Form **990**

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

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.

2020 Open to Public

OMB No. 1545-0047

Inte	rnal Rev	enue Serv	rice	Go to ww	w.irs.gov/Form9	90 for instructions	and the late	st infor	mation.		Ins	specti	ion
Α	For th	ne 2020	calenda	ar year, or tax year beginning		, 2020,	, and ending				, 20		
			C Name	e of organization					D Employer ider	ntifica	ation numbe	r	
в	Check if a	applicable:	USA	GYMNASTICS					75-1847	787	1		
Х	· Addr		Doing	business as									
	Nam	ne change	Numb	per and street (or P.O. box if mail is	not delivered to stre	eet address)	Room/suite		E Telephone nur	nber			
	Initia	al return	109	9 N. MERIDIAN, SUI	TE 800				(317) 23	7 – 5	5050		
		I return/ ninated	City o	r town, state or province, country,	and ZIP or foreign p	ostal code							
		ended	IND	IANAPOLIS, IN 4620	4				G Gross receipts	\$	23,5	599,	,912.
		lication	F Name	and address of principal officer:	LI LI LE	UNG			H(a) Is this a grou subordinates		Irn for	Yes	X No
			109	9 N. MERIDIAN, SUI	TE 800, IN	DIANAPOLIS,	IN 46204	4	H(b) Are all subordi		ncluded?	Yes	No
I	Tax-ex	xempt sta	atus:	X 501(c)(3) 501(c) () ┥ (insert n	o.) 4947(a)(1)	or 52	27	lf "No," at	tach a	a list. See instrue	ctions	
J	Webs	site: 🕨	www.t	JSAGYM.ORG					H(c) Group exemp	otion n	umber 🕨		
к	Form	of organ	ization:	X Corporation Trust	Association	Other ►	L Year o	of format	tion: 1964 M s	State	of legal dom	icile:	TX
P	art I		mmary		• •		l						
	1	Briefly	/ describ	be the organization's mission o	r most significant	activities: USA G	YMNASTIC	S IS	THE DESI	GNA	TED		-
ė				GOVERNING BODY FOR									-
and		UNI	TED S	TATES.									-
Activities & Governance	2	Check	this bo	x ► if the organization c	liscontinued its c	perations or dispose	ed of more th	an 25%	of its net assets	s.			-
ģ	3	Numb	er of vo	ting members of the governing	body (Part VI, lin	e 1a)				3			15.
~	4			lependent voting members of						4			15.
ties	5			of individuals employed in cal						5			54.
tivi	6			of volunteers (estimate if neces						6		3,	800.
Ac	7a			d business revenue from Part V						7a			0.
				business taxable income from						7b			0.
									Prior Year		Curre	nt Ye	ar
	8	Contri	butions	and grants (Part VIII, line 1h) _ ce revenue (Part VIII, line 2o)		COPY FOR			6,737,97	1.	9,8	88,	901.
Revenue	9	Progra	am servi	ce revenue (Part VIII, line 2g)		PUBLIC INSPEC			19,173,34	3.	13,2	87,	690.
eve	10			come (Part VIII, column (A), lin		L			21,25	6.			254.
2	11			e (Part VIII, column (A), lines 5,					560,04	2.	3	95,	582.
	12			- add lines 8 through 11 (mus					26,492,61	2.	23,5	72,	427.
	13			milar amounts paid (Part IX, col					1,069,93	5.	1,1	.97,	354.
	14			to or for members (Part IX, colu						0.			0.
s	15			r compensation, employee ben					4,817,25	8.	4,8	83,	786.
Expenses	16 a			undraising fees (Part IX, column		· · · · ·				0.			0.
pe	b			ing expenses (Part IX, column ().						
Û	17			es (Part IX, column (A), lines 11					25,493,18	9.	14,9	89,	219.
				s. Add lines 13-17 (must equa					31,380,38	2.	21,0	70,	359.
	19	Reven	nue less	expenses. Subtract line 18 fror	n line 12				-4,887,77	0.	2,5	02,	068.
P.	3			·				Begin	ning of Current Y	ear	End o	of Year	r
Net Assets or	20	Total a	assets (F	Part X, line 16)					6,295,70	5.	10,3	41,	762.
Ass	21			s (Part X, line 26)					13,344,88	1.	14,5	18,	253.
L Set	22			fund balances. Subtract line 21					-7,049,17	6.	-4,1	.76,	491.
Ρ	art II	Sig	gnature	Block									
Ur	nder pe	enalties c	of perjury,	I declare that I have examined th	is return, including	accompanying schedu	ules and state	ments, a	and to the best of	my l	knowledge a	nd bel	lief, it is
tru	e, corr	ect, and	complete	. Declaration of preparer (other that	n officer) is based o	n all information of whi	icn preparer na	as any ki	Ĩ				
				emadette M.	Saum				11	/15	5/21		
Si	-	S	Signature	of officer					Date				
He	ere		BERNA	DETTE BARRON		CFO							
		<u> </u>		rint name and title									
D -1		Print/	Type pre	parer's name	Proparer's signatu	ure	Date		Check	if ^F	PTIN		
Pai		PAUI		MMERSCHMIDT	Tatto	annahun	11/14/2	2021	self-employe		P0138	4178	8
	eparer e Only	, Firm's	name	▶BDO USA, LLP	V				Firm's EIN 🕨 1	3-5	381590		
		Firm's	address	▶100 PARK AVENUE N	IEW YORK, N	IY 10017-5001	L		Phone no. 2	12-	-885-800	00	
Ма	y the	IRS d	iscuss	this return with the prepare	r shown above'	? (see instructions))				. X Yes	3	No

For Paperwork Reduction Act Notice, see the separate instructions.

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	USA GYMNASTICS	75-1847871
Forr	m 990 (2020)	Page 2
Pa	art III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission: ATTACHMENT 1	
2	Did the organization undertake any significant program services during the year which were not listed prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	on the Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any pr services?	
	Describe the organization's program service accomplishments for each of its three largest program expenses. Section $501(c)(3)$ and $501(c)(4)$ organizations are required to report the amount of grants the total expenses, and revenue, if any, for each program service reported.	
	(Code:) (Expenses \$5,248,240. including grants of \$1,161,968.) (Revenue \$ PROGRAM SERVICES - USA GYMNASTICS HAS THE RESPONSIBILITY TO SELECT, DEVELOP AND TRAIN THE NATIONAL AND OLYMPIC TEAMS FOR	172,767.)
	GYMNASTICS. EXPENSES INCLUDE TRAVEL TO INTERNATIONAL COMPETITION,	
	TRAINING CAMPS, ATHLETE AND COACH SUPPORT, APPAREL, JUDGES,	
	DEVELOPMENT AND TRAINING AND EARLY TALENT IDENTIFICATION. THE FIVE	
	PROGRAM DISCIPLINES INCLUDE WOMEN'S ARTISTIC, MEN'S ARTISTIC,	
	RHYTHMIC, TRAMPOLINE & TUMBLING AND ACROBATICS.	
4b	(Code:) (Expenses \$4,400,123. including grants of \$0.) (Revenue \$	12,710,587.)
	ATTACHMENT 2	
4c	(Code:) (Expenses \$	0)
4d	Other program services (Describe on Schedule O.)	
10	(Expenses \$ 2,179,018. including grants of \$ 35,387.) (Revenue \$ 458,975.) Total program service expenses ▶ 13,139,821.	
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Part	V 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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			37
-	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? If "Yes,"			v
•	complete 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 amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			x
40	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	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,"			
u	complete Schedule D, Part VI	11a	Х	
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		Х
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		Х
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		Х
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		Х
12 a	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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i> .	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
D	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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	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	140		
15	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 See instructions	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
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts Land II	21	Х	

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Part	V Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J.	23	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
2 4 a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	240		Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	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 Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
		26		Х
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	20		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
•	"Yes," complete Schedule L, Part IV	28c		Х
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	23		
30		20		х
• •	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
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 Part V, line 1	34	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
	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	х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2.	36		Х
27	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	50		
37		07		v
	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? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
-	reportable gaming (gambling) winnings to prize winners?	1c	Х	
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Par	t 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 54			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	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)?	4a		Х
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).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	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		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	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 organizations maintaining donor advised funds.			
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 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
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 amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<u> </u>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	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.			
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			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on 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		X
	If "Yes," see instructions and file Form 4720, Schedule N.			37
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes." complete Form 4720. Schedule O.	16		X

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Part	t VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7 response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Sche				
		Check if Schedule O contains a response or note to any line in this Part VI	<u></u>			X
Sect	ion A.	Governing Body and Management				
			-		Yes	No
1a	If ther if the	the number of voting members of the governing body at the end of the tax year	15			
b		the number of voting members included on line 1a, above, who are independent 1b	15			
2		ny officer, director, trustee, or key employee have a family relationship or a business relationsh	•	2		X
2		her officer, director, trustee, or key employee?		2		
3		e organization delegate control over management duties customarily performed by or under the vision of officers, directors, trustees, or key employees to a management company or other person?		3		х
4		e organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		Х
5		e organization become aware during the year of a significant diversion of the organization's assets?		5		Х
6		e organization have members or stockholders?		6	Х	
7a	Did th	e organization have members, stockholders, or other persons who had the power to elect or	appoint			
		more members of the governing body?	•••• ⊢	7a	X	
b		iny governance decisions of the organization reserved to (or subject to approval by) me		76		x
•		nolders, or persons other than the governing body?	· · · · ⊢	7b		A
8		e organization contemporaneously document the meetings held or written actions undertaken ar by the following:	auring			
а	-	overning body?		8a	Х	
b		committee with authority to act on behalf of the governing body?		8b		Х
9	Is the	re any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ched at			
		ganization's mailing address? If "Yes," provide the names and addresses on Schedule O.		9	<u>,</u>	Х
Sect	on B.	Policies (This Section B requests information about policies not required by the Internal R	<u>evenue C</u>	ode	.) Yes	No
			Г	10a	163	X
		e organization have local chapters, branches, or affiliates?	· · · · ⊢	IVa		
b		s," did the organization have written policies and procedures governing the activities of such ches, and branches to ensure their operations are consistent with the organization's exempt purposes	-	10b		
11a		e organization provided a complete copy of this Form 990 to all members of its governing body before filing the	· · · · E	11a	Х	
b		ibe in Schedule O the process, if any, used by the organization to review this Form 990.				
12a		e organization have a written conflict of interest policy? If "No," go to line 13		12a	Х	
b		officers, directors, or trustees, and key employees required to disclose annually interests that con conflicts?		12b	х	
С	Did th	ne organization regularly and consistently monitor and enforce compliance with the policy? I				
		be in Schedule O how this was done	•••• ⊢	12c	X	
13		e organization have a written whistleblower policy?		13 14	X X	
14		e organization have a written document retention and destruction policy?	•••• -	14	21	
15		ne process for determining compensation of the following persons include a review and appr endent persons, comparability data, and contemporaneous substantiation of the deliberation and de				
а	•	rganization's CEO, Executive Director, or top management official		15a	Х	
b		officers or key employees of the organization		15b	Х	
	If "Yes	s" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a	Did th	e organization invest in, contribute assets to, or participate in a joint venture or similar arran				
		taxable entity during the year?		16a		Х
b	partici	s," did the organization follow a written policy or procedure requiring the organization to eval pation in joint venture arrangements under applicable federal tax law, and take steps to safegu	ard the			
Saat		zation's exempt status with respect to such arrangements?	<u></u> /	16b		L
17 18		e states with which a copy of this Form 990 is required to be filed ▶ $\frac{IN}{}$, on 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	nd 000 T	(900)	tion F	01(~)
18	(3)s or X (nly) available for public inspection. Indicate how you made these available. Check all that apply. Dwn website Another's website X Upon request Other (explain on Schedule)	0)			
19		ibe on Schedule O whether (and if so, how) the organization made its governing documents, or	onflict of	inter	est p	olicy,
20		nancial statements available to the public during the tax year. the name, address, and telephone number of the person who possesses the organization's books a ETTE M. BARRON, 1099 N. MERIDIAN, INDIANAPOLIS, IN 46204 317-237-5050	nd records	►		

