

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2016

Open to Public Inspection

Form **990**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

A For the 2016 calendar year, or tax year beginning 2016, and ending 20

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization USA SWIMMING, INC		D Employer identification number 20-4264282	
	Doing Business As		E Telephone number (719) 866-4578	
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1 OLYMPIC PLAZA		G Gross receipts \$ 137,804,184.	
	City or town, state or province, country, and ZIP or foreign postal code COLORADO SPRINGS, CO 80909		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
F Name and address of principal officer: CHUCK WIELGUS 1 OLYMPIC PLAZA COLORADO SPRINGS, CO 80909		H(c) Group exemption number ▶ 5367		
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
J Website: ▶ WWW.USASWIMMING.ORG				
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 2005 M State of legal domicile: CO	

Part I Summary

1 Briefly describe the organization's mission or most significant activities: USA SWIMMING IS THE NATIONAL GOVERNING BODY FOR THE SPORT OF SWIMMING. WE ADMINISTER COMPETITIVE SWIMMING IN ACCORDANCE WITH THE OLYMPIC & AMATUER SPORTS ACT.

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	22.
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	22.
5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	96.
6	Total number of volunteers (estimate if necessary)	6	1,000.
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	587,611.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	-565,489.

		Prior Year	Current Year
Revenue	8 Contributions and grants (Part VIII, line 1h)	11,181,486.	15,109,708.
	9 Program service revenue (Part VIII, line 2g)	21,703,832.	25,912,550.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,328,784.	-1,662,855.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	523,296.	261,211.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	34,737,398.	39,620,614.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,762,776.	5,070,299.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	10,064,518.	10,532,439.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 673,387.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	22,632,482.	24,888,648.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	34,459,776.	40,491,386.
19 Revenue less expenses. Subtract line 18 from line 12	277,622.	-870,772.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 56,702,686.	End of Year 52,755,594.
	21 Total liabilities (Part X, line 26)	21,796,466.	18,514,854.
	22 Net assets or fund balances. Subtract line 21 from line 20.	34,906,220.	34,240,740.

Part II Signature Block

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

Sign Here	Signature of officer	11/15/2017 Date			
	JAMES F. HARVEY Type or print name and title	CFO			
Paid Preparer Use Only	Print/Type preparer's name DOREEN B MERZ	Preparer's signature 	Date 11/15/2016	Check <input type="checkbox"/> if self-employed	PTIN P00841439
	Firm's name ▶ STOCKMAN KAST RYAN & CO, LLP		Firm's EIN ▶ 84-1509584		
	Firm's address ▶ 102 N. CASCADE AVENUE, SUITE 400 COLORADO SPRINGS, CO 80903		Phone no. 719-630-1186		

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2016)

Part 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:

USA SWIMMING IS THE NATIONAL GOVERNING BODY FOR THE SPORT OF SWIMMING. WE ADMINISTER COMPETITIVE SWIMMING IN ACCORDANCE WITH THE OLYMPIC & AMATEUR SPORTS ACT. CONTINUED ON SCH O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 9,645,902. including grants of \$ 299,999.) (Revenue \$)

NATIONAL TEAM: IN 2016 USA SWIMMING ATHLETES WON A TOTAL OF 33 MEDALS AT THE 2016 RIO OLYMPIC GAMES, 16 OF THEM GOLD. THE NATIONAL JUNIOR TEAM WON THE TEAM TITLE AT THE 2016 JUNIOR PAN PACIFIC CHAMPIONSHIPS.

4b (Code:) (Expenses \$ 9,881,750. including grants of \$ 50,000.) (Revenue \$ 5,496,409.)

EVENTS & PROMOTION: IN AND OUT OF THE POOL, USA SWIMMING HAD A STRONG YEAR IN 2016, HIGHLIGHTED BY HOSTING THE U.S. OLYMPIC TRIALS AND A 33-MEDAL PERFORMANCE AT THE OLYMPIC GAMES IN RIO. THE YEAR WAS HIGHLIGHTED BY THE U.S. OLYMPIC TRIALS WHICH ATTRACTED 200,000+ FANS TO THE 8-DAY EVENT AND WAS COMPLEMENTED WITH THE AQUA ZONE FAN EXPERIENCE AND THE USA SWIMMING HOUSE HOSPITALITY USA SWIMMING CONTINUED ITS SWIMTODAY CAMPAIGN WITH 10 CONTINUED ON SCH O.

4c (Code:) (Expenses \$ 3,544,236. including grants of \$) (Revenue \$ 20,745,938.)

