

** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public.

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

ΑF	or the	2018 calendar year, or tax year beginning and	ending		
	Check if opplicable	C Name of organization		D Employer identific	cation number
X	Addres change Name	NATIONAL GYMNASTICS FOUNDATION, INC.			
	change	~	5 / 1		757753
	return _Final _return/	44 WORTH STREET	Room/suite	E Telephone number 317 –	829-5652
	termin- ated			G Gross receipts \$	6,967,092.
	Amend return Applica	NEW TORK, NT 10015		H(a) Is this a group re	
	tion pendin	F Name and address of principal officer: I INA FERRIODA		for subordinates	
		SAME AS C ABOVE		H(b) Are all subordinates in	
		empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) o e: ► WWW.GYMNASTICSFOUNDATION.ORG	or 527	1	list. (see instructions)
		organization: X Corporation Trust Association Other ►	I Voor	H(c) Group exemption 1988	n number ► 1 State of legal domicile: IN
		Summary	L Teal		A State of legal doffliche. 11
		Briefly describe the organization's mission or most significant activities: THE 1	MISSIO	N OF THE NAT	TIONAL
Se	' (GYMNASTICS FOUNDATION IS TO PROVIDE FOR T			
Governance	2	Check this box 🕨 🔲 if the organization discontinued its operations or dispos			
Ver	3			3	9
	4	Number of independent voting members of the governing body (Part VI, line 1b)			9
တို		Total number of individuals employed in calendar year 2018 (Part V, line 2a)			0
/itie		Total number of volunteers (estimate if necessary)			9
Activities &	7 a ⁻	Total unrelated business revenue from Part VIII, column (C), line 12		<u>7a</u>	0.
_	b	Net unrelated business taxable income from Form 990-T, line 38		7b	0.
				Prior Year	Current Year
<u>e</u>	1	Contributions and grants (Part VIII, line 1h)		186,407.	231,139.
Revenue		Program service revenue (Part VIII, line 2g)		0.	0.
3e		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		706,556.	1,556,132.
_		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		892,963.	1,787,271.
	ı	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		874,197.	2,546,352.
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	_	0.	0.
Ä	17	Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	0.	162,097.	176,333.
	''	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,036,294.	2,722,685.
		Revenue less expenses. Subtract line 18 from line 12		-143,331.	-935,414.
- L		Teveride less expenses. Oubtract line to from line 12	Be	ginning of Current Year	End of Year
t Assets or	20	Total assets (Part X, line 16)	50	18,169,704.	14,270,008.
ASS	21	Total liabilities (Part X. line 26)		1,508,397.	664,272.
Net	22	Net assets or fund balances. Subtract line 21 from line 20		16,661,307.	13,605,736.
Pa	art II	Signature Block			
Und	er pena	ties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	nts, and to the best of my	knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer	has any knowledge.	
Sig	n	Signature of officer		Date	
Her	е	TINA FERRIOLA, CHAIR			
		Type or print name and title	Ιr	Date Check	PTIN
D . ' .	.	Print/Type preparer's name Preparer's signature		;	
Paid		AMANDA MEKO, CPA AMANDA MEKO, CPA Filmia sama a CREENWALT CRAS INC	→ 1	1/13/19 self-employ	
	Only	Firm's name GREENWALT CPAS, INC Firm's address 5342 W. VERMONT STREET		Firm's EIN ▶	35-1489521
use	Only	Firm's address 5342 W. VERMONT STREET INDIANAPOLIS, IN 46224		Dhone no 21	7-241-2999
N/a:	, the IT			I Priorie no. 3 1	
ivia	/ tne iF	S discuss this return with the preparer shown above? (see instructions)			X Yes No

13581113 765919 NAT05.0

Total program service expenses ►

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

	990 (2018) NATIONAL GYMNASTICS FOUNDATION, INC. 35-175	7753	Р	age 4
Pai	T IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	00	Х	
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	22	Λ	
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	•	23		x
24 a	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	25		<u> </u>
214	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			37
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	07		x
28	of any of these persons? If "Yes," complete Schedule L, Part III	27		
20	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а		28a		Х
	A family member of a current or former officer, director, trustee, or key employee? <i>If</i> "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
•	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	 	v	
0.5	Part V, line 1	34	Х	Х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		 ^
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35b		
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330		
30		36		x
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		1
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	<u> </u>		
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
Pai	Tt V Statements Regarding Other IRS Filings and Tax Compliance	•		
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
		<u> </u>		
	Enter the harbor of Forms W Za moladed in line fat. Enter of in not applicable	<u> </u>		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

832004 12-31-18

(gambling) winnings to prize winners?

Form 990 (2018) NATIONAL GYMNASTICS FOUNDATION, INC. Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			37
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
р	If "Yes," enter the name of the foreign country:			
E	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	E-		Х
b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<u>5a</u> 5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h o	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	sponsoring organization nave excess business noidings at any time during the year? Sponsoring organizations maintaining donor advised funds.	Ů		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
40	amounts due or received from them.)	40		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	13a		
а	Note. See the instructions for additional information the organization must report on Schedule O.	100		
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
~	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.		990	(00.15)

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

	Check if Schedule O contains a response or note to any line in this Part VI				X	
Sec	tion A. Governing Body and Management					
				Yes	No	
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	9 🖳			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	9			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship or	with any other				
	officer, director, trustee, or key employee?		2		Х	
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?		3		Х	
4	Did the organization make any significant changes to its governing documents since the prior Form 99				Х	
5	Did the organization become aware during the year of a significant diversion of the organization's asse	ts?	5		Х	
6 Did the organization have members or stockholders?						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or app	oint one or				
	more members of the governing body?		7a	X		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto					
	persons other than the governing body?		7b		Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year					
а	The governing body?		8a	X		
b	Each committee with authority to act on behalf of the governing body?		8b		Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reach	ned at the				
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		Х	
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	enue Code.)				
				Yes	No	
10a	Did the organization have local chapters, branches, or affiliates?		10a		X	
b	If "Yes," did the organization have written policies and procedures governing the activities of such cha	pters, affiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	before filing the form?	11a	X		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a		X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to	o conflicts?	12b			
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If " Ye	s," describe				
	in Schedule O how this was done		12c			
13	Did the organization have a written whistleblower policy?		13		X	
14	Did the organization have a written document retention and destruction policy?		14	Х		
15	Did the process for determining compensation of the following persons include a review and approval	by independent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
	The organization's CEO, Executive Director, or top management official		15a		X	
b	Other officers or key employees of the organization		15b		X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	ent with a				
	taxable entity during the year?		16a		X	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization					
C a a	exempt status with respect to such arrangements?		16b			
	tion 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 (1024 or 1024-A if applicable), 990, and	990-T (Section 501(c)(3)s only)	availat	ole	
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website X Another's website X Upon request Other (explain i	,				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conf	lict of interest policy, an	d financ	ıal		
••	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's book	s and records				
	TINA FERRIOLA - 212-334-3628 44 WORTH ST, NEW YORK, NY 10013					
	TT NOTITIOI, NEW TOWN, MI TOOLS					

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- 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.

(1) KRISTIN ALLEN DIRECTOR (2) GARY ANDERSON DIRECTOR (3) TINA FERRIOLA SECRETARY (4) NASTIA LIUKIN DIRECTOR (5) JIM MORRIS CHAIR (6) SALLIE WEAVER DIRECTOR (7) CONRAD VOORSANGER VICE CHAIR	Average hours per week			Posi	ition			(D)	(E)	(F) Estimated		
DIRECTOR (2) GARY ANDERSON DIRECTOR (3) TINA FERRIOLA SECRETARY (4) NASTIA LIUKIN DIRECTOR (5) JIM MORRIS CHAIR (6) SALLIE WEAVER DIRECTOR (7) CONRAD VOORSANGER VICE CHAIR	l wook	box	not ch unles	neck r ss per	more than one rson is both an lirector/trustee)			Reportable compensation	Reportable compensation	estimated amount of		
DIRECTOR (2) GARY ANDERSON DIRECTOR (3) TINA FERRIOLA SECRETARY (4) NASTIA LIUKIN DIRECTOR (5) JIM MORRIS CHAIR (6) SALLIE WEAVER DIRECTOR (7) CONRAD VOORSANGER VICE CHAIR	(list any hours for			d a di	recto			from the organization	from related organizations (W-2/1099-MISC)	other compensation from the		
DIRECTOR (2) GARY ANDERSON DIRECTOR (3) TINA FERRIOLA SECRETARY (4) NASTIA LIUKIN DIRECTOR (5) JIM MORRIS CHAIR (6) SALLIE WEAVER DIRECTOR (7) CONRAD VOORSANGER VICE CHAIR	related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		organization and related organizations		
(2) GARY ANDERSON DIRECTOR (3) TINA FERRIOLA SECRETARY (4) NASTIA LIUKIN DIRECTOR (5) JIM MORRIS CHAIR (6) SALLIE WEAVER DIRECTOR (7) CONRAD VOORSANGER VICE CHAIR	1.00							_	_			
DIRECTOR (3) TINA FERRIOLA SECRETARY (4) NASTIA LIUKIN DIRECTOR (5) JIM MORRIS CHAIR (6) SALLIE WEAVER DIRECTOR (7) CONRAD VOORSANGER VICE CHAIR	1 00	Х						0.	0.	0.		
(3) TINA FERRIOLA SECRETARY (4) NASTIA LIUKIN DIRECTOR (5) JIM MORRIS CHAIR (6) SALLIE WEAVER DIRECTOR (7) CONRAD VOORSANGER VICE CHAIR	1.00								0	0		
SECRETARY (4) NASTIA LIUKIN DIRECTOR (5) JIM MORRIS CHAIR (6) SALLIE WEAVER DIRECTOR (7) CONRAD VOORSANGER VICE CHAIR	2.00	Х						0.	0.	0.		
(4) NASTIA LIUKIN DIRECTOR (5) JIM MORRIS CHAIR (6) SALLIE WEAVER DIRECTOR (7) CONRAD VOORSANGER VICE CHAIR	2.00	Х		х				0.	0.	0.		
(5) JIM MORRIS CHAIR (6) SALLIE WEAVER DIRECTOR (7) CONRAD VOORSANGER VICE CHAIR	2.00	77						•	0.			
CHAIR (6) SALLIE WEAVER DIRECTOR (7) CONRAD VOORSANGER VICE CHAIR		х						0.	0.	0.		
(6) SALLIE WEAVER DIRECTOR (7) CONRAD VOORSANGER VICE CHAIR	2.00											
DIRECTOR (7) CONRAD VOORSANGER VICE CHAIR		Х		Х				0.	0.	0.		
(7) CONRAD VOORSANGER VICE CHAIR	2.00							_	_	_		
VICE CHAIR		Х						0.	0.	0.		
	1.00	3,7		7.7					0	0		
(8) KEITH DOUGLAS	1.00	Х		Х				0.	0.	0.		
DIRECTOR	1.00	Х						0.	0.	0.		
(9) LARISSA FONTAINE	1.00								-			
DIRECTOR		Х						0.	0.	0.		
(10) JAMES SHOLLENBARGER CFO	1.00			Х				75,062.	0.	0.		
(11) JOHN HEWETT	1.00							05 500		•		
CFO	40.00			Х				85,503.	0.	0.		