Page 7

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

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

1a Complete this table for all persons required to be listed. 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. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					an	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
(1)LI LI LEUNG	50.00									
CHIEF EXECUTIVE OFFICER	0.			х				382,488.	0.	28,479.
(2) CAROL FABRIZIO	40.00									
COMMUNICATIONS CHIEF	0.					x		214,223.	0.	16,810.
(3) STEFANIE KOREPIN	50.00									
CHIEF PROGRAM OFFICER	0.					X		177,519.	0.	22,225.
(4) KIMBERLY KRANZ	40.00									
CHIEF OF ATHLETE WELLNESS	0.					x		165,226.	0.	22,869.
(5) MARK BUSBY	40.00									
LEGAL COUNSEL - SAFE SPORTS	0.					X		136,873.	0.	26,964.
(6) LAURYN TURNER	50.00									
CHIEF OF STAFF EFF 3/2020	0.	1				Х		141,114.	0.	16,810.
(7) BERNADETTE M. BARRON	30.00									
CHIEF FINANCIAL OFFICER	0.			Х				108,000.	0.	0.
(8) KITTIA CARPENTER	3.00									
DIRECTOR	0.	X						4,116.	0.	0.
(9) KATHRYN CARSON	15.00									
BOARD CHAIR	0.	Х		Х				0.	0.	0.
(10) DAVID RUDD	3.00									
SECRETARY	0.	X		Х				0.	0.	0.
(11) BRENT LANG	3.00									
TREASURER	0.	Х		Х				0.	0.	0.
(12)LOIS BINGHAM	3.00									
DIRECTOR	0.	X						0.	0.	0.
(13) IVANA HONG	3.00									
DIRECTOR	0.	X						0.	0.	0.
(14) PAUL RUGGERI	3.00									
DIRECTOR THRU 7/2020	0.	X						0.	0.	0.

Form 990 (2020)

Page	8
raye	0

art VII Section A. Officers, Directors, (A)	(B)	y			C)			(D)	(E)	(F)
(A) Name and title	Average hours per week (list any	box,	unles	Pos heck ss pe	ition more erson	e than o is both or/truste	an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	hours for related organizations below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
) REBECCA SEREDA DIRECTOR	3.00	v						0	0.	
5) STACI SLAUGHTER	0.	X						0.	. 0.	
DIRECTOR		x						0	0.	
) JUSTIN SPRING	3.00									
DIRECTOR	0.	x						0	0.	
) JULIE SPRINGWATER	3.00									
DIRECTOR	0.	X						0.	0.	
) JUSTIN TOMAN	3.00							_	_	
DIRECTOR)) KIMBERLY TILL	0.	X						0.	0.	
DIRECTOR		x						0	0.	
.) KEVIN WHITE	3.00									
DIRECTOR	0.	x						0	0.	
2) SCOTT LINEBERRY	3.00									
DIRECTOR	0.	Х						0	0.	
BRANDON WYNN	3.00	-								
DIRECTOR EFF 8/2020	0.	X						0.	0.	
b Sub-total								1,329,559.	0	
c Total from continuation sheets to Part VII	•		• •		• •			0.	0	_
d Total (add lines 1b and 1c) Total number of individuals (including but r	ot limited to t	hose	liste				o re		-	·,
reportable compensation from the organiza	ition 🕨	-	9							Yes
Did the organization list any former of employee on line 1a? If "Yes," complete Sch										3
For any individual listed on line 1a, is the organization and related organizations individual	greater than	\$15	50,0	00?	p If	"Yes	,"	complete Schedu	le J for such	4 X
Did any person listed on line 1a receive for services rendered to the organization? In	or accrue co	mpen	sati	on f	fron	n any	un	related organization	on or individual	5
ection B. Independent Contractors										
Complete this table for your five highest c compensation from the organization. Repo year.										
(A) Name and business	address							(B) Description of se	ervices	(C) Compensation
							+			-
ATTACHMENT 4										
ATTACHMENT 4										

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 4

Form 990 (202	0)	USA
Part VIII	Statement of	Revenue

		Check if Schedule O contains a respor	nse or note to an	y line in this Part V	/111		
		· · ·		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ស ស	1a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues					
ΩĔ	c	Fundraising events 1c					
r A	d	Related organizations 1d	6,443,652.				
ija	e	Government grants (contributions) 1e					
Sins	f	All other contributions, gifts, grants,					
er		and similar amounts not included above 1	3,445,249.				
jå	g	Noncash contributions included in					
dit	5	lines 1a-1f	\$ 122,495.				
ရှိ ပိ	h	Total. Add lines 1a-1f		9,888,901.			
			Business Code				
e	2a	MEMBER SERVICES	900099	12,436,131.	12,436,131.		
e ľvi	b	NATIONAL EVENT REVENUES	900099	810,958.	810,958.		
s nu	c	PROGRAM EVENTS & CLINICS	900099	40,601.	40,601.		
Program Service Revenue	d						
	e						
Ľ.	f	All other program service revenue					
	g	Total. Add lines 2a-2f		13,287,690.			
	3	Investment income (including dividends,					
		other similar amounts)		254.			254
	4	Income from investment of tax-exempt bond	proceeds . 🕨	0.			
	5	Royalties		0.			
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	с	Rental income or (loss) 6c					
	d Net rental income or (loss)		. <u></u> ▶	0.			
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory 7a					
e	b	Less: cost or other basis					
evenue		and sales expenses 7b					
sev	c	Gain or (loss) 7c					
r. F	d	Net gain or (loss)	►	0.			
Other	8a	Gross income from fundraising					
0		events (not including \$					
		of contributions reported on line					
		1c). See Part IV, line 18	0.				
	b	Less: direct expenses	0.				
	c	Net income or (loss) from fundraising events	<u> ▶</u>	0.			
	9a	Gross income from gaming					
		activities. See Part IV, line 19 9a	0.				
	b	Less: direct expenses	0.				
	c	Net income or (loss) from gaming activities.	· · · · · · · •	0.			
	10a	Gross sales of inventory, less					
		returns and allowances	78,650.				
	b	Less: cost of goods sold	27,485.				
	c	Net income or (loss) from sales of inventory		51,165.	51,165.		
sņ			Business Code				
Miscellaneous Revenue	11a	ADVERTISING	900099	55,298.			55,298
llar /en	b	PRIZE MONEY	900099	3,475.	3,475.		
Re	с	MISCELLANEOUS INCOME	900099	285,644.			285,644
Мі Мі	d	All other revenue					
	e	Total. Add lines 11a-11d		344,417.			
	12	Total revenue. See instructions	🕨	23,572,427.	13,342,330.		341,196

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX								
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses				
1 Grants and other assistance to domestic organizations			gone and ended					
and domestic governments. See Part IV, line 21	35,387.	35,387.						
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1,161,967.	1,161,967.						
3 Grants and other assistance to foreign								
organizations, foreign governments, and								
foreign individuals. See Part IV, lines 15 and 16	0.							
4 Benefits paid to or for members	0.							
5 Compensation of current officers, directors,								
trustees, and key employees	523,083.	313,850.	209,233.					
6 Compensation not included above to disqualified								
persons (as defined under section 4958(f)(1)) and								
persons described in section 4958(c)(3)(B)	0.	0.040.741	1 266 404					
7 Other salaries and wages	3,416,235.	2,049,741.	1,366,494.					
8 Pension plan accruals and contributions (include								
section 401(k) and 403(b) employer contributions)	0. 617,695.	370,617.	217 070					
9 Other employee benefits			247,078.					
10 Payroll taxes	326,773.	196,064.	130,709.					
11 Fees for services (nonemployees):	0.							
a Management	5,446,920.	3,268,152.	2,178,768.					
b Legal	87,690.	52,614.	35,076.					
c Accounting	0.	52,014.	35,070.					
d Lobbying	0.							
e Professional fundraising services. See Part IV, line 17.	0.							
f Investment management fees	0.							
g Other. (If line 11g amount exceeds 10% of line 25, column	1,047,619.	647,235.	400,384.					
(A) amount, list line 11g expenses on Schedule O.). 12 Advertising and promotion	0.	017,2001	100,0011					
13 Office expenses	575,235.	345,141.	230,094.					
14 Information technology	163,797.	98,278.	65,519.					
15 Royalties	0.							
16 Occupancy	236,292.	141,775.	94,517.					
17 Travel	1,175,718.	705,431.	470,287.					
18 Payments of travel or entertainment expenses								
for any federal, state, or local public officials	0.							
19 Conferences, conventions, and meetings	0.							
20 Interest	0.							
21 Payments to affiliates	0.							
22 Depreciation, depletion, and amortization	189,873.	113,924.	75,949.					
23 Insurance	3,911,502.	2,346,901.	1,564,601.					
24 Other expenses. Itemize expenses not covered								
above (List miscellaneous expenses on line 24e. If								
line 24e amount exceeds 10% of line 25, column								
(A) amount, list line 24e expenses on Schedule O.)	1							
a EVENT FACILITY COSTS	1,238,777.	743,266.	495,511.					
bEVENT PRODUCTION	630,186.	378,112.	252,074.					
cSECURITY	51,803.	31,082.	20,721.					
d ^{REBATES}	17,662.	10,597.	7,065.					
e All other expenses	216,145.	129,687.	86,458.					
25 Total functional expenses. Add lines 1 through 24e	21,070,359.	13,139,821.	7,930,538.					
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ if								
following SOP 98-2 (ASC 958-720)	0.							

		2020)			Page 11
Part	: X	Balance Sheet Check if Schedule O contains a response or note to any line in this Pa	art X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	4,521,305.	1	9,586,114.
		Savings and temporary cash investments.	734,321.	2	0.
		Pledges and grants receivable, net	0.	3	0.
		Accounts receivable, net	55,000.	4	0.
		Loans and other receivables from any current or former officer, director,	,		
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	0.	5	0 .
		Loans and other receivables from other disqualified persons (as defined		J	
`		under section $4958(f)(1)$), and persons described in section $4958(c)(3)(B)$.	0.	6	0
თ .		Notes and loans receivable, net	0.	7	0
Assets		Inventories for sale or use	104,755.	8	86,032.
AS		Prepaid expenses and deferred charges	502,729.	9	481,894
		Land, buildings, and equipment: cost or other		9	101,071
		basis. Complete Part VI of Schedule D 10a 1,654,030.			
		Less: accumulated depreciation	377,595.	10c	187,722.
11		Investments - publicly traded securities.	0.	11	0
12		Investments - other securities. See Part IV, line 11	0.	12	0
13		Investments - program-related. See Part IV, line 11.	0.	13	0
14		Intangible assets	0.	14	0
15		Other assets. See Part IV, line 11	0.	15	0
16		Total assets. Add lines 1 through 15 (must equal line 33)	6,295,705.	16	10,341,762
17		Accounts payable and accrued expenses.	5,827,763.	17	7,102,527
18		Grants payable	0.	18	0
19		Deferred revenue.	7,507,345.	19	6,601,453
20		Tax-exempt bond liabilities.	0.	20	0
21		Escrow or custodial account liability. Complete Part IV of Schedule D.	0.	20	0
		Loans and other payables to any current or former officer, director,		21	, i i i i i i i i i i i i i i i i i i i
5 24		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	0.	22	0
23		Secured mortgages and notes payable to unrelated third parties	0.	22	0
24		Unsecured notes and loans payable to unrelated third parties	0.	23	804,500
25		Other liabilities (including federal income tax, payables to related third		24	
2.		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	9,773.	25	9,773
26		Total liabilities. Add lines 17 through 25.	13,344,881.	25	14,518,253
		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.		20	
27		Net assets without donor restrictions	-7,049,176.	27	-4,176,491
28		Net assets with donor restrictions.	0.	28	0
27 28 29 20 29 20 20 20 20 20 20 20 20 20 20 20 20 20		Organizations that do not follow FASB ASC 958, check here ► and complete lines 29 through 33.			
29		Capital stock or trust principal, or current funds		29	
30		Paid-in or capital surplus, or land, building, or equipment fund		30	
		Retained earnings, endowment, accumulated income, or other funds		30	
a i v '			-7,049,176.	32	-4,176,491.
ษี 32	2	Total net assets or fund balances	-/.U49.I/n	2.7	