MEMBER SERVICES: IN 2016, THE MEMBER SERVICES DEPARTMENT CONDUCTED AN LSC OFFICIALS' WORKSHOP, LSC OFFICIALS' CHAIRS WORKSHOP AND AN OFFICIALS' MENTOR/EVALUATORS' WORKSHOP. IMPROVEMENTS WERE MADE TO THE OFFICIALS ONLINE TESTING PROGRAM AND THE OFFICIALS CERTIFICATION PROGRAM WHICH TRACKS THE SESSIONS AND MEETS WORKED BY USA SWIMMING REGISTERED OFFICIALS. CONTINUED ON SCH O.

4d Other program services (Describe in Schedule O.) ATTACHMENT 1
(Expenses \$ 12,067,012. including grants of \$ 4,142,956.) (Revenue \$)

4e Total program service expenses 35,138,900.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A.	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	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.		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.		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.		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.		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.		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 debt negotiation services? If "Yes," complete Schedule D, Part IV.		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.	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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	X	
b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.		X
c 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.		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII.		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions).		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	X	
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.		X

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No response columns. Rows include questions 20a through 38 regarding organizational operations, financial statements, grants, compensation, tax-exempt bonds, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for line numbers (1a-14b), descriptions, and Yes/No checkboxes. Includes entries for Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 990, Form 720, and Form 709.

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

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (voting members), 1b (independent members), 2-9 (governing body relationships and documentation).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include 10a-16b (local chapters, policies, conflict of interest, whistleblower, compensation, investments).

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ATTACHMENT 2
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records:

THE CORPORATION 1 OLYMPIC PLAZA COLORADO SPRINGS, CO 80909

719-866-4578

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JIM SHEEHAN BOARD CHAIR	32.00 0.	X					0.	0.	0.	
(2) ROBERT BROYLES ADMINISTRATION VICE CHAIR	16.00 0.	X					0.	0.	0.	
(3) JOHN BITTER PROGRAM DEVELOPMENT VICE CHAIR	16.00 0.	X					0.	0.	0.	
(4) DAN MCALLEN PROGRAM OPERATIONS VICE CHAIR	16.00 0.	X					1,000.	0.	0.	
(5) TIM BAUER TECHNICAL VICE CHAIR	16.00 0.	X					0.	0.	0.	
(6) ROBERT VINCENT FINANCE VICE CHAIR	16.00 0.	X					0.	0.	0.	
(7) MARK WEBER ATHLETES VICE CHAIR	8.00 0.	X					0.	0.	0.	
(8) VAN DONKERSGOED ATHLETES DEPUTY VICE CHAIR	8.00 0.	X					0.	0.	0.	
(9) KELLEY OTTO EX-OFFICIO	16.00 0.	X					0.	0.	0.	
(10) MARIE SCOVRON NCAA ALLIED REPRESENTATIVE	2.00 0.	X					0.	0.	0.	
(11) JIM RYAN YMCA ALLIED REPRESENTATIVE	2.00 0.	X					0.	0.	0.	
(12) JOHN BRADLEY CENTRAL ZONE DIRECTOR	8.00 0.	X					0.	0.	0.	
(13) AMY HOPPENRATH CENTRAL ZONE DIRECTOR	8.00 0.	X					1,000.	0.	0.	
(14) TRISTAN FORMON EASTERN ZONE DIRECTOR	8.00 0.	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
15) MARY TURNER EASTERN ZONE DIRECTOR	8.00 0.	X					0.	0.	0.	
16) CLARK HAMMOND SOUTHERN ZONE DIRECTOR	8.00 0.	X					2,000.	0.	0.	
17) JOHN ROY SOUTHERN ZONE DIRECTOR	8.00 0.	X					0.	0.	0.	
18) SEAN REDMOND WESTERN ZONE DIRECTORS	8.00 0.	X					0.	0.	0.	
19) DAVE CODDINGTON WESTERN ZONE DIRECTORS	8.00 0.	X					0.	0.	0.	
20) CHIP PETERSON ATHLETE REP	8.00 0.	X					3,075.	0.	0.	
21) DEREK PAUL ATHLETE REP	2.00 0.	X					0.	0.	0.	
22) DAVIS TARWATER ATHLETE REP	2.00 0.	X					0.	0.	0.	
23) BRUCE STRATTON EX-OFFICIO	2.00 0.	X					0.	0.	0.	
24) JIM WOOD NATIONAL TEAM STEERING	2.00 0.	X					0.	0.	0.	
25) RON VAN POOL EX-OFFICIO	2.00 0.	X					2,000.	0.	0.	
1b Sub-total							2,000.	0.	0.	
c Total from continuation sheets to Part VII, Section A							3,721,589.	273,326.	830,918.	
d Total (add lines 1b and 1c)							3,723,589.	273,326.	830,918.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **16**