Par	T VII Section A. Officers, Directors, Trus		oloy	ees,			ghe	st C	ompensated Employee	s (continued)				
	(A)	(B)			•	C)			(D)	(E)			(F)	
	Name and title	Average	(do		Pos heck		than	one	Reportable	Reportable		l .	timate	
		hours per week					is bot or/trus		compensation	compensatio		l .	nount (of
		(list any						T	from the	from related organization		l .	other pensa	tion
		hours for	direct				_		organization	(W-2/1099-MIS			om the	
		related	ee or	stee			nsate		(W-2/1099-MISC)	(** 2) 1000 11110	, ,	1	anizati	
		organizations	Individual trustee or director	Institutional trustee		yee	Highest compensated employee						d relate	
		below	/idual	tutior	Je Je	Key employee	lest co	ner				orga	nizatio	ons
		line)	ibu	Insti	Officer	Key	High	Former						
							-							
								-						
							-	-						
							+							
			-											
							\vdash							
			-											
			•											
1b	Sub-total							▶	160,565.		0.			0.
	Total from continuation sheets to Part VI							•	0.		0.			0.
	Total (add lines 1b and 1c)							•	160,565.		0.			0.
2	Total number of individuals (including but n							no re	eceived more than \$100,	000 of reportable	 e			
	compensation from the organization													0
													Yes	No
3	Did the organization list any former officer,	director, or tru	ıste	e, ke	y en	nplo	yee	, or	highest compensated er	nployee on				
	line 1a? If "Yes," complete Schedule J for s	uch individual										3		X
4	For any individual listed on line 1a, is the su													
	and related organizations greater than \$150											4		X
5	Did any person listed on line 1a receive or a	•				,			J	dual for services				
	rendered to the organization? If "Yes," com	plete Schedul	e J f	or su	ıch <u>ı</u>	pers	on					5		X
	tion B. Independent Contractors													
1	Complete this table for your five highest co	•	•							, ,	oensa	tion fro	om	
	the organization. Report compensation for	the calendar ye	ear e	endir	ng w	ith c	or w	ithin		ear. T				
	(A) Name and business	address	NIC	ONE	7				(B) Description of s	ervices	C	(C Comper		า
			111	7141	-									
2	Total number of independent contractors (ii	ncludina but n	ot lir	nite	d to	thos	se lis	sted	above) who received mo	ore than				
_	\$100,000 of compensation from the organization		_	_	_)	_						
													<u> </u>	

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (**D)** Revenue excluded from tax under (B) (C) Unrelated Total revenue Related or exempt function business sections 512 - 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns **b** Membership dues c Fundraising events d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above 231,139. g Noncash contributions included in lines 1a-1f: \$ 231,139. h Total. Add lines 1a-1f **Business Code** 2 a Program Service f All other program service revenue g Total. Add lines 2a-2f . Investment income (including dividends, interest, and 608,332. 608,332. other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses c Rental income or (loss) **d** Net rental income or (loss) (ii) Other 7 a Gross amount from sales of (i) Securities 6,127,621. assets other than inventory b Less: cost or other basis 5,179,821. and sales expenses 947,800. c Gain or (loss) 947,800. 947,800. d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 a **b** Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a **b** Less: direct expenses **c** Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a b d All other revenue e Total. Add lines 11a-11d 1,787,271. 1,556,132. Total revenue. See instructions

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) Do not include amounts reported on lines 6b. Program service expenses Total expenses Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 2,398,852. 2,398,852. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 147,500. 147,500. individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 10 Payroll taxes Fees for services (non-employees): Management а 54,156. 54,156. Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 119,390. 119,390. Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 13 Office expenses Information technology 14 Royalties 15 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates _____ 21 22 Depreciation, depletion, and amortization 2,171. 2,171. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 616. 616. MISCELLANEOUS EXPENSE All other expenses 2,722,685. 2,546,352. 176,333. 0. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Pa	rt X	Balance Sheet				
		Check if Schedule O contains a response or not	e to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		135,326.	1	181,332.
	2	Savings and temporary cash investments		1,267,895.	2	517,162
	3	Pledges and grants receivable, net			3	•
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and fo				
		trustees, key employees, and highest compensa	, , , , , , , , , , , , , , , , , , ,			
		Part II of Schedule L	· · · · · · · · · · · · · · · · · · ·		5	
	6	Loans and other receivables from other disqualit				
Assets		section 4958(f)(1)), persons described in section	· , ,			
		employers and sponsoring organizations of sect	-			
		employees' beneficiary organizations (see instr).	·		6	
	7	Notes and loans receivable, net	[7	
As	8	Inventories for sale or use			8	
	9			1,302.	9	
	10a	Land, buildings, and equipment: cost or other		·		
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation			10c	
	11	Investments - publicly traded securities		16,765,181.	11	13,571,514
	12	Investments - other securities. See Part IV, line 1		12		
	13	Investments - program-related. See Part IV, line		13		
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		15		
	16	Total assets. Add lines 1 through 15 (must equal		18,169,704.	16	14,270,008
	17	Accounts payable and accrued expenses		40,172.	17	
	18	Grants payable	84,455.	18	27,942	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete I			21	
S	22	Loans and other payables to current and former	officers, directors, trustees,			
ij		key employees, highest compensated employee	s, and disqualified persons.			
Liabilities		Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrela	ted third parties		23	
	24	Unsecured notes and loans payable to unrelated	third parties		24	
	25	Other liabilities (including federal income tax, pa				
		parties, and other liabilities not included on lines	17-24). Complete Part X of	4 000 550		
				1,383,770.		636,330
	26	Total liabilities. Add lines 17 through 25		1,508,397.	26	664,272
		Organizations that follow SFAS 117 (ASC 958				
es		complete lines 27 through 29, and lines 33 an		15 207 005		11 501 500
auc	27	Unrestricted net assets		15,387,895.	27	11,591,529
Bala	28	Temporarily restricted net assets		1,273,412.	28	2,014,207
힏	29				29	
교		Organizations that do not follow SFAS 117 (A	SC 958), check here			
ž or		and complete lines 30 through 34.				
sets	30	Capital stock or trust principal, or current funds			30	
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or ed			31	
Ě	32	Retained earnings, endowment, accumulated in		16,661,307.	32	13,605,736
_	33	Total net assets or fund balances		18,169,704.	33	14,270,008
	34	Total liabilities and net assets/fund balances		10,103,704.	34	Form 990 (201

Form **990** (2018)

Form 990 (2018)

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>,78</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2		,72		
3	Revenue less expenses. Subtract line 2 from line 1	3		-93	5,4	<u> 14.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		,66		
5	5 Net unrealized gains (losses) on investments 5 -2,					
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	13	,60	5,7	36.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate					
	consolidated basis, or both:					
	Separate basis Consolidated basis X Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c		Х
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Aud	it			
	Act and OMB Circular A-133?			За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed aud	it			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		

832012 12-31-18

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Employer identification number Name of the organization NATIONAL GYMNASTICS FOUNDATION, 35-1757753 Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed in your governing document? (i) Name of supported (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions)) 75-1847871 754,298 USA GYMNASTICS 10 X

Total

754,298

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
_	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
	etion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 4	(4) = 0 : :	(2) 20:0	(0) = 0 : 0	(4,) = 0	(5) = 5 : 5	(1) 1 0 10.
8	Gross income from interest,						
Ū	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
3	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc (see instruction	ne)			12	
	First five years. If the Form 990 is for	-		t fourth or fifth ta			
10	organization, check this box and stor	· ·	,	•		. , , ,	
Sec	ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2018 (li			olumn (f))		14	%
	Public support percentage from 2017					15	%
	33 1/3% support test - 2018. If the o						
	stop here. The organization qualifies	-					\
b	33 1/3% support test - 2017. If the o		-				
	and stop here. The organization qual						. —
17a	10% -facts-and-circumstances test	•	• • •				
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"			=		_	▶ □
h	10% -facts-and-circumstances test	•		,	•		
	more, and if the organization meets the	-					
	organization meets the "facts-and-circ						▶ □
18	Private foundation. If the organization			· ·			 \$ \q
10	i invate roundation. Il the organizatio	n ala not check a	DON OIT III TO, 100	a, 100, 11a, 01 11b	, oneon una bux a	ina see instructions	·