Form 990 (2020)

Form 99	0 (2020)				Pa	ge 12
Part	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			72,4	
2	Total expenses (must equal Part IX, column (A), line 25)	2	2		70,3	
3	Revenue less expenses. Subtract line 2 from line 1	3		2,5	02,0	68.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	_	-7,0	49,1	.76.
5	Net unrealized gains (losses) on investments	5				0.
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8		3	70,6	517.
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10	-	4,1	76,4	91.
Part						
	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," ex	cplain	in			
	Schedule O.					
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 com	piled	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		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed oi	na			
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ove	rsight	tof			
	the audit, review, or compilation of its financial statements and selection of an independent accountat	nt?		2c		
	If the organization changed either its oversight process or selection process during the tax year, ex	plain	on			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	th in [.]	the			
	Single Audit Act and OMB Circular A-133?			3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	ergo	the			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au	dits .		3b		

Form **990** (2020)

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SCHEDULE A (Form 990 or 990-EZ) 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.

OMB No. 1545-0047 2 20

Department of the Treasury Internal Revenue Service				 ► Attach to Form 990 or Form 990-E2. ► Go to www.irs.gov/Form990 for instructions and the latest information. 					Open to Public Inspection
Nam	e of t	he organization						Employer identifi	
		YMNASTICS						75-18478	
Ра	rt I	Reason for	r Public Cha	rity Status. (All	organizations must	complet	te this p	art.) See instructions	<u>.</u> 3.
				•	t is: (For lines 1 throu			,	-
1			•		tion of churches desc			,	
2					. (Attach Schedule E				
3					rganization described	-			
4		-	-	-	-			n section 170(b)(1)(A)	(iii). Enter the
		hospital's nam	-			•			
5		An organizati	on operated	for the benefit of	a college or universi	ty owned	d or ope	erated by a governme	ental unit described in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)					
6		A federal, stat	te, or local go	overnment or gove	rnmental unit describe	d in sect	ion 170(b)(1)(A)(v).	
7		An organization	on that norm	ally receives a sub	ostantial part of its su	pport fr	om a go	vernmental unit or fro	om the general public
		described in s	ection 170(b)	(1)(A)(vi). (Compl	ete Part II.)				
8					b)(1)(A)(vi). (Complete				
9				•			•	I in conjunction with a	• •
			or a non-land-	grant college of ag	griculture (see instruct	tions). E	nter the	name, city, and state of	f the college or
		university:							
10	X	receipts from support from acquired by th	activities rela gross investme organizatio	ited to its exempt f nent income and u on after June 30, 1	functions, subject to c nrelated business tax 975. See section 509	ertain ex able inco (a)(2). (0	ceptions ome (les: Complete		n 331/3 % of its
11		U	0		usively to test for publ				
12		•	•	•	•				carry out the purposes
									ee section 509(a)(3).
	_	Check the box	in lines 12a t	hrough 12d that d	escribes the type of s	upporting	g organiz	zation and complete lir	nes 12e, 12f, and 12g.
а		••			· · ·	•		orted organization(s),	
			-				ajority of	f the directors or truste	es of the
			-		te Part IV, Sections A				
b		••		•				supported organization	
			-		-	the sam	e persor	ns that control or man	age the supported
_			. ,	•	, Sections A and C.			n	
С		••	-		• •			n with, and functional	ily integrated with,
d			-		ns). You must comple			ection with its suppor	tod organization(s)
u			-			-		oution requirement and	
			-		omplete Part IV, Sect	-			
е		-	-	-	-			hat it is a Type I, Type I	I. Type III
•			-		ionally integrated sup				., .)po
f	En				· · · · · · · · · · · · · · ·				
g	Pro	ovide the follow	ving information	on about the suppo	orted organization(s).				
	(i) N	ame of supported of	organization	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of
					(described on lines 1-10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)
						Yes	No	instructionsy	
(A)									
(B)									
(C)	_								
(D)									
(E)									
Tot	al								

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. JSA 0E1210 0.030 8113PB 702V

Page 2

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	tion A. Public Support				T		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support		1				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10 .						
12	Gross receipts from related activities, etc. (s	see instructions) .				12	
13	First 5 years. If the Form 990 is for organization, check this box and stop here						
Sec	tion C. Computation of Public Sup	port Percenta	ige			,	
14	Public support percentage for 2020 (li	ne 6, column (f), divided by line	e 11, column (f))	14	%
15	Public support percentage from 2019						%
16a	331/3% support test - 2020. If the org	ganization did r	not check the bo	ox on line 13, a	nd line 14 is 33	1/3 % or more, o	heck this
	box and stop here. The organization q			-			
b	331/3% support test - 2019. If the org	-					
	this box and stop here. The organization			-			
17a	10%-facts-and-circumstances test - 2	-	-				
	10% or more, and if the organization					-	-
	Part VI how the organization meets			-	-		
h	organization						
a	10%-facts-and-circumstances test - 2		-				
	15 is 10% or more, and if the organization					-	-
	in Part VI how the organization meets organization			-	-		
18	Private foundation. If the organization						
	instructions						

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020

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.)

	tion A. Public Support						
Jaiel	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	5,093,324.	3,898,090.	4,946,778.	6,737,971.	9,888,901.	30,565,064.
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	28,267,585.	20,701,587.	19,140,674.	19,552,489.	13,342,330.	101,004,665.
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						0.
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						0.
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						0.
6	Total. Add lines 1 through 5	33,360,909.	24,599,677.	24,087,452.	26,290,460.	23,231,231.	131,569,729.
	Amounts included on lines 1, 2, and 3			,,			
74	received from disqualified persons	647,500.	739,374.	1,283,440.	2,849,626.	6,443,652.	11,963,592.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000						i
	or 1% of the amount on line 13 for the year						0.
С	Add lines 7a and 7b.	647,500.	739,374.	1,283,440.	2,849,626.	6,443,652.	11,963,592.
8	Public support. (Subtract line 7c from						
Sec	tion B. Total Support						119,606,137.
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6	33,360,909.	24,599,677.	24,087,452.	26,290,460.	23,231,231.	131,569,729.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	840,817.	321,449.	37,543.	10,310.	254.	1,210,373
D	Unrelated business taxable income (less						
	section 511 taxes) from businesses						0
	acquired after June 30, 1975	0.40 0.17	201.440	25.542	10.010		0.
	Add lines 10a and 10b	840,817.	321,449.	37,543.	10,310.	254.	1,210,373
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on.						0.
12	Other income. Do not include gain or						
	loss from the sale of capital assets (Explain in Part VI.) ATCH 1				180,896.	240,942.	421,838.
13	•				180,896.	240,942.	421,838.
13	(Explain in Part VI.) ATCH 1	34,201,726.	24,921,126.	24,124,995.	180,896. 26,481,666.	240,942. 23,472,427.	421,838.
13 14	(Explain in Part VI.) ATCH 1 Total support. (Add lines 9, 10c, 11,				26,481,666.	23,472,427.	133,201,940.
	(Explain in Part VI.) ATCH 1 Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for	the organizatio	n's first, second	l, third, fourth,	26,481,666. or fifth tax yea	23,472,427. ar as a section	133,201,940. 501(c)(3)
14	(Explain in Part VI.) ATCH 1 Total support. (Add lines 9, 10c, 11, and 12.)	the organizatio	n's first, second	l, third, fourth,	26,481,666. or fifth tax yea	23,472,427. ar as a section	133,201,940. 501(c)(3)
14	(Explain in Part VI.) ATCH 1 Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for organization, check this box and stop here	the organizatio	n's first, second	l, third, fourth,	26,481,666. or fifth tax yea	23,472,427. ar as a section	133,201,940. 501(c)(3)
14 Sec	(Explain in Part VI.) ATCH 1 Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Sup	the organizatio cort Percentag	n's first, second je d by line 13, colur	I, third, fourth,	26,481,666. or fifth tax yea	23,472,427. ar as a section	133,201,940 501(c)(3)
14 Sec 15 16	(Explain in Part VI.) ATCH 1 Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Supp Public support percentage for 2020 (line 8)	the organizatio cort Percentag column (f), divide dule A, Part III, line	n's first, second je d by line 13, colur e 15	I, third, fourth,	26,481,666. or fifth tax yea	23,472,427. ar as a section 15	133,201,940 501(c)(3) ▶ 89.79%
14 Sec 15 16	(Explain in Part VI.) ATCH 1 Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Supp Public support percentage for 2020 (line 8, Public support percentage from 2019 Schere	the organizatio cort Percentag column (f), divide dule A, Part III, line t Income Perce	n's first, second ge d by line 13, colur e 15	l, third, fourth,	26,481,666. or fifth tax yea	23,472,427. ar as a section 15	133,201,940 501(c)(3) ▶ 89.79%
14 <u>Sec</u> 15 <u>16</u> <u>Sec</u>	(Explain in Part VI.) ATCH 1 Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Supp Public support percentage for 2020 (line 8, Public support percentage from 2019 Sche tion D. Computation of Investmen	the organizatio cort Percentag column (f), divide dule A, Part III, line t Income Percent ne 10c, column (f)	n's first, second d by line 13, colur e 15 entage), divided by line 1	I, third, fourth, nn (f)) 3, column (f))	26,481,666. or fifth tax yea	23,472,427. ar as a section 15 16	133,201,940 501(c)(3) •••• ► □ 89.79% 94.06%
14 <u>Sec</u> 15 <u>16</u> <u>Sec</u> 17 18	(Explain in Part VI.) ATCH 1 Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for organization, check this box and stop here. tion C. Computation of Public Supp Public support percentage for 2020 (line 8, Public support percentage from 2019 Sche tion D. Computation of Investment Investment income percentage for 2020 (line Investment income percentage from 2019 Sche	the organizatio column (f), divide dule A, Part III, line t Income Perce ne 10c, column (f) Schedule A, Part I	n's first, second d by line 13, colur e 15 entage), divided by line 1 II, line 17	I, third, fourth, nn (f)) 3, column (f))	26,481,666. or fifth tax yea	23,472,427. ar as a section 15 16 17 18	133,201,940 501(c)(3) ► 89.79% 94.06% .91% 1.21%
14 <u>Sec</u> 15 <u>16</u> <u>Sec</u> 17 18	(Explain in Part VI.) ATCH 1 Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Supp Public support percentage for 2020 (line 8, Public support percentage from 2019 Sche tion D. Computation of Investment Investment income percentage for 2020 (line	the organizatio court Percentag column (f), divide dule A, Part III, line t Income Percent to 10c, column (f) Schedule A, Part I ganization did no	n's first, second d by line 13, colur e 15 entage), divided by line 1 II, line 17 ot check the box	I, third, fourth, nn (f)) 3, column (f))	26,481,666. or fifth tax yea	23,472,427. ar as a section 15 16 17 18 vre than 331/3%,	133,201,940 501(c)(3) •••••► 89.79% 94.06%
14 <u>Sec</u> 15 <u>16</u> <u>Sec</u> 17 18 19 a	(Explain in Part VI.) ATCH 1 Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Supp Public support percentage for 2020 (line 8, Public support percentage from 2019 Sche tion D. Computation of Investment Investment income percentage for 2020 (line 331/3% support tests - 2020. If the or 17 is not more than 331/3%, check this	the organization court Percentage column (f), divided dule A, Part III, lined t Income Percenter to 10c, column (f) Schedule A, Part I ganization did no s box and stop	n's first, second d by line 13, colur a 15 entage), divided by line 1 II, line 17 ot check the box here. The organ	I, third, fourth, nn (f)) 3, column (f)) < on line 14, an ization qualifies	26,481,666. or fifth tax yea 	23,472,427. ar as a section 15 16 17 18 pre than 331/3%, pported organizat	133,201,940 501(c)(3) ► 89.79% 94.06%
14 <u>Sec</u> 15 <u>16</u> <u>Sec</u> 17 18 19 a	(Explain in Part VI.) ATCH 1 Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Supp Public support percentage for 2020 (line 8, Public support percentage from 2019 Sche tion D. Computation of Investment Investment income percentage for 2020 (line 10, 10, 10, 10, 10, 10, 10, 10, 10, 10,	the organizatio cort Percentag column (f), divide dule A, Part III, line t Income Percent to 10c, column (f) Schedule A, Part I ganization did not s box and stop anization did not	n's first, second d by line 13, colur e 15 entage), divided by line 1 II, line 17 bt check the box here. The organ check a box on	I, third, fourth, nn (f)) 3, column (f)) k on line 14, an ization qualifies a line 14 or line 1	26,481,666. or fifth tax yes 	23,472,427. ar as a section 15 16 17 18 pre than 331/3%, pported organizat is more than 331	133,201,940 501(c)(3) ► 89.79% 94.06% .91% 1.21% and line tion ► X /3%, and
14 <u>Sec</u> 15 <u>16</u> <u>Sec</u> 17 18 19 a	(Explain in Part VI.) ATCH 1 Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Supp Public support percentage for 2020 (line 8, Public support percentage from 2019 Sche tion D. Computation of Investment Investment income percentage for 2020 (line 10, 10, 10, 10, 10, 10, 10, 10, 10, 10,	the organizatio column (f), divide dule A, Part III, line t Income Percent to 10c, column (f) Schedule A, Part I ganization did not s box and stop anization did not this box and stop	n's first, second d by line 13, colure 15 by divided by line 1 ll, line 17 bt check the box here. The organ check a box on by here. The org	I, third, fourth, nn (f)) 3, column (f)) < on line 14, an ization qualifies a line 14 or line 1 anization qualifie	26,481,666. or fifth tax yes 	23,472,427. ar as a section 15 16 17 18 pre than 331/3 %, pported organizat is more than 331 supported organizat	133,201,940. 501(c)(3) ► 89.79% 94.06% .91% 1.21% and line tion.► X /3%, and zation►