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 3		

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 **13**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
26) DALE NEUBURGER EX-OFFICIO	2.00 0.	X					0.	0.	0.	
27) CAROL ZALESKI EX-OFFICIO	2.00 0.	X					0.	0.	0.	
28) BILL MAXSON EX-OFFICIO	2.00 4.00	X					0.	0.	0.	
29) ED TSUZUKI EX-OFFICIO	2.00 0.	X					0.	0.	0.	
30) DON HEIDARY EX-OFFICIO	2.00 0.	X					0.	0.	0.	
31) AARON PEIRSOL EX-OFFICIO	2.00 0.	X					0.	0.	0.	
32) NATALIE COUGHLIN-HALL EX-OFFICIO	2.00 0.	X					7,800.	0.	0.	
33) ANTHONY ERVIN EX-OFFICIO	2.00 0.	X					3,300.	0.	0.	
34) GARRETT WEBER-GALE EX-OFFICIO	2.00 0.	X					2,200.	0.	0.	
35) AMY SCHULZ EX-OFFICIO	2.00 0.	X					0.	0.	0.	
36) CHARLES WIELGUS PRESIDENT AND CEO	36.00 4.00			X			960,047.	0.	72,931.	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **16**

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(37) MICHAEL UNGER COO	40.00 0.			X				424,078.	0.	127,427.
(38) MATTHEW FARRELL CMO	40.00 0.			X				372,553.	0.	118,402.
(39) JAMES HARVEY CFO	36.00 4.00			X				283,653.	0.	102,452.
(40) KATIE MCROBERTS SECRETARY AND GENERAL COUNSEL	40.00 0.			X				210,248.	0.	15,793.
(41) DEBBIE HESSE EXEC DIRECTOR FOUNDATION	0. 40.00			X				0.	273,326.	40,407.
(42) FRANK BUSCH NATIONAL TEAM DIRECTOR	40.00 0.				X			331,238.	0.	42,302.
(43) PATRICK HOGAN CLUB DEVELOPMENT MANAGING DIRE	40.00 0.				X			273,653.	0.	102,352.
(44) GEORGE WARD RISK MANAGEMENT DIRECTOR	40.00 0.				X			215,606.	0.	79,093.
(45) LINDSAY MINTENKO NATIONAL TEAM MANAGING DIRECTO	40.00 0.					X		134,726.	0.	28,077.
(46) SCOTT LEIGHTMAN PR & COMMUNICATIONS DIRECTOR	40.00 0.					X		134,203.	0.	30,407.
(47) SUSAN WOESSNER SAFE SPORT DIRECTOR	40.00 0.					X		127,812.	0.	21,269.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 16

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

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

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 **▶**

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c	231,650.					
	d Related organizations	1d	2,704,550.					
	e Government grants (contributions)	1e						
	f All other contributions, gifts, grants, and similar amounts not included above	1f	12,173,508.					
	g Noncash contributions included in lines 1a-1f: \$		774,672.					
	h Total. Add lines 1a-1f			15,109,708.				
	Program Service Revenue	2a <u>MEMBERSHIP INCOME</u>			Business Code			
			900099	20,745,938.	20,745,938.			
b <u>EVENTS & REGISTRATIONS</u>			711300	4,619,444.	4,619,444.			
c <u>SPONSORS- ADVERTISING ALLOCATION</u>			541800	547,168.		547,168.		
d _____								
e _____								
f All other program service revenue								
g Total. Add lines 2a-2f				25,912,550.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts).			931,579.			931,579.	
	4 Income from investment of tax-exempt bond proceeds			0.				
	5 Royalties			99,047.			99,047.	
	6a Gross rents	(i) Real	60,000.					
		(ii) Personal						
		b Less: rental expenses						
		c Rental income or (loss)		60,000.				
	d Net rental income or (loss)				60,000.		60,000.	
	7a Gross amount from sales of assets other than inventory	(i) Securities	80,574,388.	14,012,122.				
		(ii) Other						
		b Less: cost or other basis and sales expenses		79,529,748.	17,651,196.			
		c Gain or (loss)		1,044,640.	-3,639,074.			
	d Net gain or (loss)				-2,594,434.		-2,594,434.	
	8a Gross income from fundraising events (not including \$ 231,650. of contributions reported on line 1c). See Part IV, line 18	a		ATCH 4	645,315.			
		b Less: direct expenses	b		1,002,626.			
c Net income or (loss) from fundraising events.			ATCH 5		-357,311.		-357,311.	
9a Gross income from gaming activities. See Part IV, line 19	a			0.				
	b Less: direct expenses	b		0.				
	c Net income or (loss) from gaming activities.				0.			
10a Gross sales of inventory, less returns and allowances	a			0.				
	b Less: cost of goods sold	b		0.				
	c Net income or (loss) from sales of inventory.				0.			
Miscellaneous Revenue			Business Code					
11a <u>ADVERTISING</u>		541800		164,272.		40,443.	123,829.	
	b <u>OTHER REVENUE</u>		711300	277,904.			277,904.	
	c <u>LICENSE REVENUE</u>		900099	17,299.			17,299.	
	d All other revenue							
e Total. Add lines 11a-11d				459,475.				
12 Total revenue. See instructions.				39,620,614.	25,365,382.	587,611.	-1,442,087.	