Schedule A (Form 990 or 990-EZ) 2018

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

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

Se	ction A. Public Support	, , , , , , , , , , , , , , , , , , , ,					
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
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						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7	Amounts included on lines 1, 2, and 3 received from disqualified persons						
ı	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income (less section 511 taxes) from businesses						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						<u> </u>
14	First five years. If the Form 990 is for	•		*	•	. , . , .	
<u>C-</u>	check this box and stop here						>
	ction C. Computation of Publi					T I	
	Public support percentage for 2018 (I					15	<u>%</u>
16	Public support percentage from 2017					16	%
	ction D. Computation of Inves			40		14-1	
	Investment income percentage for 20					17	%
	Investment income percentage from					18	<u>%</u>
19	a 33 1/3% support tests - 2018. If the						. .
ı	more than 33 1/3%, check this box ar 33 1/3% support tests - 2017. If the						
	line 18 is not more than 33 1/3%, che	ck this box and st	t op here. The orga	nization qualifies a	as a publicly suppo	orted organization	
20	Private foundation If the organization	n did not chock a	hay on line 14 10	or 10h chock th	nic how and coo inc	etructions	ightharpoonup

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
4	Х	
1	Λ	
2		Х
3a		X
3b		
3c		
30		
4a		Х
4b		
4c		
5a		Х
5b		
5c		
6		Х
7		X
		v
8		X
9a		Х
9b		Х
9c		X
40-		X
10a		
10b		
000 04 00	0 EZ	2010

Pa	rt IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		X
b	A family member of a person described in (a) above?	11b		X
<u>c</u>	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		_ X
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported		7.7	
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	Х	
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			х
Sac	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
560	aon or type it oupporting organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		res	NO
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
	· · · · · · · · · · · · · · · · · · ·		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		<u> </u>
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		<u> </u>
	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)	•		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst Activities Test. Answer (a) and (b) below.	ructions,	Yes	No
2 a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		162	No
u	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Ves " describe in Part VI the role played by the organization in this regard	3b	1	1

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on I	Nov. 20, 1970 (explain in F	Part VI.) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	omplete Se	ctions A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	Ilv integrate	ad Type III supporting orga	enization (see

Schedule A (Form 990 or 990-EZ) 2018

instructions).

Schedule A (Form 990 or 990-EZ) 2018

8 Breakdown of line 7:
 a Excess from 2014
 b Excess from 2015
 c Excess from 2016
 d Excess from 2017
 e Excess from 2018

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service **Schedule of Contributors**

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2018

35-1757753

Name of the organization Employer identification number

INC.

NATIONAL GYMNASTICS FOUNDATION,

Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address),

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

II, and III.

Name of organization Employer identification number

NATIONAL GYMNASTICS FOUNDATION, INC.

35-1757753

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$34,373.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

NATIONAL GYMNASTICS FOUNDATION, INC.

35-1757753

Part II	Noncash Property (see instructions). Use duplicate copies of Part	Il if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-		 	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<u> </u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	18	 \$	990 990-F7 or 990-PF) (2018)

Name of organization **Employer identification number** NATIONAL GYMNASTICS FOUNDATION, INC. 35-1757753 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

NATIONAL GYMNASTICS FOUNDATION, INC. **Employer identification number** 35-1757753

Pai	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		Account	S. Complete if th	ie
	organization answered Tes On Form 990, Fait IV, line	(a) Donor advised funds	(b) Fund	ls and other accou	nts
1	Total number at end of year	2			
2	Aggregate value of contributions to (during year)	56,743.			
3	Aggregate value of grants from (during year)	7,500.			
4	Aggregate value at end of year	=04 0==			
5	Did the organization inform all donors and donor advisors in wr	•	funds		
	are the organization's property, subject to the organization's ex	-		Yes	X No
6	Did the organization inform all grantees, donors, and donor adv				
	for charitable purposes and not for the benefit of the donor or o				
	impermissible private benefit?			Yes	X No
Pai	rt II Conservation Easements. Complete if the orga				
1	Purpose(s) of conservation easements held by the organization	ı (check all that apply).			
	Preservation of land for public use (e.g., recreation or edu		cally importa	ant land area	
	Protection of natural habitat	Preservation of a certifie			
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualified	d conservation contribution in the form of a	a conservati	on easement on th	e last
	day of the tax year.			Held at the End of th	_
а	Total number of conservation easements		2a		
b					
С	Number of conservation easements on a certified historic struc	ture included in (a)	2c		
d	Number of conservation easements included in (c) acquired aft				
	listed in the National Register		. 2d		
3	Number of conservation easements modified, transferred, relea			uring the tax	
	year ▶				
4	Number of states where property subject to conservation easer	ment is located			
5	Does the organization have a written policy regarding the period	dic monitoring, inspection, handling of			
	violations, and enforcement of the conservation easements it h	olds?		Yes	No
6	Staff and volunteer hours devoted to monitoring, inspecting, ha	andling of violations, and enforcing conserv	ation easen	nents during the ye	ear
	>				
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and enforcing conservation	easements	during the year	
	▶ \$				
8	Does each conservation easement reported on line 2(d) above	• • • • • • • • • • • • • • • • • • • •			
	and section 170(h)(4)(B)(ii)?			Yes	No
9	In Part XIII, describe how the organization reports conservation	•	•	•	nd
	include, if applicable, the text of the footnote to the organizatio	n's financial statements that describes the	organizatio	n's accounting for	
Da	conservation easements.	Aut Historiaal Trassures or Othe	Cincilar	Acceto	
Pal	rt III Organizations Maintaining Collections of A		r Similar	Assets.	
	Complete if the organization answered "Yes" on Form 9				
1a	If the organization elected, as permitted under SFAS 116 (ASC				
	historical treasures, or other similar assets held for public exhib		of public se	ervice, provide, in F	Part XIII,
	the text of the footnote to its financial statements that describe				
b	, ,				
	treasures, or other similar assets held for public exhibition, edu	cation, or research in furtherance of public	service, pro	ovide the following	amounts
	relating to these items:				
	(i) Revenue included on Form 990, Part VIII, line 1				
_					
2	If the organization received or held works of art, historical treas		ıın, provide		
	the following amounts required to be reported under SFAS 116	· · · · · · · · · · · · · · · · · · ·			
a	, , , ,				
	,				000) 07:-
LHA	For Paperwork Reduction Act Notice, see the Instructions for	or Form 990.	5	Schedule D (Form	990) 2018

832051 10-29-18

Schedule D (Form 990) 2018

(d) Book value

e Other

(b) Cost or other

basis (other)

(a) Cost or other

basis (investment)

Description of property

c Leasehold improvementsd Equipment

Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B), line 10c.)

(c) Accumulated

depreciation

Schedule D (Form 990) 2018 NATIONAL GY Part VII Investments - Other Securities.	YMNASTICS FOU	UNDATION, INC.	35-1757753 Page
Complete if the organization answered "Yes		ne 11b. See Form 990, Part X, line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost	or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	•		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes	" on Form 990, Part IV, li	ne 11c. See Form 990, Part X, line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost	or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	•		
Part IX Other Assets.			
Complete if the organization answered "Yes	" on Form 990, Part IV, li	ne 11d. See Form 990, Part X, line 15	
(a	a) Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
<u>(5)</u>			
<u>(6)</u>			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) lin	ne 15.)		▶
Part X Other Liabilities.			
Complete if the organization answered "Yes	" on Form 990, Part IV, li	ne 11e or 11f. See Form 990, Part X,	line 25.
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2) AMOUNTS DUE USA GYMNASTIC	CS	636,330.	
(3)			
(4)			
(5)			
(6)			
(7)			

636,330. \triangleright Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2018

(8)

Schedule	D (Form 990) 2018 NATIONAL GYMNASTICS FOU				1757753 Page 4
Part X	Reconciliation of Revenue per Audited Financial Sta	tements Wit	h Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	ne 12a.			
1 Tot	al revenue, gains, and other support per audited financial statements			1	-452,276.
2 Am	ounts included on line 1 but not on Form 990, Part VIII, line 12:				
a Ne	unrealized gains (losses) on investments	2a	-2,120,157.		
b Do	nated services and use of facilities	2b			
c Re	coveries of prior year grants	2c			
d Oth	er (Describe in Part XIII.)	2d			
e Ad	d lines 2a through 2d			2e	-2,120,157.
	otract line 2e from line 1			3	1,667,881.
4 Am	ounts included on Form 990, Part VIII, line 12, but not on line 1:				
a Inv	estment expenses not included on Form 990, Part VIII, line 7b	4a	119,390.	-	
b Oth	er (Describe in Part XIII.)	4b			
	d lines 4a and 4b			4c	119,390.
5 Tot	al revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12	<u>)</u>		5	1,787,271.
Part X	Reconciliation of Expenses per Audited Financial St		tn Expenses per H	Retur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, lin				
1 Tot	al expenses and losses per audited financial statements			1	2,603,295.
	ounts included on line 1 but not on Form 990, Part IX, line 25:				
a Do	nated services and use of facilities	2a		-	
	or year adjustments			-	
c Oth	er losses	2c		-	
	er (Describe in Part XIII.)				•
	d lines 2a through 2d			2e	0.
	otract line 2e from line 1			3	2,603,295.
	ounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	110 200		
	estment expenses not included on Form 990, Part VIII, line 7b		119,390.	-	
	er (Describe in Part XIII.)	4b			110 200
	d lines 4a and 4b			4c	119,390.
	al expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	8.)		5	2,722,685.
	III Supplemental Information.				
	ne descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a			l; Part)	X, line 2; Part XI,

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

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

► Attach to Form 990.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Schedule I (Form 990) (2018)

Name of the organization							Employer identification number
		S FOUNDATIO	N, INC.				35-1757753
Part I General Information on Grants	and Assistance						
1 Does the organization maintain records							
criteria used to award the grants or ass	stance?						No
2 Describe in Part IV the organization's pr							
Part II Grants and Other Assistance to	•				anization answered "\	es" on Form 990, Part	IV, line 21, for any
recipient that received more than		1			(f) Method of	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	T #35
(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	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
USA GYMNASTICS							SUPPORT THE EDUCATIONAL
130 E WASHINGTON ST, SUITE 700							AND CHARITABLE EFFORTS OF
INDIANAPOLIS, IN 46204	75-1847871	501 (C) (3)	754,298.	0.			USA GYMNASTICS
INDITIAL OLID, IN 10201	73 1017071	301(0)(3)	731,230.				SUPPORT THE EDUCATIONAL
ATHLETE ASSISTANCE FUND							AND CHARITABLE EFFORTS OF
44 WORTH STREET							THE ATHLETE ASSISTANCE
NEW YORK, NY 10013	83-2436844	501(C)(3)	1,644,554.	0.			FUND
2 Enter total number of section 501(c)(3)	 and government or	 ganizations listed in th	le line 1 table			<u> </u>	>2.
3 Enter total number of other organization	s listed in the line	1 table					

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

(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 noncash assistance
TION SUPPORT	41	147,500.	0.		
		,			
rt IV Supplemental Information. Provide the information	required in Part I, lin	e 2; Part III, column	(b); and any other ac	Iditional information.	
RT I, LINE 2:					
ANT FUNDS FOR TUITION ARE PAID	DIRECTLY T	O THE EDUC	CATIONAL IN	STITUTION,	
REMIBURSED BASED ON DOCUMENTA	TION PROVID	ED BY THE	GRANTEE.		