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes No

75-1847871

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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.*
- **10 a** 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 line 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.)

JSA 0E1229 1.010 10b Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020

Part	V Supporting Organizations (continued)			
			Yes	No
1	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 lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
ecti	on B. Type I Supporting Organizations			
			Yes	No

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, 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	
•			

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.*

Section C. Type II Supporting Organizations

 Yes
 No

 1
 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? 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

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	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? <i>If "No," explain in Part VI how</i>			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If</i> "Yes," <i>describe in</i> Part VI <i>the role the organization's</i>			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).								
а									
b	The organization is the parent of each of its supported organizations. Complete line 3 below.								
с	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).								
			No						
2	Activities Test Answer lines 2a and 2b below								

2	Activities Test. Answer lines za and zb below.	!		
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			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in</i> 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 lines 3a and 3b 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? <i>If</i> "Yes" or "No," 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 "Yes," describe in Part VI the role played by the organization in this regard	3h	1	

Schedule A (Form 990 or 990-EZ) 2020

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Schedule A	A (Form	990 oi	990-EZ	2020 (
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	N_{OV} 20 1070 (oveloi	in in Part VA Saa
tions i	n Nov. 20, 1970 (<i>explai</i> must complete Sectio	
	(A) Prior Year	(B) Current Year (optional)
1		
2		
3		
4		
5		
6		
7		
8		
	(A) Prior Year	(B) Current Year (optional)
1a		
1b		
1c		
1d		
1e		
2		
3		
4		
-		
6		
7		
8		
		Current Year
1		
2		
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4		
5		
6		
	2 3 4 5 6 7 8 7 8 1a 1b 1c 1d 1c 1d 1c 1d 2 3 4 5 6 7 8 7 8 7 1d 1d 1d 1d 1d 1d 1d 1d 5 6 7 8 7 7 8 7 7 8 7 7 8 7 7 7 8 7 7 8 7 7 8 7 7 8 7 7 8 7 7 8 7 7 8 7 7 8 7 7 8 7 7 8 7 7 8 7 7 8 7 7 8 7 7 8 7 7 8 7 7 8 7 8 7 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 8 7 8 8 7 8 8 7 8 8 7 8 8 7 8 8 7 8 8 7 8 8 7 8 8 7 8 8 7 8 8 8 7 8 8 8 8 8 8 8 8 8 8 8 8 8	1 2 3 4 5 6 7 8 (A) Prior Year 1a 1b 1c 1d 1e 2 3 4 5 6 7 8 4 5 6 7 8 1 2 3 4 5 6 7 8 1 2 3 4 5 6 7 8 1 2 3 4 5 4 5 6 7 8

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

Schedule A (Form 990 or 990-EZ) 2020

1	le A (Form 990 or 990-EZ) 2020				Page 7
Part		Supporting Organizat	ions (continued)		
	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish ex			1	
2	Amounts paid to perform activity that directly furthers exer				
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations	3	
	Amounts paid to acquire exempt-use assets			4	
	Qualified set-aside amounts (prior IRS approval required - p	rovide details in Part VI)		5	
	Other distributions (<i>describe in Part VI</i>). See instructions.			6	
	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2020	าร	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020				
	(reasonable cause required - <i>explain in Part VI).</i> See				
	instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
C	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from				
	Section D, line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, <i>explain in</i>				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
0	and 4c.				
8	Breakdown of line 7:				
 	Excess from 2016				
	Excess from 2017				
<u>ح</u>	Excess from 2018				
	Excess from 2019				
<u>e</u>	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

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Schedule A (Form 990 or 990-EZ) 2020

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

				ATT	FACHMENT 1		
SCHEDULE A, PART III - OTHER INCOME							
DESCRIPTION	2016	2017	2018	2019	2020	TOTAL	
MISCELLANEOUS INCOME				180,896.	240,942.	421,838.	
TOTALS				180,896.	240,942.	421,838.	

Schedule B (Form 990, 990-EZ.

or 990-PF)
Department of the Treasury Internal Revenue Service

Name of the organization USA GYMNASTICS

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

Employer identification number

75-1847871

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

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.

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 \$

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).

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
1		\$6,443,652.	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			
2		\$3,125,294.	Person X Payroll X Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
3		\$10,646.	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
4		\$10,000.	Person X Payroll X Noncash X (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.)			

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Part II	Noncash Property (see instructions). Use duplicate copies of	of Part II if additional space is nee	ded.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	AIRFARE		
		\$101,849.	VAR
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
3	MEDALS AND AWARDS	—	
		\$10,646.	VAR
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
4	APPAREL	—	
		\$10,000.	VAR
(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
		_	
		\$	

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Schedule B (Form 990, 9	990-EZ, (or 990-PF) (2020)		Page	4
Name of organization	USA	GYMNASTICS		Employer identification number	_
				75-1847871	
					_

Part III	Exclusively religious, charitable, etc.	, contributions to o	rganizations desc	ribed 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 th	e year. (Enter this in	formation once. S	ee instructions.) ►\$					
	Use duplicate copies of Part III if addit	ional space is need	ed.						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held					
	(e) Transfer of gift								
	Transferos's name address a	Transferee's name, address, and ZIP + 4 Relatio							
			Relatio	nship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held					
	(e) Transfer of gift								
	Transferee's name, address, a	nd ZIP + 4	Relatio	Relationship of transferor to transferee					
(a) No.									
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held					
	(e) Transfer of gift								
	Transferee's name, address, a	nd ZIP + 4	Relatio	nship of transferor to transferee					
(a) No. from									
from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held					
	(e) Transfer of gift								
	Transferee's name, address, a	nd ZIP + 4	Relatio	nship of transferor to transferee					
	1		1						

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

SCHEE	DULE	D
(Form	990)	

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.

2020

OMB No. 1545-0047

		r art rv, me o, r	, 0, 3, 10, 11a, 11b, 110, 110, 110, 110, 111, 12a, 01	
Department of the Treasury Internal Revenue Service Go to www.irs.gov			Attach to Form 990. v/Form990 for instructions and the latest inform	Open to Public Inspection
	of the organization			Employer identification number
	GYMNASTICS			75-1847871
Par		vations Maintaining Donor Ad	vised Funds or Other Similar Funds or	
rai			d "Yes" on Form 990, Part IV, line 6.	Accounts.
	Comple	te il the organization answered	(a) Donor advised funds	(b) Funds and other accounts
4	Total number of	and of year		
		end of year of contributions to (during year)		
		e of grants from (during year)		
		e at end of year		in dense odvised
	-		r advisors in writing that the assets held	
			e organization's exclusive legal control? . and donor advisors in writing that grant fu	
	-	-	efit of the donor or donor advisor, or for a	
	-			
Dar		vation Easements.		
Fai			d "Yes" on Form 990, Part IV, line 7.	
1			e organization (check all that apply).	
•		ion of land for public use (for example		of a historically important land area
		of natural habitat		of a certified historic structure
		ion of open space		
2			neld a qualified conservation contribution in	the form of a conservation
	-	e last day of the tax year.		Held at the End of the Tax Year
				2a
			ts	2b
	-	-	historic structure included in (a)	2c
			c) acquired after 7/25/06, and not on a	
				2d
			ansferred, released, extinguished, or termi	inated by the organization during the
	tax year ►		,	
	•		ervation easement is located >	
			garding the periodic monitoring, inspect	
	-		asements it holds?	-
			pecting, handling of violations, and enforcing	
	▶			
7	Amount of expe	nses incurred in monitoring, inspe	cting, handling of violations, and enforcing co	onservation easements during the year
	▶\$			
			2(d) above satisfy the requirements of section	
	and section 170	(h)(4)(B)(ii)?		Yes 📖 No
9	In Part XIII, des	cribe how the organization reports	conservation easements in its revenue and	d expense statement and
			of the footnote to the organization's finance	ial statements that describes the
		ccounting for conservation easem		
Par			s of Art, Historical Treasures, or Othe	r Similar Assets.
	Comple	te if the organization answered	d "Yes" on Form 990, Part IV, line 8.	
1a	If the organizati of art, historica service, provide	on elected, as permitted under F I treasures, or other similar asso in Part XIII the text of the footnote	ASB ASC 958, not to report in its revenu ets held for public exhibition, education, to its financial statements that describes th	e statement and balance sheet works or research in furtherance of public nese items.
	art, historical tre	on elected, as permitted under F easures, or other similar assets he wing amounts relating to these ite	ASB ASC 958, to report in its revenue s ald for public exhibition, education, or reso ms:	tatement and balance sheet works o earch in furtherance of public service
			1	► \$
	(ii) Assets inclu	ded in Form 990. Part X		► \$
			art, historical treasures, or other similar a	
			FASB ASC 958 relating to these items:	
	-	ed on Form 990. Part VIII, line 1		► \$

b Assets included in Form 990, Part X....