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 and domestic governments. See Part IV, line 21	5,070,299.	5,070,299.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0.			
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	3,754,204.	2,109,079.	1,645,125.	
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.			
7 Other salaries and wages	4,999,327.	4,405,237.	594,090.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	124,957.	80,547.	44,410.	
9 Other employee benefits	1,132,100.	876,486.	255,614.	
10 Payroll taxes	521,851.	407,329.	114,522.	
11 Fees for services (non-employees):				
a Management	0.			
b Legal	475,204.	193,297.	281,907.	
c Accounting	29,675.		29,675.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17.	0.			
f Investment management fees	98,941.		98,941.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	4,624,974.	4,104,028.	349,707.	171,239.
12 Advertising and promotion	232,556.	226,493.	4,225.	1,838.
13 Office expenses	0.			
14 Information technology	0.			
15 Royalties	0.			
16 Occupancy	546,719.	423,923.	121,546.	1,250.
17 Travel	4,966,117.	4,171,757.	724,468.	69,892.
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	650,314.	557,917.	92,397.	
23 Insurance	3,125,567.	3,125,567.		
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a ATHLETE SUPPORT	3,848,844.	3,725,844.		123,000.
b DUES & FEES	1,297,063.	1,165,964.	79,879.	51,220.
c PRINTING & PUBLICATION	875,807.	810,089.	64,935.	783.
d TV & VIDEO PRODUCTION	966,722.	755,632.		211,090.
e All other expenses	3,150,145.	2,929,412.	177,658.	43,075.
25 Total functional expenses. Add lines 1 through 24e	40,491,386.	35,138,900.	4,679,099.	673,387.
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0.			

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	8,469,580.	1	10,015,875.
	2 Savings and temporary cash investments	659,866.	2	8,264.
	3 Pledges and grants receivable, net	0.	3	0.
	4 Accounts receivable, net	1,613,069.	4	1,284,700.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0.	5	0.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0.	6	0.
	7 Notes and loans receivable, net	0.	7	0.
	8 Inventories for sale or use	0.	8	0.
	9 Prepaid expenses and deferred charges	4,258,635.	9	4,324,464.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 11,109,498.		
	b Less: accumulated depreciation	10b 7,240,260.	3,552,954.	10c 3,869,238.
	11 Investments - publicly traded securities	37,985,964.	11	33,185,141.
	12 Investments - other securities. See Part IV, line 11	-39,073.	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	201,691.	15	67,912.
16 Total assets. Add lines 1 through 15 (must equal line 34)	56,702,686.	16	52,755,594.	
Liabilities	17 Accounts payable and accrued expenses	4,061,613.	17	4,276,075.
	18 Grants payable	0.	18	0.
	19 Deferred revenue	14,197,939.	19	14,238,779.
	20 Tax-exempt bond liabilities	0.	20	0.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24 Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	3,536,914.	25	0.
	26 Total liabilities. Add lines 17 through 25	21,796,466.	26	18,514,854.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	34,906,220.	27	34,240,740.
	28 Temporarily restricted net assets	0.	28	0.
	29 Permanently restricted net assets	0.	29	0.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	34,906,220.	33	34,240,740.	
34 Total liabilities and net assets/fund balances	56,702,686.	34	52,755,594.	

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	39,620,614.
2	Total expenses (must equal Part IX, column (A), line 25)	2	40,491,386.
3	Revenue less expenses. Subtract line 2 from line 1	3	-870,772.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	34,906,220.
5	Net unrealized gains (losses) on investments	5	205,292.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	34,240,740.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization

USA SWIMMING, INC

Employer identification number

20-4264282

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**.
Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations:
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Schedule A (Form 990 or 990-EZ) 2016

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.)