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

NATIONAL GYMNASTICS FOUNDATION, INC. **Employer identification number** 35-1757753

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: PROMOTION OF THE SPORT OF GYMNASTICS AND SUPPORT THE ONGOING EDUCATION AND OUTREACH EFFORTS OF USA GYMNASTICS. FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: THEY CAN CONTRIBUTE TO THE ELITE ATHLETE DEVELOPMENT PIPLEINE, AS WELL AS OFFER COLLEGIATE SCHOLARSHIPS TO PROMISING SCHOLAR ATHLETES. FORM 990, PART VI, SECTION A, LINE 6: USA GYMNASTICS IS THE SOLE MEMBER OF THE NATIONAL GYMNASTICS FOUNDATION. FORM 990, PART VI, SECTION A, LINE 7A: AS THE SOLE MEMBER OF THE NATIONAL GYMNASTICS FOUNDATION, USA GYMNASTICS HAS THE AUTHORITY TO APPOINT MEMBERS OF THE BOARD OF DIRECTORS. FORM 990, PART VI, SECTION A, LINE 8B: THE ORGANIZATION DOES NOT HAVE ANY COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY. FORM 990, PART VI, SECTION B, LINE 11B: THE FORM 990 IS REVIEWED IN DETAIL BY THE BOARD PRESIDENT. THEN, A FINAL DRAFT OF THE FORM 990 IS DISTRIBUTED VIA E-MAIL TO EVERY MEMBER OF THE GOVERNING BODY BEFORE IT IS FILED WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 15:

THERE ARE NO OFFICERS OF THE FOUNDATION THAT RECEIVE COMPENSATION AND THE LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2018)

832211 10-10-18

Name of the organization NATIONAL GYMNASTICS FOUNDATION, INC.	Employer identification number 35-1757753
FOUNDATION HAS NO EMPLOYEES. THEREFORE, LINES 15A AND 15B	HAVE BEEN MARKED
"NO" PER THE INSTRUCTIONS.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE FOUNDATION PROVIDES COPIES OF ITS FINANCIAL STATEMENTS	AND TAX RETURNS
ON THE WEBSITE OF ITS RELATED ORGANIZATION, USA GYMNASTICS	. THE GOVERNING
DOCUMENTS ARE ALSO AVAILABLE UPON REQUEST.	

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

• Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

NATIONAL GYMNASTICS FOUNDATION, INC.

Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Schedule R (Form 990) 2018

35-1757753

Part I Identification of Disregarded Entities. Com	plete if the organization answered "Ye	es" on Form 990, Part IV, line 33	3.					
(a)	(b)	(c)	(d)	(e)		(f) s Direct controlling entity		
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state o foreign country)	or Total inco	ome End-of-year	assets			9
Part II Identification of Related Tax-Exempt Organ organizations during the tax year.	nizations. Complete if the organization	on answered "Yes" on Form 990), Part IV, line 34, I	pecause it had one	or more	related tax-exe	mpt	
(a) Name, address, and EIN	(b) Primary activity	(c) Legal domicile (state or	(d) Exempt Code	(e) Public charity	Direc	(f) et controlling	Section 5	g) 512(b)(13) rolled
of related organization		foreign country)	section	status (if section 501(c)(3))		entity	ent	ity?
USA GYMNASTICS - 75-1847871				(-)(-)			Yes	No
130 E WASHINGTON ST, STE 700 INDIANAPOLIS, IN 46204	GYMNASTICS	INDIANA	501(C)(3)	LINE 10				Х
INDIANAPOLIS, IN 40204	GIMNASTICS	INDIANA	501(C)(3)	LINE 10				Α
	_							

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

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)													
Name, address, and EIN	Primary activity	Legal Direc	Direct controlling	egal Direct controlling	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of	Disproportionate			ortionate	Code V-UBI	General	Percentage ownership										
of related organization		(state or foreign	entity	excluded from tax under	elated, unrelated, income end-of-year allocations? amount in box 20 of Schedule	end-of-year allocal	amount in box 20 of Schedule K-1 (Form 1065)	partner	ownership															
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	0													
	1																							
	1																							
	1																							
	1																							
	1																							
	1																							
		l .					l																	

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

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

1a

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

X

Yes No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b	Gift, grant, or capital contribution to related organization(s)				1b	X		
С	Gift, grant, or capital contribution from related organization(s)				1c	X		
d	d Loans or loan guarantees to or for related organization(s)							
е	Loans or loan guarantees by related organization(s)				1e		X	
f	Dividends from related organization(s)				1f		X	
g	Sale of assets to related organization(s)				1g		X	
h	Purchase of assets from related organization(s)				1h		X	
i	Exchange of assets with related organization(s)				<u>1i</u>		X	
j Lease of facilities, equipment, or other assets to related organization(s)								
					1k		Х	
	k Lease of facilities, equipment, or other assets from related organization(s)							
	Performance of services or membership or fundraising solicitations for related organization(s)							
	 m Performance of services or membership or fundraising solicitations by related organization(s) n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) 							
						X		
0	Sharing of paid employees with related organization(s)				10	<u> </u>		
_	Deimburgement heid to related evacuization(s) for evacuation				1p	Х		
þ	p Reimbursement paid to related organization(s) for expenses q Reimbursement paid by related organization(s) for expenses							
ч	neimbursement paid by related organization(s) for expenses				1q		Х	
r	Other transfer of cash or property to related organization(s)				1r		х	
	r Other transfer of cash or property to related organization(s) s Other transfer of cash or property from related organization(s)							
	If the answer to any of the above is "Yes," see the instructions for information on wh				1s		X	
				(d)				
(a) (b) (c) Name of related organization Transaction Amount involved Method of det								
		type (a-s)		Ğ				
(1)								
(2)								
(3)								
(4)								
(5)								
(C)								
(6)	40.00	I		Oaka	dula D (Car	000°	2010	
332163	10-02-18	2.5		Sche	dule R (For	m 990)	2018	

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes No		General manage partne	(k) Percentage ownership
									000) 0040

Schedule R (Form 990) 2018

Schedule F	R (Form 990) 2018	NATIONAL	GYMNASTICS	FOUNDATION,	INC.	35-1757753	Page 5
Part VII	R (Form 990) 2018 Supplemental Info	ormation.					
			to questions on Sch	edule R. See instructions	5.		

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat 5.x products, uncheck the "Shrink oversized pages to page size" and uncheck the "Expand small pages to paper size" options, in the Adobe "Print" dialog. When using Acrobat 6.x and later products versions, select "None" in the "PageScalling" selection box in the Adobe "Print" dialog.

STATE COPY

EXTENSION REQUEST FOR INDIANA FORM NP-20

Form **8868**

(Rev. January 2019)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an **Exempt Organization Return**

File a separate application for each return.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-1709

forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number Name of exempt organization or other filer, see instructions. Employer identification number (EIN) or Type or print NATIONAL GYMNASTICS FOUNDATION, 35-1757753 File by the Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) due date for filina vour 44 WORTH STREET return. See instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10013 Enter the Return Code for the return that this application is for (file a separate application for each return) Return Application Application Return Code Is For Is For Code Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 Form 990-BL 02 Form 1041-A 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 10 Form 990-PF 04 Form 5227 Form 990-T (sec. 401(a) or 408(a) trust) Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 TINA FERRIOLA The books are in the care of ► 44 WORTH ST - NEW YORK, NY 10013 Telephone No. ► 212-334-3628 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box 🕨 🔲 . If it is for part of the group, check this box 🕨 🦳 and attach a list with the names and EINs of all members the extension is for. I request an automatic 6-month extension of time until NOVEMBER 15, 2019, to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2018 or tax year beginning , and ending | Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period

Caution: If you are going to make an electronic funds withdrawal (direct debit) 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. LHA

using EFTPS (Electronic Federal Tax Payment System). See instructions.

any nonrefundable credits. See instructions.

If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less

If this application is for Forms 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.

Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by

Form 8868 (Rev. 1-2019)

0.

3b

NP-20 State Form 51062 (R9 / 8-18)

Indiana Department of Revenue **Indiana Nonprofit Organization's Annual Report** For the Calendar Year or Fiscal Year

Beginning 01 / 01 /2018 and Ending 12 / 31 MM/ DD/ YYYY

Атепаеа кероп
Final Report: Indicate
Date Closed

Check if: X Change of Address

MM/ DD/ YYYY

Due on the 15th day of the 5th month following the end of the tax year.