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

Schedule D (Form 990) 2020

▶ \$

Sche	dule D (Form 990) 2020											P	age 2
Ра	rt III Organizations Maintaini	ng Colle	ections of	Art, Histo	rical Tre	easure	s, or	Other	Similar A	ssets (c	continue	ed)	
3	Using the organization's acquisitio	n, acces	sion, and o	other recor	ds, checl	k any c	of the	follow	ing that m	nake sign	ificant ι	ise o	f its
	collection items (check all that appl	y):											
а	Public exhibition			d	Loan	or exch	ange	progra	m				
b	Scholarly research			e	Other								
с	Preservation for future gener	ations			_								
4	Provide a description of the organ		collections	s and expla	ain how t	they fu	rther	the or	ganization'	s exempt	purpos	e in	Part
	XIII.					,			0		• •		
5	During the year, did the organizatio	n solicit (or receive o	donations o	of art. hist	orical tr	easu	res. or	other simil	ar			
-	assets to be sold to raise funds rath									_	Yes		No
Pa	rt IV Escrow and Custodial A					3.							
	Complete if the organization			es" on For	m 990, F	Part IV.	line	9. or r	eported a	n amour	nt on Fo	rm	
	990, Part X, line 21.				,	,	-	-, -	-				
1a	Is the organization an agent, trust	ee. cust	odian or o	ther intern	nediary fo	or cont	ributio	ons or	other ass	ets not			
	included on Form 990, Part X?									Γ	Yes		No
b	If "Yes," explain the arrangement in	Part XI	I and com	plete the fo	llowing tab	ole:	• • •			••• -			1
										Amount			
с	Beginning balance						1c						
d	Additions during the year												
ŭ	Distributions during the year						1e						
f	Ending balance						1f						
2a	Did the organization include an am							stodial	account lia	hility2	Yes		No
	If "Yes," explain the arrangement in												
	rt V Endowment Funds.	IT att All	II. OHECK H		Apialiation		en pr	ovided				•	
Га	Complete if the organiza	tion ans	wered "Ye	es" on For	m 990 F	Part IV	line	10					
			rrent year	(b) Pric			o years		(d) Three y	ears back	(e) Four	vears	
	-	(u) 0u	inonit your	(6) 1 110	, your	(0)	- ,		(u) 11100 y		(0) 1 001	youron	
1a	Beginning of year balance												
b	Contributions												
С	Net investment earnings, gains,												
	and losses												
d	Grants or scholarships												
е	Other expenditures for facilities												
	and programs												
f	Administrative expenses												
g	End of year balance												
2	Provide the estimated percentage		rrent year		e (line 1g,	columr	ו (a))	held as	:				
а	Board designated or quasi-endowm			_%									
b	Permanent endowment	%											
С	·	%											
	The percentages on lines 2a, 2b, a		-										
3a	Are there endowment funds not in t	he poss	ession of tl	he organiza	ation that	are hel	d and	l admir	nistered for	the	5		<u></u>
	organization by:											Yes	No
	(i) Unrelated organizations										3a(i)		
	(ii) Related organizations										3a(ii)		
b	If "Yes" on line 3a(ii), are the relate	•		•							3b		
4	Describe in Part XIII the intended u												
Pa	rt VI Land, Buildings, and Equ Complete if the organiza	ipment.	wered "V	es" on Fo	rm 990	Part IV	lino	112 9	See Form	000 Pa	rt X lin	<u>م</u> 10	
	Description of property			r other basis	(b) Cost	or other ba	asis		cumulated) Book va		
				stment)		other)	-		eciation		,		
1a	Land												
b	Buildings												
С	Leasehold improvements					218,38			18,384.				
d	Equipment)89,95			18,466.			71,5	
	Other					345,6			29,459.			L6,2	
Tota	I. Add lines 1a through 1e. (Column	(d) musi	t equal Forr	m 990, Part	X. colum	n (B). lir	ne 10	c.)			18	37,7	22.

Schedule D (Form 990) 2020

Schedule D	(Form 990) 2020			Page
Part VII	Investments - Other Securities. Complete if the organization answered	"Yes" on Form 990	0. Part IV. line 11b. See Form 990.	Part X. line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuat Cost or end-of-year mark	ion:
(1) Financ	ial derivatives			
• •	y held equity interests			
	,			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	nn (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related. Complete if the organization answered	"Voo" on Form 00(D Bort IV line 11e See Form 000	Dort V line 12
	(a) Description of investment	(b) Book value	(c) Method of valuat Cost or end-of-year mark	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
<u>(9)</u>				
Part IX	nn (b) must equal Form 990, Part X, col. (B) line 13.) • • • • • • • • • • • • • • • • • • •			
Failin	Complete if the organization answered	"Yes" on Form 99(0 Part IV line 11d See Form 990	Part X line 15
		scription		(b) Book value
(1)	(0) 50			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Co	lumn (b) must equal Form 990, Part X, col. (B) l	ine 15.)		
Part X	Other Liabilities.			
	Complete if the organization answered line 25.	"Yes" on Form 990	0, Part IV, line 11e or 11f. See Fori	m 990, Part X,
1.	(a) Descrip	tion of liability		(b) Book value
(1) Fede	eral income taxes			
(2) OTH	ER LIABILITY			9,773.
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colu	mn (b) must equal Form 990, Part X, col. (B) line 25.)	<u></u>	• • • • • • • • • • • • • • • • • • • •	9,773.

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total revenue, gains, and other support per audited financial statements . 1 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2a a Net unrealized gains (losses) on investments . 2b b Donated services and use of facilities . 2a c Recoveries of prior year grants . 2c d Other (Describe in Part XIII.) 2d e Add lines 2a through 2d . 3 Subtract line 2e from line 1 . 4 Amounts included on Form 990, Part VIII, line 7b 4a a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII.) . 4c c Amounts included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII.) . 4c c Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 Part XIII Reconciliation of Expenses per Audited Financial Statements . 1 1 Total ex	Schedu	le D (Form 990) 2020	Pag	e 4
A mounts included on line 1 but not on Form 990, Part VIII, line 12: 2a a Net unrealized gains (losses) on investments 2a b Donated services and use of facilities 2c c Recoveries of prior year grants 2c d Other (Describe in Part XIII.) 2d e Add lines 2a through 2d 3 subtract line 2e from line 1 4a d Other (Describe in Part XIII.) 4a e Add lines 4a and 4b 4c c Add lines 4a and 4b 5 c Total expenses and losses per audited financial statements 4c s Donated services and use of facilities 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2a 2a 1 Total expenses and losses per audited financial statements 2a 2a 2a 2a 1 2a 2a 2a 2a 2a 2a 2a 2a 2a 2a 2a <th>Part</th> <th></th> <th>n.</th> <th></th>	Part		n.	
a Net unrealized gains (losses) on investments 2a 2b b Donated services and use of facilities 2c 2c c Recoveries of prior year grants 2c 2d d Other (Describe in Part XIII.) 2d 3 e Add lines 2a through 2d 3 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a 4a a Investment expenses not included on Form 990, Part VIII, line 7b 4a c Add lines 4a and 4b 4c c Add lines 4a and 4b 4c c Add lines 4a and 4b 4c f Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12</i>) 5 Part XII Reconciliation of Expenses pare Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 1 Total expenses and losses per audited financial statements 2a a Donated services and use of facilities 2b 2b b Prior year adjustments 2b 2a 2a d Other (Describe in Part XIII.) 2a	1	Total revenue, gains, and other support per audited financial statements	1	
a Net difficultion 2b 2c b Donated services and use of facilities	2			
b Donated services and use of facilities 2b 2c c Recoveries of prior year grants 2d 2d d Other (Describe in Part XIII.) 2d 2d e Add lines 2a through 2d 3 3 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a a a Investment expenses not included on Form 990, Part VIII, line 7b 4a 4b b Other (Describe in Part XIII.) 4c 5 c Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 1 Total expenses and losses per audited financial statements 1 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 2a 2b a Other (Describe in Part XIII.) 2d 2d c Other (Describe in Part XIII.) 2d 2d d Other (Describe in Part XIII.) 2d 2d 2 Amounts included on Form 990, Part IX, line 25, but not on line 1: 3	а	Net unrealized gains (losses) on investments		
c Recoveries of prior year grants. 2c d Other (Describe in Part XIII.) 2e a Add lines 2a through 2d 2e 3 Subtract line 2e from line 1 3 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII.) 4c c Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 1 Total expenses and losses per audited financial statements 1 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 2a a Donated services and use of facilities 2b b Prior year adjustments 2c c Other (Describe in Part XIII.) 2d e Add lines 2a through 2d 2e 3 3 3 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: 3 a Inv	b			
d Other (Describe in Part XIII.) 2d 2e a Add lines 2a through 2d . 3 3 Subtract line 2e from line 1 3 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: 4a a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII.) 4c c Add lines 4a and 4b 4c 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 1 Total expenses and loses per audited financial statements 2a 1 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 2a 2a a Donated services and use of facilities 2c 2d 2d c Other losses. 2c 2d 2d 2d 3 Subtract line 2e from line 1 2d 2d 2e 3 3 Add lines 2a through 2d . 2d 2e 3 3 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: 4a 4a 4a 4a a Investment expens	С			
e Add lines 2a through 2d 2e 3 Subtract line 2e from line 1 3 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: 4a a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII.) 4c c Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) 4c 5 Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4 <				
3 Subtract line 2e from line 1 3 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: 4a a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII.) 4c c Add lines 3 and 4b 4c c Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 1 Total expenses and losses per audited financial statements 1 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 1 a Donated services and use of facilities 2a 2b c Other (Describe in Part XIII.) 2d 2e d Other (Describe in Part XIII.) 2d 2e 3 Subtract line 2e from line 1 3 4 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: 3 a Investment expenses not included on Form 990, Part VIII, line 7b 4a d Other (Describe in Part XIII.) 4a			2e	
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5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	u c		40	
	5 5			
	-			

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Part XIII Supplemental Information (continued)

	IEDULE F	Statement of Activities Outside the United Sta	ates	OMB No. 1545-0047	
(Form 990)		Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15	2020		
Department of the Treasury Internal Revenue Service		► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.	Open to Public Inspection		
Name	Employer ide	entification number			
USA	GYMNASTICS		75-18	47871	
Part		formation on Activities Outside the United States. Complete if the Part IV, line 14b.	organizat	ion answered "Yes" on	
	-	Does the organization maintain records to substantiate the amount of its the grantees' eligibility for the grants or assistance, and the selection crite or assistance?	eria used to		

2	For grantmakers. Describe in	Part V the	organization's	procedures	for	monitoring	the	use	of i	ts gr	ants	and	other	assistance
	outside the United States.													