Section A. Public Support

Table with 7 columns: (a) 2012, (b) 2013, (c) 2014, (d) 2015, (e) 2016, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2012, (b) 2013, (c) 2014, (d) 2015, (e) 2016, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2016; 15 Public support percentage from 2015 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2016; b 33 1/3% support test - 2015; 17a 10%-facts-and-circumstances test - 2016; b 10%-facts-and-circumstances test - 2015; 18 Private foundation.

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	27,607,307.	10,261,194.	10,132,798.	11,181,486.	15,109,708.	74,292,493.
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	1,037,805.	20,990,059.	21,184,929.	22,546,285.	26,629,219.	92,388,297.
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.	28,645,112.	31,251,253.	31,317,727.	33,727,771.	41,738,927.	166,680,790.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons		1,600.	25,175.			26,775.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b.		1,600.	25,175.			26,775.
8 Public support. (Subtract line 7c from line 6.)						166,654,015.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6.	28,645,112.	31,251,253.	31,317,727.	33,727,771.	41,738,927.	166,680,790.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,825,402.	1,134,643.	1,333,321.	1,154,431.	931,579.	6,379,376.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0.
c Add lines 10a and 10b	1,825,402.	1,134,643.	1,333,321.	1,154,431.	931,579.	6,379,376.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	695,427.					695,427.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	563,346.					563,346.
13 Total support. (Add lines 9, 10c, 11, and 12.)	31,729,287.	32,385,896.	32,651,048.	34,882,202.	42,670,506.	174,318,939.
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)).	15	95.60%
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	93.99%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	3.66%
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	3.84%

- 19a 33 1/3% support tests - 2016.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- b 33 1/3% support tests - 2015.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

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).		

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?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

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).		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test. Answer (a) and (b) below.		
a	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.		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3	Parent of Supported Organizations. Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .		
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.		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

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

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2016, 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 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2017. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b Excess from 2013. . . .			
c Excess from 2014. . . .			
d Excess from 2015. . . .			
e Excess from 2016. . . .			

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.)

Schedule of Contributors

2016

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**

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

Name of the organization

USA SWIMMING, INC

Employer identification number

20-4264282

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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, 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).

Name of organization USA SWIMMING, INC

Employer identification number
20-4264282

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		\$ 830,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 207,475.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 600,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 353,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 400,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **USA SWIMMING, INC**

Employer identification number
20-4264282

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
7		\$ 540,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 6,920.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 350,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10		\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11		\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12		\$ 400,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization USA SWIMMING, INC	Employer identification number 20-4264282
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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
13	_____	\$ 565,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	_____	\$ 31,774.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
15	_____	\$ 260,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	_____	\$ 59,999.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
17	_____	\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	_____	\$ 318,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization USA SWIMMING, INC	Employer identification number 20-4264282
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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
19	_____	\$ 400,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	_____	\$ 135,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	_____	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	_____	\$ 193,711.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	_____	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	_____	\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization USA SWIMMING, INC

Employer identification number
20-4264282

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
25		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27		\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28		\$ 2,704,550.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29		\$ 9,310.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30		\$ 21,920.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization USA SWIMMING, INC

Employer identification number
20-4264282

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
31		\$ 21,920.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32		\$ 13,840.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33		\$ 11,920.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34		\$ 8,650.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35		\$ 10,960.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36		\$ 10,960.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization USA SWIMMING, INC

Employer identification number
20-4264282

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
37		\$ 6,920.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38		\$ 6,920.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39		\$ 6,920.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40		\$ 6,920.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41		\$ 6,920.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42		\$ 6,920.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization USA SWIMMING, INC	Employer identification number 20-4264282
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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
43	_____ _____ _____	\$ 6,920.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44	_____ _____ _____	\$ 6,920.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45	_____ _____ _____	\$ 6,920.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46	_____ _____ _____	\$ 6,920.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47	_____ _____ _____	\$ 6,920.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
48	_____ _____ _____	\$ 6,920.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization USA SWIMMING, INC

Employer identification number
20-4264282

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
49	_____	\$ 6,920.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
50	_____	\$ 6,920.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
51	_____	\$ 6,920.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
52	_____	\$ 6,920.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
53	_____	\$ 6,920.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
54	_____	\$ 6,920.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization USA SWIMMING, INC	Employer identification number 20-4264282
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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
55	_____	\$ 6,050,189.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
56	_____	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization USA SWIMMING, INC

Employer identification number

20-4264282

Part II Noncash Property (See instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
2	APPAREL	\$ 207,475.	12/31/2016
4	BAG TAGS	\$ 15,000.	12/31/2016
12	TIMING SYSTEMS	\$ 400,000.	12/31/2016
14	APPAREL	\$ 31,774.	12/31/2016
16	APPAREL	\$ 59,999.	12/31/2016
54	GRAPHICS	\$ 6,920.	12/31/2016

Name of organization USA SWIMMING, INC

Employer identification number
20-4264282

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ► \$ _____
Use duplicate copies of Part III if additional space is needed.