	NO FEE REG	≀UIRED.	•					
Name of Organization NATIONAL GYMNASTIC	S FOUNDATION INC			Telephone Number 317 829 5652				
Address 44 WORTH STREET		County 49		Indiana Taxpayer Identification Number				
NEW YORK	NEW YORK	Zip Code 10013		Federal Identification Number 35 1757753				
Printed Name of Person to Contact TINA FERRIOLA Contact's Telephone Number 212 334 3628								
If you are filing a federal return, attach a completed copy of Form 990, 990EZ, or 990PF. Note: If your organization has unrelated business income of more than \$1,000 as defined under Section 513 of the Internal Revenue Code, you must also file Form IT-20NP.								
Current Information								
 Have any changes not previously reported to the Department been made in your governing instruments, (e.g.) articles of incorporation, bylaws, or other instruments of similar importance? If yes, attach a detailed description of changes. Indicate number of years your organization has been in continuous existence. 31. Attach a schedule, listing the names, titles and addresses of your current officers. Briefly describe the purpose or mission of your organization below. SEE STATEMENT 1								
Email Address:								
I declare under the penalties of perjuis true, complete, and correct.	ury that I have examined this return, inc	cluding all	•	the best of my knowledge and belief, it				
Signature of Officer or Trustee		Title		Date				
Name of Person(s) to Contact		Daytime	Telephone Number					
Important: Please submit this completed form and/or extension to: Indiana Department of Revenue, Tax Adm inistration P.O. Box 6481 Indianapolis, IN 46206-6481 Telephone: (317) 232-0129								

Extensions of Time to File

The Department recognizes the Internal Revenue Service application for automatic extension of time to file, Form 8868. Please forward a copy of your federal extension, identified with your Nonprofit Taxpayer Identification Number (TID), to the Indiana Department of Revenue, Tax Administration by the original due date to prevent cancellation of your sales tax exemption. Always indicate your Indiana Taxpayer Identification number on your request for an extension of time to file.

Reports post marked within thirty (30) days after the federal extension due date, as requested on Federal Form 8868, will be considered as timely filed. A copy of the federal extension must also be attached to the Indiana report. In the event that a federal extension is not needed, a taxpayer may request in writing an Indiana extension of time to file from the: Indiana Department of Revenue, Tax Adm inistration, P.O. Box 6481, Indianapolis, IN 46206-6481, (317) 232-0129.

If Form NP-20 or extension is not timely filed, the taxpayer will be notified by the Department pursuant to I.C. 6-2.5-5-21(d), to file Form NP-20. If within sixty (60) days after receiving such notice the taxpayer does not file Form NP-20, the taxpayer's exemption from sales tax will be canceled.



NP-20 STATEMENT 1

THE MISSION OF THE NATIONAL GYMNASTICS FOUNDATION IS TO PROVIDE FOR THE SUSTAINABILITY AND PROMOTION OF THE SPORT OF GYMNASTICS AND SUPPORT THE ONGOING EDUCATION AND OUTREACH EFFORTS OF USA GYMNASTICS.

LIST OF OFFICERS, DIRECTORS AND TRUSTEES FORM NP-20 STATEMENT 2 NAME AND ADDRESS TITLE KRISTIN ALLEN DIRECTOR 44 WORTH STREET NEW YORK, NY 10013 GARY ANDERSON DIRECTOR 44 WORTH STREET NEW YORK, NY 10013 TINA FERRIOLA SECRETARY 44 WORTH STREET NEW YORK, NY 10013 NASTIA LIUKIN DIRECTOR 44 WORTH STREET NEW YORK, NY 10013 JIM MORRIS CHAIR 44 WORTH STREET NEW YORK, NY 10013 SALLIE WEAVER DIRECTOR 44 WORTH STREET NEW YORK, NY 10013 CONRAD VOORSANGER VICE CHAIR 44 WORTH STREET NEW YORK, NY 10013 KEITH DOUGLAS DIRECTOR 44 WORTH STREET NEW YORK, NY 10013 LARISSA FONTAINE DIRECTOR 44 WORTH STREET NEW YORK, NY 10013 JAMES SHOLLENBARGER **CFO** 44 WORTH STREET NEW YORK, NY 10013 JOHN HEWETT CFO 44 WORTH STREET NEW YORK, NY 10013

STATEMENT(S) 2

** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047

ΑI	or the	2018 calendar year, or tax year beginning	and	enaing				
В	Check if applicable	C Name of organization			D Employer identific	cation number		
X	Addres	NATIONAL GYMNASTICS FOUNDATION,	INC.					
	Name change	Doing business as			35-1757753			
	Initial return	Number and street (or P.O. box if mail is not delivered to street address	ess)	Room/suite	E Telephone number			
	□Final return/	44 WORTH STREET			317-	829-5652		
	termin- ated	City or town, state or province, country, and ZIP or foreign post	al code		G Gross receipts \$	6,967,092.		
	Amend return	NEW TORK, NI 10013			H(a) Is this a group re			
	Applica tion pending	F Name and address of principal officer: I INA FERRIODA	A		for subordinates			
		SAME AS C ABOVE			H(b) Are all subordinates in	cluded? Yes No		
		mpt status: $X = 501(c)(3) = 501(c)(9)$ (insert no.)	4947(a)(1)	or 527	If "No," attach a	list. (see instructions)		
		e: ► WWW.GYMNASTICSFOUNDATION.ORG			H(c) Group exemption	,		
		5. garrie 4	her ►	L Year	of formation: 1988 N	1 State of legal domicile: IN		
Pi		Summary		MEGGEO	NT OF MILE 313.0			
ø	1 1	Briefly describe the organization's mission or most significant activitie						
Governance	- '	GYMNASTICS FOUNDATION IS TO PROVIDE						
ern	2 (Check this box if the organization discontinued its operation			1 _ 1	_		
Š	3 1				3	9		
<u>«</u>	4 1	Number of independent voting members of the governing body (Part				0		
ies	5	Total number of individuals employed in calendar year 2018 (Part V, li				9		
Activities &	6	Total number of volunteers (estimate if necessary)				0.		
Ac	/ a	Total unrelated business revenue from Part VIII, column (C), line 12				0.		
_	0	Net unrelated business taxable income from Form 990-T, line 38			Prior Year	Current Year		
	8 (Contributions and grants (Part VIII, line 1h)			186,407.	231,139.		
це	9 1				0.	0.		
Revenue	10	Program service revenue (Part VIII, line 2g) nvestment income (Part VIII, column (A), lines 3, 4, and 7d)			706,556.	1,556,132.		
Be	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0.	0.		
	1	Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (892,963.	1,787,271.		
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)			874,197.	2,546,352.		
	1				0.	0.		
G	45 6	Salaries, other compensation, employee benefits (Part IX, column (A),		0.	0.			
Expenses	16a I	Professional fundraising fees (Part IX, column (A), line 11e)			0.	0.		
e De	. b			^				
ũ	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			162,097.	176,333.		
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 2	25)		1,036,294.	2,722,685.		
		Revenue less expenses. Subtract line 18 from line 12			-143,331.	-935,414.		
0.0r	9			Ве	ginning of Current Year	End of Year		
Net Assets	20	Total assets (Part X, line 16)			18,169,704.	14,270,008.		
t As	21	Total liabilities (Part X, line 26)			1,508,397.	664,272.		
		Net assets or fund balances. Subtract line 21 from line 20			16,661,307.	13,605,736.		
	art II	Signature Block						
		ties of perjury, I declare that I have examined this return, including accompany	-		· · ·	knowledge and belief, it is		
true	, correct	a, and complete. Declaration of preparer (other than officer) is based on all info	ormation of w	hich preparer	has any knowledge.			
٥.		Signature of officer			I Date			
Sig		TINA FERRIOLA, CHAIR			Buto			
Hei	e	Type or print name and title						
_		Print/Type preparer's name Preparer's signature	<u> </u>	10	Date Check	PTIN		
Paid	d l	AMANDA MEKO, CPA AMANDA MEI		A 1	1/13/19 of self-employ			
	- 1	Firm's name GREENWALT CPAS, INC	Firm's EIN ▶	35-1489521				
	Only	Firm's address 5342 W. VERMONT STREET			THIN S EIN			
	,	INDIANAPOLIS, IN 46224			Phone no. 31	7-241-2999		
Ma	v the IR	S discuss this return with the preparer shown above? (see instruction	ns)		1	X Yes No		
		IIIA For Domential Deduction Act Notice and the consult				Form 990 (2018)		

Pai	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE MISSION OF THE NATIONAL GYMNASTICS FOUNDATION IS TO PROVIDE FOR
	THE SUSTAINABILITY AND PROMOTION OF THE SPORT OF GYMNASTICS AND
	SUPPORT THE ONGOING EDUCATION AND OUTREACH EFFORTS OF USA GYMNASTICS.
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 X No
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$2, 546, 352. including grants of \$2, 546, 352.) (Revenue \$)
	THE NATIONAL GYMNASTICS FOUNDATION PROVIDES GRANTS TO USA GYMNASTICS TO
	SUPPORT THEIR EFFORTS IN OPERATING AS THE NATIONAL GOVERNING BODY FOR
	THE SPORT OF GYMNASTICS UNDER THE AMATEUR SPORTS ACT, FOR THE PURPOSE
	OF ENSURING TODAY'S GYMNASTS CONTINUE TO RECEIVE THE SUPPORT THEY
	DESERVE AND THAT ALL ATHLETES ARE ABLE TO CONTINUE TO PURSUE THEIR
	DREAMS AND ACHIEVE THEIR GOALS.
	IN ADDITION, THE FOUNDATION PROVIDES GRANTS TO:
	-ATHLETES: TO CONTINUE THEIR EDUCATION WHILE TRAINING FULL-TIME AT THE
	COLLEGIATE OR ELITE LEVEL.
	-GYMNASTICS PROGRAMS: TO SUPPORT CONTINUATION OF COLLEGIATE PROGRAMS SO
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶ 2,546,352.
	Form 990 (2018

Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	Х	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	<u> </u>		 -
Ü	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	۳		
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		x
40	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			₩
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u> X</u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		<u> </u>
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			l
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u> </u>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
-	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."	<u>. </u>		 -
	,	19		X
20a	complete Schedule G, Part III	20a		X
20a b	reme as a second of the second	20a 20b		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
21		21	Х	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	<u> </u>	47	

NATIONAL GYMNASTICS FOUNDATION, INC. 35-1757753 Page 4 Part IV | Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Х 22 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes." complete 23 X 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Х 24a Schedule K. If "No," go to line 25a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a Х b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete Х 25b 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes" Х complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member Х of any of these persons? If "Yes," complete Schedule L, Part III 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): Х 28a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV X A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L. Part IV 28b An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Х contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? 31 Х If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete 32 Х Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Х 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? Х If "Yes," complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Х 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Х Note. All Form 990 filers are required to complete Schedule O 38 Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V

Yes No 0 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 0 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable

Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

Page 5 Form 990 (2018) Statements Regarding Other IRS Filings and Tax Compliance Part V Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return **b** If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За **b** If "Yes," has it filed a Form 990-T for this year? *If* "No" to line 3b, provide an explanation in Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? Х 4a **b** If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Х **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Х Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit Х any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). Х Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year 7d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? X 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand X Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or X excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.