3 Activities per Region, (The following Part I, line 3 table can be duplicated if additional space is needed.)

	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1)	EUROPE	0.	0.	PROGRAM SERVICES	TRAVEL COSTS & FEES	151,744.
(2)	EAST ASIA AND THE PACIFIC	0.	0.	PROGRAM SERVICES	TRAVEL COSTS & FEES	91,386.
(3)	RUSSIA/INDEPENDENT STATES	0.	0.	PROGRAM SERVICES	TRAVEL COSTS & FEES	74,014.
(4)	NORTH AMERICA	0.	0.	PROGRAM SERVICES	TRAVEL COSTS & FEES	31,990.
(5)	MIDDLE EAST AND NORTH AFRICA	0.	0.	PROGRAM SERVICES	TRAVEL COSTS & FEES	3,985.
(6)						
(7)						
(8)						
(9)						
<u>(10)</u>						
(11)						
<u>(12)</u>						
(13)						
<u>(14)</u>						
(15)						
<u>(16)</u>						
(17)						
3a b	Subtotal Total from continuation sheets to Part I					353,119.
	Totals (add lines 3a and 3b) perwork Reduction Act Notice, see	e the Instruction	s for Form 990.		Schedule	353,119. F (Form 990) 2020

For Paperwork Reduction Act Notice, see the Instructions for Form 990. JSA 0E1274 1.000 8113PB 702V

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USA GYMNASTICS Schedule F (Form 990) 2020

Part II

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, othe
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990,

Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter Enter total number of other organizations or entities ►

V 20-7.6F

Schedule F (Form 990) 2020

Page 2

Page 3

Sehedule E	(Earm 000)	0000
Schedule F	(Form 990) 2020

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Schedule F (Form 990) 2020

Schedu	ule F (Form 990) 2020			Page 4
Part	IV Foreign Forms			
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Y	ies X	Νο
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Y	'es X	Νο
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Y	'es X	Νο
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Y	es X	Νο
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Y	es X	No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Y	es X	No

Schedule F (Form 990) 2020

Page 5

Schedule F (Form 990) 2020

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

PART I, LINE 3, COLUMN (E):

TRAVEL COSTS & FEES FOR INTERNATIONAL EVENTS AND COMPETITIONS

SCHEDULE I (Form 990)								OMB No. 1545-0047
、	Com		2020					
			-	ttach to Form 990		,		Open to Public
Department of the Treasury Internal Revenue Service		Inspection						
Name of the organization							Employer identificat	ion number
USA GYMNASTICS							75-184787	1
Part I General I	nformation on Grants and	d Assistanc	e					
1 Does the organi	zation maintain records to s	ubstantiate th	e amount of the	e grants or assista	nce, the grantees	' eligibility for the grant	s or assistance, and	
the selection crit	teria used to award the grant	ts or assistanc	;e?					X Yes No
2 Describe in Part	IV the organization's proceed	dures for mor	nitoring the use	of grant funds in the	e United States.			
Part II Grants an	nd Other Assistance to D	omestic Or	ganizations ar	nd Domestic Gov	vernments. Com	plete if the organiz	ation answered "Y	es" on Form 990,
Part IV, li	ne 21, for any recipient tl	hat received	more than \$5	,000. Part II can b	be duplicated if	additional space is r	needed.	
	d address of organization government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) NATIONAL GYMNASTI	ICS FOUNDATION							
	, INDIANAPOLIS, IN 46204	35-1757753	501(C)(3)	35,387.				SCHOLARSHIPS SUPPORT
(2)		_						
(3)		_						
(4)		_						
(5)		_						
(6)		_						
(7)		_						
(8)		_						
(9)		_						
(10)		_						
(11)		_						
(12)		-						
	per of section 501(c)(3) and per of other organizations lis	•	•					1.
	on Act Notice, see the Instruct					<u></u>		hedule I (Form 990) 2020

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance (b)	 Number of recipients 	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
LITE ATHLETE SUPPORT	53.	1,161,967.			
Supplemental Information. Provide the info	ormation re	equired in Part I,	line 2, Part III, c	column (b); and any c	ther additional

PART I, LINE 2:

SCHOLARSHIP GRANTS MADE TO INDIVIDUALS ARE PAID DIRECTLY TO THE

SCHOLASTIC INSTITUTION OF THE RECIPIENT'S CHOICE OR ARE REIMBURSED TO THE

INDIVIDUAL BASED ON DOCUMENTATION PROVIDED TO ENSURE THE FUNDS ARE USED

FOR THEIR INTENDED PURPOSE. ATHLETE FUNDING GRANTS ARE STIPENDS BASED ON

QUALIFYING EVENTS AND POTENTIAL FOR SUCCESS IN INTERNATIONAL

COMPETITIONS. FUNDS CAN BE USED FOR ANY PROPOSE DEEMED APPROPRIATE BY THE

INDIVIDUAL RECIPIENT AND THEREFORE NO MONITORING OF THE FUNDS IS

NECESSARY. FOR NCAA ELIGIBLE ATHLETES, ATHLETES CAN ONLY RECEIVE EXPENSES

RELATED TO THEIR TRAINING AS ALLOWED BY NCAA REGULATIONS, AND USA

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Schedule I (Form 990) (2020)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

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

information.

GYMNASTICS WORKS WITH THE ATHLETES AND NCAA INSTITUTIONS TO MONITOR THAT

THE EXPENSES QUALIFY UNDER THOSE REGULATIONS.

75-1847871

Page 2

Descension Descension Inspection USA GYNNASTICS Findow effection number 75-1847871 Part Outsidon Travel for companization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Image Section 2000 If Take I for companize for companize to provide any relevant information regarding these items. Payments for tousines use of personal residence (or personal vesidence for personal vesidence or reinformation regarding the section and gross-up payments or isonical club dues or initiation fees D biscretionary spending account Personal services (such as maid, charlfeur, chel) Ib 1 and comfication and gross-up payments or isonical club dues or initiation fees Payments for tous avritten policy regarding payment or isonical club dues or initiation fees Ib 2 Did the organization require substantiation prior to relimbursing or allowing expanses incurred by all directors, including the CEO/Executive Director, chard and non-the companization or the stabilish the compensation or the directors, but avging the terminod sues of the anglication or arginatization or stabils compensation or the explorement or provision or formage organization to explorement or more avging the time schecked on in the argument tom any of times duella companization or anglication or argument for many of the organization or the explorement on maximum explorement or more avging the times checked on instructure subjectors. The organization or argument for manequity-based compensation arrangement? Ib	SCHEDULE J (Form 990) Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees OM Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" on Form 990, Part IV, line 23. OM Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. OM							
USA GYMNASTICS 75-1847871 PartI Questions Regarding Compensation 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, Line 1a. Complete Part III to provide any relevant information regarding these items. 1a Check the appropriate box(es) if the organization provided any relevant information regarding these items. 1a Check the appropriate box(es) if the organization provide any relevant information regarding these items. 1b First-class or charter travel Travel for companions Travel for companions 1b First-class or charter travel Travel for companions Travel for companions 1b Health or social club dues or initiation fees Parments for business use of personal residence Health or social club dues or initiation fees Parments for business use of personal residence Health or social club dues or initiation fees Parments for business use of personal residence Health or social club dues or initiation fees Parments for business use of personal residence Health or social club dues or initiation fees Parments for business due to the social club dues or initiation fees Parments for business due to the social club dues or initiation fees Parments for business dues of the organization require substantiation prof to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, the explain in Part III. 2 Compensation committee Independent compensation of the CEO/Executive Director, but explain in Part III.								
Part1 Questions Regarding Compensation Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 940, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these terms. Image: Compension Part VII, Section A, line 1a, did the organization provide any relevant information regarding these thems. Image: Compension Part VII, Section A, line 1a, did the organization park of the social cubu dues or initiation feas 0 Discretionary spending account Image: Compension Part VII, Section A, line 1a, did the organization park of the social cubu dues or initiation feas 1 Did te organization require substantiation prior to reimbursing or allowing expenses incurred by all differences, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? Image: Compensation committee 1 Indicate which, if any, of the following the organization used to establish the compensation or methods used by a related organization as tablish compensation or the collowing expenses incurred by all difference contract, trustees, and officers, including the CEO/Executive Director, to explain in Part III. 2 Compensation committee Written employment contract 3 Indicate which, if any, of the following the organization or a collawing expenses incurred by all difference organization? Image: Compensation or contract 4 Compensation committee Written employment contract Image: Collawing th		0	S					
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Form provided and or control or the expenses described above? If "No," complete Part III to travel the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, the topkin in Part III. Compensation committee Morepensation committee Viettle meployment chart any of the following the organization used to establish the compensation committee Approval by the board or compensation committee Approval by the board or compensation committee Approval by the board or compensation committee Participate in or receive payment from a supplemental nonqualified retirement plan? For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue a					/5 101/0/1	-		
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 900, Part VII, Section A, line 1a, complete Part III to provide any relevant information regarding these items.	1 art	Question	is regularing compensation				Yes	No
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation of the CEO/Executive Director, but explain in Part III. 2 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation of the CEO/Executive Director, but explain in Part III. 2 3 Independent compensation consultant X Compensation survey or study X Form 990 of other organizations X Approval by the board or compensation committee 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization? 4a X b Participate in or receive payment from a supplemental nonqualified retirement plan? 4b X c Participate in or receive payment from a supplemental nonqualified reganization pay or accrue any compensation contingent on the revenues of: 5a X 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation on the net earnings of: 5a X companization? fi "Yes"		990, Part VII, First-cla Travel fo Tax inde Discretio	Section A, line 1a. Complete Part III to ss or charter travel or companions emnification and gross-up payments onary spending account boxes on line 1a are checked, did th ement or provision of all of the ex	provide any relevant information regarding Housing allowance or residence for Payments for business use of perso Health or social club dues or initiatio Personal services (such as maid, chain ne organization follow a written policy re genses described above? If "No," com	these items. personal use nal residence on fees auffeur, chef) egarding payment plete Part III to			
directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. 2 ^x Compensation committee ^x Witten employment contract ^x Compensation committee ^x Witten employment contract 4 ^x Compensation committee ^x Witten employment contract ^x Compensation committee 5 Form 990 of other organization: ^x Approval by the board or compensation committee ⁴ A 6 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: Age ceive a severance payment from an equity-based compensation arrangement? 4a X 6 Participate in or receive payment from an equity-based compensation arrangement? Sa X 7 Xes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Sa </td <td>2</td> <td>Did the ora</td> <td>nization require substantiation prior</td> <td>to reimburging or allowing expenses</td> <td>incurred by all</td> <td></td> <td></td> <td></td>	2	Did the ora	nization require substantiation prior	to reimburging or allowing expenses	incurred by all			
organization's CEO/Executive Director, Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Image: Compensation committee independent compensation consultant independent compensation committee Verifies and provide the approval by the board or compensation committee 40 X Approval by the board or compensation committee 41 X Approval by the board or compensation committee 42 X 43 X 44 X 44 X 45 X 46 X 47 X 48 X 49 X 40 X 41 X 42 X 43 X 44 X 45 X		directors, trus 1a?	stees, and officers, including the CEC	D/Executive Director, regarding the items	checked on line			
organization or a related organization: 4a X b Participate in or receive payment from a supplemental nonqualified retirement plan? 4b X c Participate in or receive payment from an equity-based compensation arrangement? 4c X c Participate in or receive payment from an equity-based compensation arrangement? 4c X d If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. 4c X Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a X a The organization? 5a X 5b X b Any related organization? 5a X 5b X if "Yes" on line 5a or 5b, describe in Part III. 6a X 6b X b Any related organization? 6a X 6b X 6b	5	organization's related organ X Comper Indepen	S CEO/Executive Director. Check all that ization to establish compensation of th isation committee dent compensation consultant	at apply. Do not check any boxes for metho e CEO/Executive Director, but explain in P Written employment contract X Compensation survey or study	ds used by a art III.			
a Receive a severance payment or change-of-control payment? 4a X b Participate in or receive payment from a supplemental nonqualified retirement plan? 4b X c Participate in or receive payment from an equity-based compensation arrangement? 4c X dc X X 4c X dc X X 4c X dc X X X X <td>4</td> <td></td> <td></td> <td>Part VII, Section A, line 1a, with respect to</td> <td>o the filing</td> <td></td> <td></td> <td></td>	4			Part VII, Section A, line 1a, with respect to	o the filing			
b Participate in or receive payment from a supplemental nonqualified retirement plan? 4b X c Participate in or receive payment from an equity-based compensation arrangement? 4c X If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. 4c X Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a X b Any related organization? 5b X If "Yes" on line 5a or 5b, describe in Part III. 5b X 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 5a X a The organization? 5a X b Any related organization? 5b X if "Yes" on line 6a or 6b, describe in Part III. 6a X 7 X 8 Were any amounts reported on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 7 X 9 If "	2			avment?		12		x
c Participate in or receive payment from an equity-based compensation arrangement? 1 if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. 4c X Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a X b Any related organization? 5b X if "Yes" on line 5a or 5b, describe in Part III. 6a X 6b X 6b X if "Yes" on line 6a or 6b, describe in Part III. 6a X 7 Comparization? 6b X 16 "Yes" on line 6a or 6b, describe in Part III. 6a X 7 Comparization? 6b X 16 "Yes" on line 6a or 6b, describe in Part III. 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 8	a b							
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? if "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? compensation contingent on the net earnings of: 6a a The organization? b Any related organization? b Any related organization? compensation contingent on the net earnings of: 6a a The organization? b Any related organization? if "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe	0							
 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? if "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? c B Any related organization? d B Any related organization? d B Any related organization? d B Any related organization? d C A Any related organization? d C A Any related organization? d A A A Any related organization? d A A A A A A A A A A A A A A A A A A A	L					40		
b Any related organization? 5b X If "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 5b X a The organization? 6a X b Any related organization? 6b X compensation contingent on the net earnings of: 6b X b Any related organization? 6b X b Any related organization? 6b X f "Yes" on line 6a or 6b, describe in Part III. 6b X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9	-	For persons compensation	listed on Form 990, Part VII, Section contingent on the revenues of:	ion A, line 1a, did the organization pa				v
If "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? b Any related organization? if "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?								
 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? if "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 	D	-	-			30		
a The organization? 6a X b Any related organization? 6b X if "Yes" on line 6a or 6b, describe in Part III. 6b X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9	6	For persons	listed on Form 990, Part VII, Secti	ion A, line 1a, did the organization pa	y or accrue any			
b Any related organization? 6b X If "Yes" on line 6a or 6b, describe in Part III. 6b X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 7 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9	а					6a		Х
If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?								
 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 		-	-					
 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe a X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 	7	For persons	listed on Form 990, Part VII, Sectio					
to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9	_					7		X
in Part III	8	-			-			
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9			-					Х
	9	If "Yes" on I	ine 8, did the organization also fol	low the rebuttable presumption proced	ure described in			
POL BODOWOLK REQUICTION ACT NOTICE COS TOS INSTITUCTIONS FOR LORM UNIT	.					-		

