO EVERY MEMBER OF

THE GOVERNING BODY BEFORE IT IS FILED WITH THE IRS.

Name of the organization

Employer identification number

UNITED STATES GYMNASTICS FEDERATION

75-1847871

CONFLICT OF INTEREST POLICY

FORM 990, PART VI, SECTION B, LINE 12C

A CONFLICT OF INTEREST QUESTIONNAIRE IS COMPLETED BY EVERY DIRECTOR,

OFFICER, MEMBER OF ANY COMMITTEE, AND EMPLOYEE. THE QUESTIONNAIRES ARE

THEN REVIEWED BY THE PRESIDENT. POTENTIAL CONFLICTS OF INTEREST ARE

BROUGHT TO THE ATTENTION OF THE PRESIDENT OF THE BOARD, WHO THEN DIRECTS

THE MATTER TO THE BOARD OF DIRECTORS. NO DIRECTOR, OFFICER, MEMBER OF

ANY COMMITTEE, OR EMPLOYEE SHALL PARTICIPATE IN THE NEGOTIATION,

EVALUATION OR APPROVAL BY THE ORGANIZATION OF ANY CONTRACTUAL ARRANGEMENT

IN WHICH THERE IS AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST. THIS

PROCESS, HOWEVER, IS NOT DONE ANNUALLY.

EACH DIRECTOR, OFFICER, MEMBER OF ANY COMMITTEE, OR EMPLOYEE, UPON

LEARNING THAT THE ORGANIZATION IS PROPOSING TO ENTER INTO AN ARRANGEMENT

IN WHICH HE OR SHE HAS A FINANCIAL INTEREST IN SUCH ARRANGEMENT, PROMPTLY

NOTIFIES THE PRESIDENT IN WRITING OF THE EXISTENCE OF SUCH INTEREST, AND

THE PRESIDENT IN TURN DISCLOSES SUCH INTEREST TO THE BOARD OF DIRECTORS.

WRITTEN WHISTLEBLOWER POLICY

FORM 990, PART VI, SECTION B, LINES 13

THE ORGANIZATION HAS DRAFTED A WRITTEN WHISTLEBLOWER POLICY THAT IS

CURRENTLY IN REVIEW AND IS EXPECTED TO BE IMPLEMENTED BY DECEMBER 31,

2009.

Name of the organization

Employer identification number

UNITED STATES GYMNASTICS FEDERATION

75-1847871

COMPENSATION OF THE OFFICERS

FORM 990, PART VI, SECTION B, LINES 15A & 15B

THE COMPENSATION OF THE PRESIDENT IS REVIEWED BY THE BOARD OF DIRECTORS

ANNUALLY. THE BOARD USES OTHER ORGANIZATIONS' FORMS 990 AND DIRECTLY

CONTACTS OTHER ORGANIZATIONS TO OBTAIN COMPARABILITY DATA AND TO ENSURE

COMPENSATION IS REASONABLE. THE DECISIONS ARE DOCUMENTED IN THE BOARD

MINUTES. THIS PROCESS WAS LAST UNDERTAKEN IN 2008.

THE COMPENSATION OF OTHER OFFICERS AND KEY EMPLOYEES IS NOT REVIEWED BY

THE BOARD OF DIRECTORS OR ANY OTHER GROUP OF INDEPENDENT PERSONS.

Name of the organization

Employer identification number

UNITED STATES GYMNASTICS FEDERATION

75-1847871

DISCLOSURE OF GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, ETC.

FORM 990, PART VI, SECTION C, LINE 19

THE ORGANIZATION'S FINANCIAL STATEMENTS AND GOVERNING DOCUMENTS ARE

AVAILABLE TO THE PUBLIC VIA THE ORGANIZATION'S WEBSITE. THE CONFLICT OF

INTEREST POLICY, HOWEVER, IS NOT AVAILABLE TO THE PUBLIC AT THIS TIME.

COMPENSATION OF DIRECTORS

SCHEDULE J-2, PART I

NONE OF THE BOARD MEMBERS ARE PAID FOR THEIR SERVICES AS A BOARD MEMBER.