(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, and ZIP + 4	Relationship 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, and ZIP + 4	Relationship 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, and ZIP + 4	Relationship 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, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

USA SWIMMING, INC

20-4264282

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included in Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included in 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) 2016

JSA 6E1268 1.000

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange programs
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?
b If "Yes," explain the arrangement in Part XIII and complete the following table:
Table with columns: Amount, 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
a Board designated or quasi-endowment 66.4200 %
b Permanent endowment %
c Temporarily restricted endowment 33.5800 %
The percentages on lines 2a, 2b, and 2c should equal 100%.

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
(i) unrelated organizations
(ii) related organizations
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
Table with columns: Yes, No. Rows: 3a(i), 3a(ii), 3b

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

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

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include Financial derivatives, Closely-held equity interests, and Other (A-H).

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Rows numbered 1 through 9.

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

Table with 2 columns: (a) Description, (b) Book value. Rows numbered 1 through 9.

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

Table with 2 columns: (a) Description of liability, (b) Book value. Row 1 includes Federal income taxes, followed by rows 2-9.

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII [X]

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	40,567,981.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	205,292.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	1,002,626.
e	Add lines 2a through 2d	2e	1,207,918.
3	Subtract line 2e from line 1	3	39,360,063.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	98,941.
b	Other (Describe in Part XIII.)	4b	161,610.
c	Add lines 4a and 4b	4c	260,551.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	39,620,614.

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	41,233,461.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	1,002,626.
e	Add lines 2a through 2d	2e	1,002,626.
3	Subtract line 2e from line 1	3	40,230,835.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	98,941.
b	Other (Describe in Part XIII.)	4b	161,610.
c	Add lines 4a and 4b	4c	260,551.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	40,491,386.

Part XIII Supplemental Information.

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.

SEE PAGE 5

Part XIII Supplemental Information (continued)

PART V, LINE 4

ENDOWMENT DISTRIBUTIONS PROVIDE FUNDING FOR GRANTS THAT BENEFIT USA SWIMMING NATIONAL TEAM ATHLETES AND COACHES. AN ENDOWMENT ALSO PROVIDES FUNDING FOR MAKE-A-SPLASH PROGRAMS.

PART X, LINE 2

FOOTNOTE FROM CONSOLIDATED FINANCIAL STATEMENTS:

USA SWIMMING AND THE FOUNDATION ARE EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. IN ADDITION, THESE ENTITIES QUALIFY FOR THE CHARITABLE CONTRIBUTION DEDUCTION AND HAVE BEEN CLASSIFIED AS ORGANIZATIONS THAT ARE NOT PRIVATE FOUNDATIONS.

USSIC WAS ORGANIZED AS A LIMITED LIABILITY COMPANY (LLC). FEDERAL TAX LAW PROVIDES AN ELECTION FOR SINGLE MEMBER LLCs TO BE TAXED AS EITHER ASSOCIATIONS OR DISREGARDED ENTITIES. USSIC INTENDS TO BE TREATED AS A DISREGARDED ENTITY. AS SUCH, USSIC'S REVENUES AND EXPENSES WILL BE REPORTED AS PART OF USA SWIMMING.

THE ORGANIZATION BELIEVES THAT IT DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS. TAX YEARS THAT REMAIN SUBJECT TO EXAMINATION INCLUDE 2013 THROUGH THE CURRENT PERIOD.