Part II

Page 2

Schedule J (Form 990) 2020

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

	Ļ	(B) Breakdown o	f W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	& incentive (iii) Other other deferred benefits (B)(i)-(D) in co	in column (B) reported as deferred on prior Form 990			
LI LI LEUNG	(i)	382,488.	0.	0.	11,630.	16,849.	410,967.	0
1 CHIEF EXECUTIVE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0
CAROL FABRIZIO	(i)	214,223.	0.	0.	0.	16,810.	231,033.	0
2 ^{COMMUNICATIONS CHIEF}	(ii)	0.	0.	0.				C
STEFANIE KOREPIN	(i)	177,519.	0.	0.	5,376.	16,849.	199,744.	C
CHIEF PROGRAM OFFICER	(ii)	0.	0.	0.				C
KIMBERLY KRANZ	(i)	165,226.	0.	0.	4,932.	17,937.	188,095.	С
4 CHIEF OF ATHLETE WELLNESS	(ii)	0.	0.	0.	0.			C
LAURYN TURNER	(i)	141,114.	0.	0.	0.	16,810.	157,924.	C
5 5 5 5 6 6 7 7 7 7 7 7 7 7 7 7 7 7 7 7	(ii)	0.	0.	0.				C
MARK BUSBY	(i)	136,873.	0.	0.	4,409.	22,555.	163,837.	C
6	(ii)	0.	0.	0.	0.	0.	0.	C
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
2	(ii)							
	(i)							
3	(ii)							
	(i)							
14	(ii)							
	(i)							
5	(ii)							
	(i)							
16	(ii)							

JSA

Schedule J (Form 990) 2020

Part III Supplemental Information

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

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
 Attach to Form 990.

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

Open to Public Inspection Employer identification number

Name of the organization USA GYMNASTICS

	•
7	5-1847871

Par	Types of Property			1			
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of dete noncash contributi		
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household						
5	goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded						
9 10	Securities - Closely held stock						
11	Securities - Partnership, LLC,						
	or trust interests						
12	Securities - Miscellaneous						
12	Qualified conservation						
13	contribution - Historic						
	structures						
14	Qualified conservation						
14	contribution - Other						
45							
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts		3.	122,495.			
25	Other (<u>AICH I</u>)		5.	122,495.			
26	Other ►(ATCH 1) Other ►() Other ►()						
27	Other ►()						
28	Other ►()						
29	Number of Forms 8283 received				20		
	which the organization completed F	-orm 8283,	Part V, Donee Acknowledge	ement	29	Vee	Na
00 -	During the year did the same '	lan reaction	hu aantelbutter	why wo no out and the Devict I. P.	a d through	Yes	No
30a	During the year, did the organizat		• • • • •		•		
	28, that it must hold for at least the	•			•		х
	to be used for exempt purposes for		olding period?		30a		Λ
	If "Yes," describe the arrangement i						
31	Does the organization have a	• .		-			Х
	contributions?						A
32a	Does the organization hire or use		•				v
-	contributions?				<u>32a</u>		X
	If "Yes," describe in Part II.						
33	If the organization didn't report an	amount in c	column (c) for a type of pro	perty for which column (a)) is checked,		
	describe in Part II. aperwork Reduction Act Notice, see the Instr	wations for F	000		.		
r or Pa	aperwork Reduction Act Notice, see the Insti	uctions for FO	111 330.		Schedule M (Fe	orm 990	n 2020

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

PART I, COLUMN B:

THE NUMERICAL DATA REPORTED HERE REPRESENTS NUMBER OF CONTRIBUTIONS.

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

ATTACHMENT 1

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

DESCRIPTION	(A) CHECK	(B) NUMBER OF CONTRIBUTIONS	(C) REVENUES REPORTED	(D) METHOD OF DETERMINING
AIRPLANE TICKETS	Х	1.	101,849.	FAIR MARKET VALUE
MEDALS & AWARDS	Х	1.	10,646.	FAIR MARKET VALUE
APPAREL	Х	1.	10,000.	FAIR MARKET VALUE
TOTALS	_	3.	122,495.	

SCHEDULE O (Form 990 or 990-EZ)

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.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.



Department of the Treasury Internal Revenue Service Name of the organization USA GYMNASTICS

FORM 990, PART III, LINE 4D:

1) HOSTED COMPETITIONS - AS THE NATIONAL GOVERNING BODY OF THE SPORT OF GYMNASTICS, USA GYMNASTICS CONDUCTS REGIONAL, NATIONAL AND INTERNATIONAL COMPETITIONS, INCLUDING THE NATIONAL CHAMPIONSHIPS AND OLYMPIC TRIALS. USA GYMNASTICS INCURS ALL EXPENSES RELATED TO THE EVENTS, INCLUDING BUT NOT LIMITED TO, TRAVEL, ARENA RENTAL, PROMOTION, STAFFING, AWARDS AND TELEVISION PRODUCTION.

EXPENSES: \$1,192,420. GRANTS: \$35,387. REVENUE: \$458,975.

2) COMMUNICATIONS - USA GYMNASTICS PROMOTES THE SPORT AND HELPS DELIVER THE POSITIVE MESSAGE OF BEING INVOLVED IN THE SPORT OF GYMNASTICS VIA A VARIETY OF PLATFORMS. MEDIA RELEASES ABOUT UPCOMING EVENTS, ATHLETES' COMPETITIVE SUCCESS OVERSEAS, AND OTHER GYMNASTICS RELATED STORIES ARE GENERATED ON A DAILY BASIS. USA GYMNASTICS MAINTAINS A WEBSITE AND HAS A FACEBOOK PAGE TO QUICKLY DELIVER UPDATED INFORMATION TO ITS MEMBERS AND FANS OF THE SPORT ALIKE.

EXPENSES: \$540,901.

3) MEDICAL - USA GYMNASTICS IS COMMITTED TO PROVIDING A SAFE ENVIRONMENT AND CREATING A FOUNDATION FOR COMPETITIVE EXCELLENCE BOTH IN AND BEYOND THE GYM. FOR ON-SITE EVENTS, USA GYMNASTICS PROVIDES SPLINTING, WOUND CARE, MASSAGE THERAPY, THERAPEUTIC MODALITIES, INJURY EVALUATION AND TREATMENT. USA GYMNASTICS PROVIDES LONG AND SHORT-TERM TREATMENT AND REHABILITATION PLANS FOR ALL GYMNASTICS DISCIPLINES INCLUDING MEN'S AND

WOMEN'S ARTISTIC, RHYTHMIC. ACROBATICS AND TRAMPOLINE. THESE INITIATIVES SUPPORT OUR COMMITMENT TO ATHLETE SAFETY. EXPENSES: \$445,697.

FORM 990, PART VI, SECTION A, LINE 6: USA GYMNASTICS HAS THREE CLASSES OF MEMBERS THAT HAVE THE RIGHT TO ELECT POSITIONS TO THE THE BOARD OF DIRECTORS. ACCORDING TO THE BYLAWS, MEMBERS SHALL HAVE NO OWNERSHIP RIGHTS OR BENEFICIAL INTERESTS OF ANY KIND IN THE PROPERTY OF THE ORGANIZATION.

FORM 990, PART VI, SECTION A, LINE 7A: USA GYMNASTICS BOARD OF DIRECTORS SHALL CONSIST OF 15 MEMBERS, SELECTED AS FOLLOWS:

1) THREE NATIONAL MEMBERSHIP DIRECTORS ARE ELECTED BY A NATIONAL PROGRAM COMMITTEE IN PROPORTION TO THE NUMBER OF PROFESSIONAL MEMBERS IN THE VARIOUS GYMNASTICS DISCIPLINES. THE CURRENT NATIONAL MEMBERSHIP DIRECTORS REPRESENT WOMEN'S ARTISTIC GYMNASTICS, MEN'S ARTISTIC GYMNASTICS, AND ONE FOR THE REMAINING DISCIPLINES OF RHYTHMIC, TRAMPOLINE AND TUMBLING, AND ACROBATIC.

2) THREE ATHLETE DIRECTORS ARE ELECTED IN PROPORTION TO THE NUMBER OF ATHLETE MEMBERS IN THE VARIOUS GYMNASTICS DISCIPLINES. ATHLETE REPRESENTATIVES ARE FIRST ELECTED TO THE ATHLETE'S COUNCIL AND MUST MEET THE FEDERAL STATUTORY AND USOPC QUALIFICATIONS FOR ATHLETE REPRESENTATIVES.

3) EIGHT INDEPENDENT DIRECTORS ARE ELECTED BY THE BOARD, TO INCLUDE THE BOARD CHAIR.

4) ONE DIRECTOR IS ELECTED BY THE ADVISORY COUNCIL TO THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION A, LINE 8B: NO COMMITTEES HAVE AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY.

FORM 990, PART VI, SECTION B, LINE 11B:

FORM 990 WAS PREPARED BY A NATIONAL ACCOUNTING FIRM IN CONJUNCTION WITH THE ORGANIZATION'S FINANCIAL DEPARTMENT. THE FORM 990 WAS REVIEWED IN DETAIL BY MANAGEMENT. AFTER REVIEW A FINAL DRAFT WAS PRESENTED TO THE FULL BOARD OF DIRECTORS PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE.