HOWEVER SOME BOARD MEMBERS DO RECEIVE COMPENSATION AS A COACH, JUDGE, OR

FOR OTHER SERVICES TO THE ORGANIZATION, AND THAT COMPENSATION IS SHOWN IN

SCHEDULE J-2.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

▶ See separate instructions.

Name of the organization

UNITED STATES GYMNASTICS FEDERATION

Employer identification number

75-1847871

OMB No. 1545-0047

2008

Open to Public
Inspection

Part I Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
NATIONAL GYMNASTICS FOUNDATION, INC. 35-1757753 132 E. WASHINGTON ST, STE 700 INDIANAPOLIS, IN 46204	PRGM SUPPORT	IN	501(C)(3)	11A	N/A

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

Part III Identification of Related Organizations Taxable as a Partnership

Table with 10 columns: (A) Name, address, and EIN of related organization; (B) Primary activity; (C) Legal domicile; (D) Direct controlling entity; (E) Predominant income; (F) Share of total income; (G) Share of end-of-year assets; (H) Disproportionate allocations?; (I) Code V-UBI amount; (J) General or managing partner?

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

Table with 6 columns: (A) Name, address, and EIN of related organization; (B) Primary activity; (C) Legal domicile; (D) Direct controlling entity; (E) Type of entity; (F) Share of total income; (G) Share of end-of-year assets; (H) Percentage ownership.

Part V Transactions With Related Organizations

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

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

	Yes	No
a Receipt of (i) interest (iii) royalties (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to other organization(s)	X	
c Gift, grant, or capital contribution from other organization(s)	X	
d Loans or loan guarantees to or for other organization(s)	X	
e Loans or loan guarantees by other organization(s)	X	
f Sale of assets to other organization(s)		X
g Purchase of assets from other organization(s)		X
h Exchange of assets		X
i Lease of facilities, equipment, or other assets to other organization(s)		X
j Lease of facilities, equipment, or other assets from other organization(s)		X
k Performance of services or membership or fundraising solicitations for other organization(s)		X
l Performance of services or membership or fundraising solicitations by other organization(s)		X
m Sharing of facilities, equipment, mailing lists, or other assets	X	
n Sharing of paid employees	X	
o Reimbursement paid to other organization for expenses		X
p Reimbursement paid by other organization for expenses	X	
q Other transfer of cash or property to other organization(s)		X
r Other transfer of cash or property from other organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(A) Name of other organization(s)	(B) Transaction type (a-f)	(C) Amount involved
(1) NATIONAL GYMNASTICS FOUNDATION, INC.	B	1,500,000.
(2) NATIONAL GYMNASTICS FOUNDATION, INC.	C	195,305.
(3) NATIONAL GYMNASTICS FOUNDATION, INC.	D	407,344.
(4)		
(5)		
(6)		

Part VI **Unrelated Organizations Taxable as a Partnership**

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

(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		(E) Share of end-of-year assets	(F) Disproportionate allocations?		(G) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION
=====

THE UNITED STATES GYMNASTICS FEDERATION (THE FEDERATION) IS THE DESIGNATED NATIONAL GOVERNING BODY OF THE OLYMPIC SPORT OF GYMNASTICS. THE FEDERATION WAS SO DESIGNATED BY THE UNITED STATES OLYMPIC COMMITTEE (THE USOC) AND IS A GROUP "A" MEMBER OF THE USOC. THE FEDERATION IS ALSO THE UNITED STATES REPRESENTATIVE TO THE FEDERATION INTERNATIONALE DE GYMNASTIQUE (FIG), AN ORGANIZATION WHOSE PURPOSE IS TO PROMOTE THE DEVELOPMENT OF THE SPORT OF GYMNASTICS THROUGHOUT THE WORLD. IN ADDITION TO ORGANIZING THE UNITED STATES OLYMPIC GYMNASTICS TEAM AND OTHER NATIONAL TEAMS, THE FEDERATION SUPPORTS AND PROMOTES THE SPORTS OF GYMNASTICS THROUGH ATHLETE AND COACH DEVELOPMENT, EVENT SANCTIONING, SAFETY, AND EDUCATION.

STATEMENT 1

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS

DESCRIPTION OF SERVICES COMPENSATION

BAKER AND DANIELS
300 N. MERIDIAN STREET #2700
INDIANAPOLIS, IN 46204

LEGAL SERVICES

140,056.