PART XI, LINE 2D

DIRECT EXPENSES NETTED WITH REVENUE FOR 990: \$1,002,626

PART XI, LINE 4D

Part XIII Supplemental Information (continued)

RECLASSIFICATION OF USSIC EXPENSES: \$161,610

PART XII, LINE 2D

DIRECT EXPENSES NETTED WITH REVENUE FOR 990: \$1,002,626

PART XII, LINE 4D

RECLASSIFICATION OF USSIC EXPENSES: \$161,610

**SCHEDULE G
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Name of the organization

USA SWIMMING, INC

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Employer identification number

20-4264282

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

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

- a** Mail solicitations
- b** Internet and email solicitations
- c** Phone solicitations
- d** In-person solicitations
- e** Solicitation of non-government grants
- f** Solicitation of government grants
- g** Special fundraising events

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

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

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

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		GOLDEN GOGGLE (event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	876,965.		876,965.
	2	Less: Contributions	231,650.		231,650.
	3	Gross income (line 1 minus line 2)	645,315.		645,315.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	66,135.		66,135.
	7	Food and beverages	236,595.		236,595.
	8	Entertainment			
	9	Other direct expenses	699,896.		699,896.
	10	Direct expense summary. Add lines 4 through 9 in column (d) ▶			1,002,626.
11	Net income summary. Subtract line 10 from line 3, column (d) ▶			-357,311.	

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d) ▶			
	8	Net gaming income summary. Subtract line 7 from line 1, column (d) ▶			

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

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

Name ▶ _____

Address ▶ _____

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

- 17 Mandatory distributions:
 - a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
 - b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

USA SWIMMING, INC

Employer identification number

20-4264282

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) USA SWIMMING FOUNDATION 1 OLYMPIC PLAZA COLORADO SPRINGS, CO 80909	72-1581977	501(C)(3)	3,802,091.				BASE, DONATION, FORFE
(2) CSCAA 5101 NW 21ST AVE, STE 530	59-6145666		120,000.				CSCAA
(3) SWIMMAC CAROLINE 9850 PROVIDENCE RD. CHARLOTTE, NC 28277	59-1769720	501(C)(3)	56,693.				CLUB INVESTMENT
(4) NATIONS CAPITAL SWIM CLUB 8180 GREENSBORO DR. STE. 1150	80-0851325		49,606.				CLUB INVESTMENT
(5) CAL AQUATICS-MEN 135C HAAS PAVILLION BERKELEY, CA 94720	83-0376748		33,071.				CLUB INVESTMENT
(6) COLORADO STARS 3770 S. GENOA CIRCLE UNIT C	84-1514043	501(C)(3)	30,709.				CLUB INVESTMENT
(7) TUSCON FORD AQUATICS PO BOX 44233 TUCSON, AZ 85733	86-0373599	501(C)(3)	18,898.				CLUB INVESTMENT
(8) STANFORD SWIMMING 641 CAMPUS DR. STANFORD, CA 94305	94-1156365		16,535.				CLUB INVESTMENT
(9) CLUB WOLVERINE 2926 ATTERBERRY CT. ANN ARBOR, MI 48103	38-2319366	501(C)(3)	16,535.				CLUB INVESTMENT
(10) TROJAN SWIM CLUB 21762 QUIET OAK DR. LAKE FOREST, CA 92630	33-0614644		16,535.				CLUB INVESTMENT
(11) NORTH BALTIMORE AQUATIC CLUB 5700 COTTONWORTH AVE. BALTIMORE, MD 21209	23-7115717		16,535.				CLUB INVESTMENT
(12) TEAM SANTA MONICA 12919 MONTANA AVE. APT. 302	95-2415779		14,173.				CLUB INVESTMENT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶

3 Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2016)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

USA SWIMMING, INC

Employer identification number

20-4264282

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) NATION'S CAPITAL SWIM CLUB 8120 WOODMONT AVE. #101 BETHESDA, MD 20814	80-0851325	501(C)(3)	12,000.				CLUB EXCELLENCE
(2) DYNAMO SWIM CLUB 3119 SHALLOWFORD RD. ATLANTA, GA 30341	51-1046889	501(C)(3)	11,773.				CLUB EXCELLENCE
(3) LAKESIDE SWIM TEAM 1928 WOODBOURNE AVE. LOUISVILLE, KY 40205	31-1054854	501(C)(3)	11,520.				CLUB EXCELLENCE
(4) SANDPIPERS OF NEVADA 3562 COVENTRY GARDENS DR.	88-0151712	501(C)(3)	11,402.				CLUB EXCELLENCE
(5) ACADEMY BULLETS SWIM CLUB 203 S. ELMWOOD DR. AURORA, IL 60506	20-8100691		11,006.				CLUB EXCELLENCE
(6) AQUAZOT SWIM CLUB 1735 PORT CHARLES PL	33-0907683	501(C)(3)	10,946.				CLUB EXCELLENCE
(7) SARASOTA YMCA SHARKS 8301 POTTER PARK DR. SARASOTA, FL 34238	59-1618413	501(C)(3)	10,908.				CLUB EXCELLENCE
(8) NASHVILLE AQUATIC CLUB 109 RURAL AVE. NASHVILLE, TN 37209	62-0678884	501(C)(3)	10,880.				CLUB EXCELLENCE
(9) SWIM ATLANTA 4850 SUGARLOAF PKWY. STE.702	20-4300861	501(C)(3)	10,717.				CLUB EXCELLENCE
(10) NITRO SWIMMING 15506 #D WEST HWY 71 BEE CAVE, TX 78738	27-2378855		10,606.				CLUB EXCELLENCE
(11) SCOTTSDALE AQUATIC CLUB 7202 E. CACTUS RD. SCOTTSDALE, AZ 85260	86-0327123	501(C)(3)	10,507.				CLUB EXCELLENCE
(12) SWIMMAC CAROLINA 9850 PROVIDENCE RD. CHARLOTTE, NC 28277	59-1769720	501(C)(3)	10,337.				CLUB EXCELLENCE