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FORM 990, PART VI, SECTION B, LINE 12C:
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A CONFLICT OF INTEREST QUESTIONNAIRE IS COMPLETED BY EVERY DIRECTOR, OFFICER, MEMBER OF ANY COMMITTEE AND EMPLOYEE. THE STAFF QUESTIONNAIRES ARE THEN REVIEWED BY THE CHIEF OF STAFF, THE ETHICS COMMITTEE IS CHARGED WITH REVIEWING THE PRESIDENT'S, THE BOARD OF DIRECTOR'S, AND SENIOR MANAGEMENT'S CONFLICT OF INTEREST QUESTIONNAIRE. POTENTIAL CONFLICTS OF INTEREST ARE BROUGHT TO THE ATTENTION OF THE CHAIR OF THE BOARD, WHO THEN DIRECTS THE MATTER TO THE FULL BOARD OF DIRECTORS. THIS PROCESS IS DONE ANNUALLY. NO DIRECTOR, OFFICER, MEMBER OF ANY COMMITTEE OR EMPLOYEE SHALL PARTICIPATE IN NEGOTIATION, EVALUATION OR APPROVAL BY THE ORGANIZATION OF ANY CONTRACTUAL ARRANGEMENT IN WHICH THERE IS AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST. EACH DIRECTOR, OFFICER, MEMBER OF ANY COMMITTEE OR EMPLOYEE UPON LEARNING THAT THE ORGANIZATION IS PROPOSING TO ENTER INTO AN ARRANGEMENT IN WHICH HE OR SHE HAS A FINANCIAL INTEREST IN SUCH ARRANGEMENT, PROMPTLY NOTIFIES THE PRESIDENT IN WRITING OF THE EXISTENCE OF SUCH INTEREST, AND THE PRESIDENT IN TURN DISCLOSES SUCH INTEREST TO THE BOARD OF DIRECTORS.

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

THE FINANCE, AUDIT AND COMPENSATION COMMITTEE ALONG WITH THE FULL BOARD OF DIRECTORS ANALYZES, REVIEWS AND ULTIMATELY DETERMINES COMPENSATION FOR THE CEO OF THE ORGANIZATION.

FORM 990, PART VI, SECTION B, LINE 15B: THE CEO IS RESPONSIBLE FOR ANALYZING, REVIEWING AND DETERMINING THE COMPENSATION FOR EXECUTIVES AND KEY EMPLOYEES OF THE ORGANIZATION.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S GOVERNING DOCUMENTS, FINANCIAL STATEMENTS AND THE CONFLICT OF INTEREST POLICY ARE AVAILABLE TO THE PUBLIC ON OUR WEBSITE.

FORM 990, PART VII, SECTION A: NONE OF THE BOARD MEMBERS ARE PAID FOR THEIR SERVICES AS A BOARD MEMBER. HOWEVER, SOME BOARD MEMBERS RECEIVE COMPENSATION AS A COACH, JUDGE OR OTHER SERVICES AS PART OF THE ORGANIZATION'S OPERATIONS AND THAT REPORTABLE COMPENSATION IS REFLECTED IN PART VII.

ATTACHMENT 1

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

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

ATTACHMENT 2

FORM 990, PART III - PROGRAM SERVICE, LINE 4B

MEMBER SERVICES - USA GYMNASTICS HAS OVER 200,000 MEMBERS AFFILIATED WITH OVER 2,500 INDEPENDENTLY OPERATED ORGANIZATIONS TO WHICH IT PROVIDES A VARIETY OF SERVICES AND BENEFITS. BENEFITS INCLUDE PARTICIPANT ACCIDENT INSURANCE COVERAGE TO COMPETING MEMBERS, AND LIABILITY COVERAGE TO HOSTS OF SANCTIONED COMPETITIONS. USA GYMNASTICS ALSO CONDUCTS SAFETY CERTIFICATION WHICH IS REQUIRED OF PROFESSIONAL MEMBERS, DEVELOPS RULES AND POLICIES THAT GOVERN THE CONDUCT OF EVENTS AND CONDUCTS THE ONGOING OPERATION OF ADMINISTRATION. USA GYMNASTICS HOLDS NATIONAL AND REGIONAL CONGRESSES THROUGHOUT THE YEAR TO EDUCATE OUR GYNASTIC'S COMMUNITY ON BEST PRACTICES. USA GYMNASTICS MAINTAINS

Employer identification number 75-1847871

ATTACHMENT 2 (CONT'D)

SEVERAL SOCIAL MEDIA CHANNELS WHEREBY DOMESTIC AND INTERNATIONAL SUCCESS AND GYMNAST STORIES CAN BE COMMUNICATED WORLDWIDE.

ATTACHMENT 3

FORM 990, PART III - PROGRAM SERVICE, LINE 4C

USA GYMNASTICS IS COMMITTED TO PROVIDE A SAFE ENVIRONMENT AND CREATE A FOUNDATION FOR COMPETITIVE EXCELLENCE BOTH IN AND BEYOND THE GYM AND HOLISTICALLY DEVELOP OUR GYMNASTS. USA GYMNASTICS PROVIDES AWARENESS, PREVENTION AND REPORTING INFORMATION REGARDING SEXUAL MISCONDUCT TO PROFESSIONAL MEMBERS, MEMBERS CLUBS, ATHLETE MEMBERS AND THEIR FAMILIES. IN JUNE 2017, USA GYMNASTICS LEADERSHIP APPROVED AND ADOPTED A NEW SAFE SPORT POLICY, WHICH IS MANDATORY FOR ALL MEMBERS TO COMPLY WITH. THIS POLICY INCLUDES INCREASING THE NUMBER OF INDIVIDUALS WHO FALL UNDER USA GYMNASTICS JURISDICTION, INCREASING THE CATEGORIES OF MISCONDUCT, ADDRESSING AND PROHIBITING BOUNDARY VIOLATIONS AND GROOMING BEHAVIORS, REQUIRING THE REPORTING OF SUSPICION OF ABUSE TO LAW ENFORCEMENT, REQUIRING THE NOTIFICATION TO USA GYMNASTICS OR US CENTER FOR SAFESPORT FOR ANY MISCONDUCT, AND REQUIRING COVERED INDIVIDUALS TO TAKE A DESIGNATED SAFE SPORT COURSE EVERY TWO YEARS.

	ATTACHME	NT 4
90, PART VII- COMPENSATION OF THE FIVE HIGHES	T PAID IND. CONTRACTORS	
IAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
ENNER & BLOCK	LEGAL	1,524,832.

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Schedule O (Form 990 or 990-EZ) 2020		Page 2
Name of the organization		Employer identification number
USA GYMNASTICS		75-1847871
	1	ATTACHMENT 4 (CONT'D)
990, PART VII- COMPENSATION OF THE FIVE HIGHEST	PAID IND. CONTRACTO	<u>RS</u>
NAME AND ADDRESS	DESCRIPTION OF SE	RVICES COMPENSATION
353 N CLARK STREET CHICAGO, IL 60654		
PLEWS SHADLEY RACHER & BRAUN LLP	LEGAL	702,772.
1346 N. DELAWARE STREET INDIANAPOLIS, IN 46202		
MILLER JOHNSON SNELL & CUMMISKEY	LEGAL	245,122.
P.O. BOX 306 GRAND RAPIDS, MI 49501		
PACHULSKI STAN ZIEHL & JONES	LEGAL	183,709.

10100 SANTA MONICA BLVD, SUITE 1300

LOS ANGELES, CA 90067

OMB No. 1545-0047

Open to Public

Inspection

ZU

2

Employer identification number

75-1847871

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

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

Attach to Form 990.

Department of the Treasury Internal Revenue Service

Part I

Name of the organization

USA GYMNASTICS

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
_(4)					
/F)					
(5)					
(6)					

Part II

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	cont	g) 512(b)(13) rolled ity?
						Yes	No
NATIONAL GYMNASTICS FOUNDATION, INC.35-17577531099 N. MERIDIAN, SUITE 800INDIANAPOLIS, IN 46204	FUNDRAISING	IN	501(C)(3)	12A	USA GYMNASTI	x	
(2)	-						
(3)	-						
(4)	-						
(5)	-						
(6)							
(7)							

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

Schedule R (Form 990) 2020

JSA

Schedule R (Form 990) 2020

Page **2**

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets		h) ortionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man	j) eral or aging mer?	(k) Percentage ownership
		country)					Yes	No		Yes	No	
(1)												
(3)												
(4)												
(5)												
												L
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(1 controlle entity? Yes No
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								

Schedule R (Form 990) 2020

75-1847871

Schedule R (Form 990) 2020

Part V	Transactions With Related Organizations. Complete if the organization answered "Ye	es" on Form 990, Part	IV, line 34, 35b, or 36.					
Note: C	omplete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No	
1 Du	ing the tax year, did the organization engage in any of the following transactions with one or more i	related organizations list	ed in Parts II-IV?					
a Re	ceipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		X	
	, grant, or capital contribution to related organization(s)				1b	Х		
	, grant, or capital contribution from related organization(s)				1c	Х		
	ins or loan guarantees to or for related organization(s)				1d		X	
e Loa	ins or loan guarantees by related organization(s)				1e		X	
f Div	idends from related organization(s)				1f			
	e of assets to related organization(s)				1g		X	
	chase of assets from related organization(s)				1h		X	
	hange of assets with related organization(s).				1i		X	
j Lea	se of facilities, equipment, or other assets to related organization(s)			• • • • •	1j		X	
k Lea	use of facilities, equipment, or other assets from related organization(s)				1k	x	Х	
I Pe	Performance of services or membership or fundraising solicitations for related organization(s)							
	n Performance of services or membership or fundraising solicitations by related organization(s).							
n Sha	aring of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		X	
o Sha	aring of paid employees with related organization(s)				10		X	
-	mbursement paid to related organization(s) for expenses.				1p		X	
q Re	mbursement paid by related organization(s) for expenses				1q		X	
							37	
r Oth	er transfer of cash or property to related organization(s)				1r		X	
s Oth	er transfer of cash or property from related organization(s).				1s			
2 If th	he answer to any of the above is "Yes," see the instructions for information on who must complete t			action three		5.		
	(a) Name of related organization	(b) Transaction	(c) Amount involved	Method o	(d) of dete	rminir	١g	
		type (a-s)		amou	nt invo	lved		
(1) NA	TIONAL GYMNASTICS FOUNDATION, INC.	В	35,387.	FMV				
(2) NA	TIONAL GYMNASTICS FOUNDATION, INC.	С	6,443,652.	FMV				
(3)								
(4)								
(5)								
(6)			0-1	adula D (5				
JSA			Sch	nedule R (F	orm §	990)	2020	

Schedule R (Form 990) 2020

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)	from tax under	, section ed 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		amount in box 20 of Schedule K-1	(j) General or managing partner?		(k) Percentage ownership
				Yes	No	<u> </u>		Yes	No	/	Yes	No	<u> </u>
	_												
	-												
	_												
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	_												
	_												+
													+
	EIN of entity		(state or foreign country)	(state or foreign country) income (rescluded from tax under sections 512 - 514)	(state or foreign country) income (related, excluded from tax under sections 512 - 514) sec 501 (organiz Yes	(state of foreign country) income (related) unrelated, excluded from tax under sections 512 - 514) sections (sections (sections)	(state or foreign country) income (related, bit of country) section country) section country section country	Image: sector foreign country Im	(state or torsign country) increme (related, increme excluded from tax under sections 512-514) scccn opprimentax (state or torsign) otati income assets end-d-year assets alloc	Income (state or foreign country) Income (related unitiation decuded particular) Iotal income assols Indo-M-year assols Income assols Iotal income assols Image: Imag	$ \begin{array}{ c c c c c } \hline c c c c c c c c c c c c c c c c c c $	$ \begin{array}{ c c c c c } \hline \ \ \ \ \ \ \ \ \ \ \ \ \$	$ \left \begin{array}{c c c c c c c c c c c c c c c c c c c $

Schedule R (Form 990) 2020

Schedule R (Form 990) 2020

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 Part VII
 Supplemental Information

 Provide additional information for responses to questions on Schedule R. See instructions.