Form 990 (2018)

X

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

If "Yes," complete Form 4720, Schedule O.

NATIONAL GYMNASTICS FOUNDATION, INC. 35-1757753 Page 6 Form 990 (2018) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI

Sec	tion A. Governing Body and Management		,								
		^	Yes	No							
1a	Enter the number of voting members of the governing body at the end of the tax year	9									
	If there are material differences in voting rights among members of the governing body, or if the governing										
_	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.										
b	Enter the number of voting members included in line 1a, above, who are independent	9									
2											
_	officer, director, trustee, or key employee?	2		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 governing documents since the prior Form 990 was filed?			X							
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		Х	<u> </u>							
6	Did the organization have members or stockholders?	6									
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or		~								
	more members of the governing body?	7a	X								
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			x							
	persons other than the governing body?	7b									
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		х								
a	The governing body?	8a		Х							
b	Each committee with authority to act on behalf of the governing body?	8b									
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	. 9		X							
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	. 9		21							
	(This Section B requests information about policies not required by the internal Revenue Code.)		Yes	No							
10a	Did the organization have local chapters, branches, or affiliates?	10a	163	X							
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	104									
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b									
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х								
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	114									
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		Х							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?										
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	.									
•	in Schedule O how this was done	12c									
13	Did the organization have a written whistleblower policy?	40		Х							
14	Did the organization have a written document retention and destruction policy?		Х								
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?										
а	The organization's CEO, Executive Director, or top management official	15a		Х							
b	Other officers or key employees of the organization	15b		Х							
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).										
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a										
	taxable entity during the year?	16a		Х							
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation										
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's										
	exempt status with respect to such arrangements?	16b									
Sec	tion 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 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)	3)s only)	availal	ole							
	for public inspection. Indicate how you made these available. Check all that apply										
	Own website X Another's website X Upon request Other (explain in Schedule O)										
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar	ıd financ	cial								
	statements available to the public during the tax year.										
20	State the name, address, and telephone number of the person who possesses the organization's books and records										
	TINA FERRIOLA - 212-334-3628										
	44 WORTH ST, NEW YORK, NY 10013										

832006 12-31-18

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- 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.

(1) KRISTIN ALLEN DIRECTOR (2) GARY ANDERSON DIRECTOR (3) TINA FERRIOLA SECRETARY (4) NASTIA LIUKIN DIRECTOR (5) JIM MORRIS CHAIR (6) SALLIE WEAVER DIRECTOR (7) CONRAD VOORSANGER VICE CHAIR	Average hours per week			Posi	ition			(D)	(E)	(F)
DIRECTOR (2) GARY ANDERSON DIRECTOR (3) TINA FERRIOLA SECRETARY (4) NASTIA LIUKIN DIRECTOR (5) JIM MORRIS CHAIR (6) SALLIE WEAVER DIRECTOR (7) CONRAD VOORSANGER VICE CHAIR	l wook	box	(do not check more than one box, unless person is both an					Reportable compensation	Reportable compensation	Estimated amount of
DIRECTOR (2) GARY ANDERSON DIRECTOR (3) TINA FERRIOLA SECRETARY (4) NASTIA LIUKIN DIRECTOR (5) JIM MORRIS CHAIR (6) SALLIE WEAVER DIRECTOR (7) CONRAD VOORSANGER VICE CHAIR	(list any hours for			d a di	recto	r/trust		from the organization	from related organizations (W-2/1099-MISC)	other compensation from the
DIRECTOR (2) GARY ANDERSON DIRECTOR (3) TINA FERRIOLA SECRETARY (4) NASTIA LIUKIN DIRECTOR (5) JIM MORRIS CHAIR (6) SALLIE WEAVER DIRECTOR (7) CONRAD VOORSANGER VICE CHAIR	related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		organization and related organizations
(2) GARY ANDERSON DIRECTOR (3) TINA FERRIOLA SECRETARY (4) NASTIA LIUKIN DIRECTOR (5) JIM MORRIS CHAIR (6) SALLIE WEAVER DIRECTOR (7) CONRAD VOORSANGER VICE CHAIR	1.00							_	_	
DIRECTOR (3) TINA FERRIOLA SECRETARY (4) NASTIA LIUKIN DIRECTOR (5) JIM MORRIS CHAIR (6) SALLIE WEAVER DIRECTOR (7) CONRAD VOORSANGER VICE CHAIR	1 00	Х						0.	0.	0.
(3) TINA FERRIOLA SECRETARY (4) NASTIA LIUKIN DIRECTOR (5) JIM MORRIS CHAIR (6) SALLIE WEAVER DIRECTOR (7) CONRAD VOORSANGER VICE CHAIR	1.00								0	0
SECRETARY (4) NASTIA LIUKIN DIRECTOR (5) JIM MORRIS CHAIR (6) SALLIE WEAVER DIRECTOR (7) CONRAD VOORSANGER VICE CHAIR	2.00	Х						0.	0.	0.
(4) NASTIA LIUKIN DIRECTOR (5) JIM MORRIS CHAIR (6) SALLIE WEAVER DIRECTOR (7) CONRAD VOORSANGER VICE CHAIR	2.00	Х		х				0.	0.	0.
(5) JIM MORRIS CHAIR (6) SALLIE WEAVER DIRECTOR (7) CONRAD VOORSANGER VICE CHAIR	2.00	77						•	0.	
CHAIR (6) SALLIE WEAVER DIRECTOR (7) CONRAD VOORSANGER VICE CHAIR		х						0.	0.	0.
(6) SALLIE WEAVER DIRECTOR (7) CONRAD VOORSANGER VICE CHAIR	2.00									
DIRECTOR (7) CONRAD VOORSANGER VICE CHAIR		Х		Х				0.	0.	0.
(7) CONRAD VOORSANGER VICE CHAIR	2.00							_	_	_
VICE CHAIR		Х						0.	0.	0.
	1.00	3,7		7.7					0	0
(8) KEITH DOUGLAS	1.00	Х		Х				0.	0.	0.
DIRECTOR	1.00	Х						0.	0.	0.
(9) LARISSA FONTAINE	1.00								-	
DIRECTOR		Х						0.	0.	0.
(10) JAMES SHOLLENBARGER CFO	1.00			Х				75,062.	0.	0.
(11) JOHN HEWETT	1.00							05 500		•
CFO	40.00			Х				85,503.	0.	0.

Part VII Se	ection A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)				
	(A)	(B)			(0	C)			(D)	(E)			(F)	
	Name and title	Average	(44.0	Position (do not check more than one					Reportable	Reportable		Es	timate	ed
		hours per	box	, unle	ss per	rson i	is both	n an	compensation	compensatio	n	an	nount	of
		week		cer an	nd a di	irecto	or/trus	tee)	from	from related			other	
		(list any	ector						the	organizations			pensa	
		hours for	or dir	9			ated		organization	(W-2/1099-MIS	iC)		om the	
		related organizations	ıstee	truste		eo	bens		(W-2/1099-MISC)				anizati	
		below	ual tri	ional		ploye	t com	١.					d relati anizatio	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	ai iizatii	3115
-		,	_=	=	0	ž	王喜	Œ						
							 							
							\vdash							
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			ł											
									160 565		_			
	al								160,565.		0.			0.
	om continuation sheets to Part VI								0.		0.			0.
	dd lines 1b and 1c)							<u> </u>	160,565.					0.
	mber of individuals (including but n	ot limited to th	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable	1			^
compen	sation from the organization												V	0
													Yes	No
	organization list any former officer,	•		,	•	•	•			. ,				37
	If "Yes," complete Schedule J for se											3		<u>X</u>
	individual listed on line 1a, is the su													77
and rela	ted organizations greater than \$150),000? <i>If</i> "Yes,	" co	mple	ete S	Sche	edule	J fo	or such individual			4		X
	person listed on line 1a receive or a													
	d to the organization? If "Yes." com	plete Schedule	J fo	or st	ıch r	oers	on .					5		Х
	dependent Contractors													
	te this table for your five highest co										ensa	tion fro	om	
the orga	nization. Report compensation for t	he calendar ye	ear e	ndir	ng w	ith c	or wi	thin T		ear.				
	(A) Name and business	addraga	37/	\ *TT	,				(B)	on iooo	c)		_
	Name and business	address	М	ONE	<u> </u>			-	Description of s	ervices		ompe	nsatio	1
								\dashv						
								\dashv						
								\dashv						
	mber of independent contractors (in		ot lin	nited	d to t	thos	se lis	ted	above) who received mo	ore than				
\$100,00	0 of compensation from the organiz	zation >				(J							