TOTAL COMPENSATION

140,056.
=====

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

For calendar year 2008 or other tax year beginning 01/01, 2008, and ending 12/31, 2008. See separate instructions.

A Check box if address changed

B Exempt under section
 501(C)(3)
 408(e) 220(e)
 408A 530(a)
 529(a)

C Book value of all assets at end of year

Print or Type

Name of organization (Check box if name changed and see instructions.)

UNITED STATES GYMNASTICS FEDERATION

Number, street, and room or suite no. If a P.O. box, see page 9 of instructions.

700

132 E WASHINGTON ST

City or town, state, and ZIP code

INDIANAPOLIS, IN 46204

D Employer identification number
(Employees' trust, see instructions for Block D on page 9.)

75-1847871

E Unrelated business activity codes
(See instructions for Block E on page 9.)

511120

F Group exemption number (See instructions for Block F on page 9.)

8,826,859.

G Check organization type 501(c) corporation 501(c) trust 401(a) trust Other trust

H Describe the organization's primary unrelated business activity. **ADVERTISING**

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No
If "Yes," enter the name and identifying number of the parent corporation.

J The books are in care of **JOHN HEWETT**

Telephone number **317-829-5658**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales			
b	Less returns and allowances			
	c Balance	1c		
2	Cost of goods sold (Schedule A, line 7)	2		
3	Gross profit. Subtract line 2 from line 1c	3		
4a	Capital gain net income (attach Schedule D)	4a		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c	Capital loss deduction for trusts	4c		
5	Income (loss) from partnerships and S corporations (attach statement)	5		
6	Rent income (Schedule C)	6		
7	Unrelated debt-financed income (Schedule E)	7		
8	Interest, annuities, royalties, and rents from controlled organizations (Schedule F)	8		
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10	Exploited exempt activity income (Schedule I)	10		
11	Advertising income (Schedule J)	11	564,095.	15,424.
12	Other income (See page 11 of the instructions; attach schedule.)	12		
13	Total. Combine lines 3 through 12	13	564,095.	15,424.
				548,671.

Part II Deductions Not Taken Elsewhere (See page 11 of the instructions for limitations on deductions.)
(Except for contributions, deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)	14		
15	Salaries and wages	15		
16	Repairs and maintenance	16		
17	Bad debts	17		
18	Interest (attach schedule)	18		
19	Taxes and licenses	19		287.
20	Charitable contributions (See page 13 of the instructions for limitation rules.)	20		
21	Depreciation (attach Form 4562)	21	NONE	
22	Less depreciation claimed on Schedule A and elsewhere on return	22a		NONE
23	Depletion	23		
24	Contributions to deferred compensation plans	24		
25	Employee benefit programs	25		
26	Excess exempt expenses (Schedule I)	26		
27	Excess readership costs (Schedule J)	27		544,289.
28	Other deductions (attach schedule)	28		
29	Total deductions. Add lines 14 through 28	29		544,576.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30		4,095.
31	Net operating loss deduction (limited to the amount on line 30)	31		
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32		4,095.
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions.)	33		1,000.
34	Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34		3,095.

Part III Tax Computation

Table with 3 columns: Line number, Description, and Amount. Includes rows for Organizations Taxable as Corporations, Trusts Taxable at Trust Rates, Proxy tax, Alternative minimum tax, and Total.

Part IV Tax and Payments

Table with 3 columns: Line number, Description, and Amount. Includes rows for Foreign tax credit, Other credits, General business credit, Total credits, Subtract line 40e from line 39, Other taxes, Total tax, Payments, Total payments, Estimated tax penalty, Tax due, Overpayment, and Enter the amount of line 48.

Part V Statements Regarding Certain Activities and Other Information (see instructions on page 18)

Table with 3 columns: Question number, Question text, and Yes/No response. Includes questions about foreign country interest, foreign trust distributions, and tax-exempt interest.

Schedule A - Cost of Goods Sold. Enter method of inventory valuation

Table with 3 columns: Line number, Description, and Amount/Yes/No. Includes rows for Inventory at beginning of year, Purchases, Cost of labor, Additional section 263A costs, Other costs, and Total.