		Check if Schedule O cont	aine a reenonee	or note to any lin	a in this Part VIII			
		Cricer ii Geriedale G coria	airis a response	or note to any iii	(A)	(B)	(C)	(D)
					Total revenue	Related or	Unrelated	Revenuè excluded from tax under
						exempt function revenue	business revenue	sections 512 - 514
(0.40	4	Fadanatad aggregations	la a			Teveride	Tevende	312 - 314
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns						
Gra	D	Membership dues						
ts, An	C	Fundraising events						
Gif ilar	d	Related organizations	1 1					
ns, Sim	е	Government grants (contributi						
i i i	f	All other contributions, gifts, gran		004 400				
ję t		similar amounts not included above		231,139.				
onti od O	g	Noncash contributions included in lines						
<u>2 p</u>	h	Total. Add lines 1a-1f			231,139.			
				Business Code				
e C	2 a							
e vi	b							
am Ser evenue	С							
am	d	L <u></u>						
Program Service Revenue	е	·						
Pr	f	All other program service reve	nue					
	g	Total. Add lines 2a-2f						
	3	Investment income (including						
		other similar amounts)			608,332.			608,332.
	4	Income from investment of tax						
	5	Royalties						
		,	(i) Real	(ii) Personal				
	6 a	Gross rents						
		Less: rental expenses						
		Rental income or (loss)						
								
		Gross amount from sales of	(i) Securities	(ii) Other				
	, u	assets other than inventory	6,127,621.	1				
	h	Less: cost or other basis	, , ,					
	b	and sales expenses	5,179,821.					
	•	Gain or (loss)						
		Net gain or (loss)			947,800.			947,800.
		Gross income from fundraising			317,000			227,000.
ine	0 a	including \$	•					
ven		contributions reported on line						
Re								
Other Revenu	h	Part IV, line 18 Less: direct expenses						
₹		Net income or (loss) from fund						
		Gross income from gaming ac		>				
	Эа							
	L	Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gam		·····				
	10 a	Gross sales of inventory, less						
		and allowances						
		Less: cost of goods sold						
	С	Net income or (loss) from sale						
		Miscellaneous Revenu		Business Code				
	11 a							
	b							
	С							
	d							
	е	Total. Add lines 11a-11d						
	12	Total revenue. See instructions			1,787,271.	0.	0.	1,556,132.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) Do not include amounts reported on lines 6b. Program service expenses Total expenses Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 2,398,852. 2,398,852. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 147,500. 147,500. individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 10 Payroll taxes Fees for services (non-employees): Management а 54,156. 54,156. Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 119,390. 119,390. Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 13 Office expenses Information technology 14 Royalties 15 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates _____ 21 22 Depreciation, depletion, and amortization 2,171. 2,171. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 616. 616. MISCELLANEOUS EXPENSE All other expenses 2,722,685. 2,546,352. 176,333. 0. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2018)
Part X | Balance Sheet

Pa	rt X	Balance Sheet				
		Check if Schedule O contains a response or not	e to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		135,326.	1	181,332.
	2	Savings and temporary cash investments		1,267,895.	2	517,162
	3	Pledges and grants receivable, net			3	•
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and former officers, directors,				
		trustees, key employees, and highest compensa	, , , , , , , , , , , , , , , , , , ,			
		Part II of Schedule L	· · · · · · · · · · · · · · · · · · ·		5	
	6	Loans and other receivables from other disqualit				
		section 4958(f)(1)), persons described in section	· , ,			
		employers and sponsoring organizations of sect	-			
S		employees' beneficiary organizations (see instr).	·		6	
Assets	7	Notes and loans receivable, net	[7	
As	8	Inventories for sale or use			8	
	9			1,302.	9	
	10a	Land, buildings, and equipment: cost or other		·		
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation			10c	
	11	Investments - publicly traded securities		16,765,181.	11	13,571,514
	12	Investments - other securities. See Part IV, line 1			12	
	13	Investments - program-related. See Part IV, line			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equal		18,169,704.	16	14,270,008
	17	Accounts payable and accrued expenses		40,172.	17	
	18	Grants payable		84,455.	18	27,942
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete I			21	
S	22	Loans and other payables to current and former	officers, directors, trustees,			
ij		key employees, highest compensated employee	s, and disqualified persons.			
Liabilities		Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrela	ted third parties		23	
	24	Unsecured notes and loans payable to unrelated	third parties		24	
	25	Other liabilities (including federal income tax, pa				
		parties, and other liabilities not included on lines	17-24). Complete Part X of	4 000 550		
				1,383,770.		636,330
	26	Total liabilities. Add lines 17 through 25		1,508,397.	26	664,272
		Organizations that follow SFAS 117 (ASC 958				
es		complete lines 27 through 29, and lines 33 an		15 207 005		11 501 500
auc	27	Unrestricted net assets		15,387,895.	27	11,591,529
Bala	28	Temporarily restricted net assets		1,273,412.	28	2,014,207
힏	29				29	
교		Organizations that do not follow SFAS 117 (A	SC 958), check here			
ž or		and complete lines 30 through 34.				
sets	30	Capital stock or trust principal, or current funds			30	
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or ed			31	
Ě	32	Retained earnings, endowment, accumulated in		16,661,307.	32	13,605,736
_	33	Total net assets or fund balances		18,169,704.	33	14,270,008
	34	Total liabilities and net assets/fund balances		10,103,704.	34	Form 990 (201

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Employer identification number Name of the organization NATIONAL GYMNASTICS FOUNDATION, 35-1757753 Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed in your governing document? (i) Name of supported (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions)) 75-1847871 754,298 USA GYMNASTICS 10 X

Total

754,298

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
	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.						
	etion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 4	(4) = 3 · ·	(3) 20 10	(0) = 0 : 0	(4) = 3 · ·	(0) = 0.10	(.,
	Gross income from interest.						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
5	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc (see instruction	nne)			12	
	First five years. If the Form 990 is for			d fourth or fifth to			
10	organization, check this box and stop	· ·		•			ightharpoonup
Sec	ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2018 (I			column (f))		14	%
	Public support percentage from 2017		•	* * * *		15	%
	33 1/3% support test - 2018. If the o						
	stop here. The organization qualifies						\
b	33 1/3% support test - 2017. If the		-				
-	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
. <i>r</i> a	and if the organization meets the "fac						
	meets the "facts-and-circumstances"					-	
h	10% -facts-and-circumstances test						
IJ	more, and if the organization meets the	-					
	organization meets the "facts-and-circ						▶ □
12	Private foundation. If the organization		-	•			
	ato roundation. It the organization	ala not oneon a l	20x 011 III 0 10, 10	ه, ۱۰۵, ۱۲۵, ۱۲۲		dule A (Form 990	

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support		T			_	
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	· ·			•	. , . ,	
0	check this box and stop here						
	ction C. Computation of Publi			. (5)		T .= T	
	Public support percentage for 2018 (li	, (,,	,	(,,		15	<u>%</u>
	Public support percentage from 2017 ction D. Computation of Inves					16	%
	-			20 13 column (f)		17	0/
	Investment income percentage for 20 Investment income percentage from 2					18	<u>%</u>
198	33 1/3% support tests - 2018. If the						. .
L	more than 33 1/3%, check this box an 33 1/3% support tests - 2017. If the						
i.	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1	Х	
2		X
_		37
3a		X
3b		
3c		
		X
4a		
4b		
4c		
5a		X
Ja		
5b		
5c		
6		X
6		21
7		Х
8		X
0-		X
9a		Λ
9b		Х
9c		X
		v
10a		X
10h		
10b	10. E71	2019

Pai	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		Х
b	A family member of a person described in (a) above?	11b		Х
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		Х
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	Х	
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		X
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	0-		
.	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	Oh.		
•	activities but for the organization's involvement. Perent of Supported Organizations Answer (a) and (b) helpy	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	3a		
h	trustees of each of the supported organizations? <i>Provide details in Part VI.</i> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Od		
b	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		
		, 0.0		4

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on I	Nov. 20, 1970 (explain in F	Part VI.) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	omplete Se	ctions A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	Ilv integrate	ad Type III supporting orga	enization (see

Schedule A (Form 990 or 990-EZ) 2018

instructions).

Schedule A (Form 990 or 990-EZ) 2018

8 Breakdown of line 7:
 a Excess from 2014
 b Excess from 2015
 c Excess from 2016
 d Excess from 2017
 e Excess from 2018

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Name of the organization Employer identification number

35-1757753 NATIONAL GYMNASTICS FOUNDATION INC. Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively

religious, charitable, etc., contributions totaling \$5,000 or more during the year

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization Employer identification number

NATIONAL GYMNASTICS FOUNDATION, INC.

35-1757753

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$34,373.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

NATIONAL GYMNASTICS FOUNDATION, INC.

35-1757753

Part II	Noncash Property (see instructions). Use duplicate copies of Part	Il if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-		 	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<u> </u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	18	 	990 990-F7 or 990-PF) (2018)

Name of organization **Employer identification number** NATIONAL GYMNASTICS FOUNDATION, INC. 35-1757753 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

NATIONAL GYMNASTICS FOUNDATION, INC.

Employer identification number 35-1757753

Par	t I Organizations Maintaining Donor Advised	l Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	2	
2	Aggregate value of contributions to (during year)	56,743.	
3	Aggregate value of grants from (during year)	7,500.	
4	Aggregate value at end of year	704,355.	
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor advise	
	are the organization's property, subject to the organization's e	exclusive legal control?	Yes X No
6	Did the organization inform all grantees, donors, and donor ac	dvisors in writing that grant funds can be ເ	used only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose of	
Par	t II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990, F	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or ed		orically important land area
	Protection of natural habitat	Preservation of a certi	ified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualification	ed conservation contribution in the form of	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		
b			
С	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired at		
_	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	organization during the tax
	year	anning to the sake of N	
4	Number of states where property subject to conservation ease	· · · · · · · · · · · · · · · · · · ·	
5	Does the organization have a written policy regarding the peri		□ v _{aa} □ Na
6	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting, h	ialiding of violations, and emorcing const	ervation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and enforcing conservat	ion essements during the year
•	S	ing of violations, and emoroning conservati	ion casements during the year
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170/h	n)(4)(B)(i)
Ū	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
•	include, if applicable, the text of the footnote to the organizati		
	conservation easements.		
Par	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Oth	ner Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC	C 958), not to report in its revenue statem	ent and balance sheet works of art,
	historical treasures, or other similar assets held for public exhi	ibition, education, or research in furtheran	ice of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ	es these items.	
b	If the organization elected, as permitted under SFAS 116 (ASC	C 958), to report in its revenue statement	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ucation, or research in furtherance of pub	lic service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
			L .
2	If the organization received or held works of art, historical trea		gain, provide
	the following amounts required to be reported under SFAS 11	6 (ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		

832051 10-29-18

Schedule D (Form 990) 2018

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

Schedule D (Form 990) 2018

e Other

basis (other)

basis (investment)

c Leasehold improvementsd Equipment

Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B). line 10c.)

depreciation

	MNASTICS FO	UNDATION, INC.	35-1757753 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, I	ine 11b. See Form 990, Part X, line	12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Co	ost or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Co	est or end-of-year market value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"		ine 11d. See Form 990, Part X, line	
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	e 15.)		P
Complete if the organization answered "Yes"	on Form 990, Part IV, I	ine 11e or 11f. See Form 990, Part >	ζ, line 25.
1. (a) Description of liability	, , , ,	(b) Book value	
(1) Federal income taxes			
(2) AMOUNTS DUE USA GYMNASTIC	S	636,330.	
(3)			
(4)			
(5)			
(6)			

636,330. \triangleright Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2018

(7) (8) (9)

35-1757753	Page 4
urn.	

	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	?a.			
1	Total revenue, gains, and other support per audited financial statements			1	-452,276.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	_{2a} -2,1	20,157.		
b	Donated services and use of facilities				
С	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	-2,120,157.
3	Subtract line 2e from line 1			3	1,667,881.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a 1	19,390.		
b	Other (Describe in Part XIII.)				
С	Add lines 4a and 4b			4c	119,390.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,787,271.
Pa	rt XII Reconciliation of Expenses per Audited Financial Staten	nents With Exp	enses per R	eturr	า.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	?a.			
1	Total expenses and losses per audited financial statements			1	2,603,295.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	1 4 1			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	2,603,295.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a 1	19,390.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	119,390.
5	THIS THACK CAGAIT STITL COS: T ALT I: HITC TO:			5	2,722,685.
	rt XIII Supplemental Information.				
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III			; Part >	K, line 2; Part XI,
ines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ad	ditional information	•		

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Schedule I (Form 990) (2018)

Name of the organization NATIONAL	GYMNASTIC	S FOUNDATIO	N. INC.				Employer identification number 35-1757753
Part I General Information on Grants a							30 2707700
Does the organization maintain records to criteria used to award the grants or assis Does the organization maintain records to criteria used to award the grants or assis	stance? ocedures for monit	oring the use of grant	funds in the United	States.			X Yes No
Part II Grants and Other Assistance to	-				anization answered "Y	es" on Form 990, Part	t IV, line 21, for any
recipient that received more than S 1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
USA GYMNASTICS 130 E WASHINGTON ST, SUITE 700 INDIANAPOLIS, IN 46204	75-1847871	501(C)(3)	754,298.	0.			SUPPORT THE EDUCATIONAL AND CHARITABLE EFFORTS OF USA GYMNASTICS
ATHLETE ASSISTANCE FUND 44 WORTH STREET NEW YORK, NY 10013	83-2436844	501(C)(3)	1,644,554.	0.			SUPPORT THE EDUCATIONAL AND CHARITABLE EFFORTS OF THE ATHLETE ASSISTANCE FUND
 2 Enter total number of section 501(c)(3) a 3 Enter total number of other organizations 	-		e line 1 table			1	

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

(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 noncash assistance
UITION SUPPORT	41	147,500.	0.		
orrow borrows		117,300.			
Part IV Supplemental Information. Provide the information rec	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	dditional information.	
PART I, LINE 2:					
GRANT FUNDS FOR TUITION ARE PAID D	IRECTLY T	O THE EDUC	CATIONAL IN	STITUTION,	
OR REMIBURSED BASED ON DOCUMENTATION	ON PROVID	ED BY THE	GRANTEE.		

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

2018
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

NATIONAL GYMNASTICS FOUNDATION, INC.

Employer identification number 35-1757753

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: PROMOTION OF THE SPORT OF GYMNASTICS AND SUPPORT THE ONGOING EDUCATION AND OUTREACH EFFORTS OF USA GYMNASTICS. FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: THEY CAN CONTRIBUTE TO THE ELITE ATHLETE DEVELOPMENT PIPLEINE, AS WELL AS OFFER COLLEGIATE SCHOLARSHIPS TO PROMISING SCHOLAR ATHLETES. FORM 990, PART VI, SECTION A, LINE 6: USA GYMNASTICS IS THE SOLE MEMBER OF THE NATIONAL GYMNASTICS FOUNDATION. FORM 990, PART VI, SECTION A, LINE 7A: AS THE SOLE MEMBER OF THE NATIONAL GYMNASTICS FOUNDATION, USA GYMNASTICS HAS THE AUTHORITY TO APPOINT MEMBERS OF THE BOARD OF DIRECTORS. FORM 990, PART VI, SECTION A, LINE 8B: THE ORGANIZATION DOES NOT HAVE ANY COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY. FORM 990, PART VI, SECTION B, LINE 11B: THE FORM 990 IS REVIEWED IN DETAIL BY THE BOARD PRESIDENT. THEN, A FINAL DRAFT OF THE FORM 990 IS DISTRIBUTED VIA E-MAIL TO EVERY MEMBER OF THE GOVERNING BODY BEFORE IT IS FILED WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 15:

THERE ARE NO OFFICERS OF THE FOUNDATION THAT RECEIVE COMPENSATION AND THE

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2018)

832211 10-10-18

Name of the organization NATIONAL GYMNASTICS FOUNDATION, INC.	Employer identification number 35–1757753
FOUNDATION HAS NO EMPLOYEES. THEREFORE, LINES 15A AND 15B	HAVE BEEN MARKED
"NO" PER THE INSTRUCTIONS.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE FOUNDATION PROVIDES COPIES OF ITS FINANCIAL STATEMENTS	AND TAX RETURNS
ON THE WEBSITE OF ITS RELATED ORGANIZATION, USA GYMNASTICS	. THE GOVERNING
DOCUMENTS ARE ALSO AVAILABLE UPON REQUEST.	

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

• Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

NATIONAL GYMNASTICS FOUNDATION, INC.

Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

35-1757753

	(a)	(b)	(c)	(d)	(e)		(f)		
1	Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state of foreign country)	I					g
Part II	dentification of Related Tax-Exempt Organizorganizations during the tax year.	zations. Complete if the organization	answered "Yes" on Form 990), Part IV, line 34, t	Decause it had one	or more	related tax-exer	mpt	
	(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	Dire	(f) ct controlling entity	cont	g) 512(b)(13) trolled tity?
	•		Toroign obunity)		501(c)(3))		,	Yes	No
JSA GYMNA	STICS - 75-1847871								
130 E WAS	HINGTON ST, STE 700								
INDIANAPO	LIS, IN 46204	GYMNASTICS	INDIANA	501(C)(3)	LINE 10				X
				1		1		1	

832161 10-02-18 LHA

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

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

organizations trouted as a parameter for tan jour											
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year	1	ortionate itions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General managir	Percentage ownership
3		foreign	,	excluded from tax under		assets		ILIUIIS?	20 of Schedule	partner	<u>'</u>
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	
							ļ				
										\vdash	<u> </u>

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	Sec.	i) ction
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership		(i) ction (b)(13) rolled tity?
		Couriery)						Yes	No
	-								
								Ь	<u> </u>
								↓	<u> </u>

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

Yes No

1a

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b	Gift, grant, or capital contribution to related organization(s)				1b	X	
С	Gift, grant, or capital contribution from related organization(s)				1c	X	
							X
е	Loans or loan guarantees by related organization(s)				1e		_X_
f	Dividends from related organization(s)				. 1f		X
g	Sale of assets to related organization(s)				. 1g		X
	Purchase of assets from related organization(s)						X
i	Exchange of assets with related organization(s)				1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)				<u>1j</u>		_X_
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		_X_
I	Performance of services or membership or fundraising solicitations for related organ	nization(s)			1I		X
	Performance of services or membership or fundraising solicitations by related organ					Х	
n :	Sharing of facilities, equipment, mailing lists, or other assets with related organization	on(s)			1n	X	
0	Sharing of paid employees with related organization(s)				1o	X	
	Reimbursement paid to related organization(s) for expenses					X	
q	Reimbursement paid by related organization(s) for expenses				1q		X
							X
S	Other transfer of cash or property from related organization(s)				1s		X
2	f the answer to any of the above is "Yes," see the instructions for information on w	ho must complete th	is line, including covered related	tionships and transaction thresholds.			
	(a) Name of related organization	(b)	(c)	(d)			
	Name of related organization	Transaction	Amount involved	Method of determining amount	involved		
		type (a-s)					
(1)							
(2)							
(3)							
(4)							
<i>-</i> ->							
(5)							
(C)							
(6)				<u> </u>	-l- D (T :	000'	0046
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Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Dispretion allocat	opor- late tions?		General manage partner	(k) Percentage ing ownership
								Oakaatala		

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Part VII	(Form 990) 2018 Supplemental Infor	mation.					
	Provide additional inform		to questions on Sche	edule R. See instructions			
	Trovide additional inform	ation for responses	s to questions on oche	daic 11. Occ instructions	•		
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