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 taxpayer) is based on all information of which preparer has any knowledge.

Signature and Preparer information section. Includes fields for Sign Here, Signature of officer, Date, Title, Preparer's signature, Date, Check if self-employed, Preparer's SSN or PTIN, Firm's name, address, and ZIP code, EIN, and Phone no.

INDIANAPOLIS, IN 46240-0977

Form 990-T (2008)

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
 - 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).

A corporation 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, REMCs, 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 a corporation 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 type="checkbox"/> Form 990	<input checked="" 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. ▶ 317 829-5658 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) N/A. 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 corporation required to file Form 990-T) extension of time until 11/15, 2009, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year 2008 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	\$	3,524.
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.

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)
(see instructions on page 19)

1 Description of property

Table with 1 column: (1) Description of property, (2), (3), (4)

2 Rent received or accrued

Table with 3 columns: (a) From personal property, (b) From real and personal property, 3(a) Deductions directly connected with the income in columns 2(a) and 2(b), Total, (c) Total income.

Schedule E - Unrelated Debt-Financed Income (see instructions on page 19)

Table with 5 columns: 1 Description of debt-financed property, 2 Gross income from or allocable to debt-financed property, 3 Deductions directly connected with or allocable to debt-financed property, 4 Amount of average acquisition debt, 5 Average adjusted basis, 6 Column 4 divided by column 5, 7 Gross income reportable, 8 Allocable deductions, Totals.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions on page 20)

Table with 6 columns: 1 Name of controlled organization, 2 Employer identification number, 3 Net unrelated income, 4 Total of specified payments made, 5 Part of column 4 that is included in the controlling organization's gross income, 6 Deductions directly connected with income in column 5.

Nonexempt Controlled Organizations

Table with 5 columns: 7 Taxable Income, 8 Net unrelated income, 9 Total of specified payments made, 10 Part of column 9 that is included in the controlling organization's gross income, 11 Deductions directly connected with income in column 10.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions on page 21)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
Enter here and on page 1, Part I, line 9, column (A).				Enter here and on page 1, Part I, line 9, column (B).
Totals ▶				

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions on page 21)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Enter here and on page 1, Part I, line 10, col. (A).		Enter here and on page 1, Part I, line 10, col. (B).				Enter here and on page 1, Part II, line 26.
Totals ▶						

Schedule J - Advertising Income (see instructions on page 21)

Part I Income From Periodicals Reported on a Consolidated Basis

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5)) . . . ▶						

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) STMT 1	564,095.	15,424.	548,671.	230,888.	1,151,217.	544,289.
(2)						
(3)						
(4)						
(5) Totals from Part I	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5) . . . ▶						
	564,095.	15,424.				544,289.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions on page 22)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
			%
			%
			%
			%

Total. Enter here and on page 1, Part II, line 14 ▶

SCHEDULE J - PART II, ADVERTISING INCOME REPORTED ON A SEPARATE BASIS

1. NAME OF PERIODICAL =====	2. GROSS ADVERTISING INCOME =====	3. DIRECT ADVERTISING COSTS =====	4. ADVERTISING GAIN OR LOSS =====	5. CIRCULATION INCOME =====	6. READERSHIP COSTS =====	7. EXCESS READERSHIP COSTS =====
USA GYMNASTICS	394,081.	15,424.	378,657.	208,966.	811,472.	378,657.
TECHNIQUE	123,561.	NONE	123,561.	5,604.	201,152.	123,561.
CONGRESS PROGRAM	14,263.	NONE	14,263.	458.	17,101.	14,263.
WEB SITE	8,837.	NONE	8,837.	NONE	83,984.	8,837.
CHAMPIONSHIP PROGRAM	1,500.	NONE	1,500.	15,860.	15,409.	
T&T PROGRAM	2,848.	NONE	2,848.	NONE	3,776.	2,848.
SPORTS ACRO PROGRAM	4,250.	NONE	4,250.	NONE	1,368.	1,368.
BEST PRACTICES MANUAL	14,755.	NONE	14,755.	NONE	16,955.	14,755.
COLUMN TOTALS	564,095.	15,424.	548,671.	230,888.	1,151,217.	544,289.
	=====	=====	=====	=====	=====	=====