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶

3 Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2016)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

USA SWIMMING, INC

Employer identification number

20-4264282

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) NORTH BALTIMORE AQUATIC CLUB 5700 COTTONWORTH AVE. BALTIMORE, MD 21209	23-7115717	501(C)(3)	10,332.				CLUB EXCELLENCE
(2) GATOR SWIM CLUB 4330 SW 83RD AVE. GAINESVILLE, FL 32608	20-0469415		10,282.				CLUB EXCELLENCE
(3) MISSION VIEJO NADADORES 27474 CASTA DEL SOL UNIT 2	33-0099234	501(C)(3)	10,139.				CLUB EXCELLENCE
(4) CARMEL SWIM CLUB 300 EAST MAIN ST. CARMEL, IN 46032	35-1468610	501(C)(3)	9,646.				CLUB EXCELLENCE
(5) SANTA CLARA SWIM CLUB 2625 PATRICIA DR. SANTA CLARA, CA 95051	94-1432138	501(C)(3)	9,615.				CLUB EXCELLENCE
(6) NOVA OF VIRGINIA AQUATICS 12207 GAYTON RD. RICHMOND, VA 23233	54-1427388	501(C)(3)	9,503.				CLUB EXCELLENCE
(7) BOLLES SCHOOL SHARKS 7400 SAN JOSE BLVD. JACKSONVILLE, FL 32217	59-0637814	501(C)(3)	9,500.				CLUB EXCELLENCE
(8) ATHENS BULLDOG SWIM CLUB 139 HOPE AVE. ATHENS, GA 30606	58-1869533	501(C)(3)	9,449.				CLUB INVESTMENT
(9) WALNUT CREEK AQUABEARS 1879 HELEN RD. PLEASANT HILL, CA 94523	94-1693715	501(C)(3)	7,878.				CLUB EXCELLENCE
(10) MISSION VIEJO NADADORES 27758 LA COSTA MISSION VIEJO, CA 92692	33-0099234	501(C)(3)	7,087.				CLUB INVESTMENT
(11) CAVALIER SWIMMING 450 WHITEHEAD RD. CHARLOTTESVILLE, VA 22903	404-23-6368		7,087.				CLUB INVESTMENT
(12) METROPOLITAN SWIMMING 99 SHEEP PASTURE RD	56-9635689	501(C)(3)	6,915.				COMMUNITY SWIM TEAM

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 25.

3 Enter total number of other organizations listed in the line 1 table ▶ 11.

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

Schedule I (Form 990) (2016)

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
1					
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

SCHEDULE I, PART I, LINE 2:

APPLICANTS MUST QUALIFY, WHERE APPLICABLE, FOR CERTAIN GRANTS, AND A FINAL REPORT IS REQUIRED TO BE SUBMITTED TO USA SWIMMING.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

USA SWIMMING, INC

Compensation Information

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

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
- ▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Employer identification number

20-4264282

Part I Questions Regarding Compensation

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

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

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

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

3 Indicate which, if any, of the following the filing 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.

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

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

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

Only 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?
- 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)?

	Yes	No
1a	X	
2	X	
3		
4a		X
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2016

Part II 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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 CHARLES WIELGUS PRESIDENT AND CEO	(i)	944,147.	0.	15,900.	51,679.	21,252.	1,032,978.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 MICHAEL UNGER COO	(i)	309,503.	114,575.	0.	106,075.	21,352.	551,505.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 MATTHEW FARRELL CMO	(i)	276,703.	95,850.	0.	97,250.	21,152.	490,955.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 FRANK BUSCH NATIONAL TEAM DIRECTOR	(i)	321,238.	10,000.	0.	26,500.	15,802.	373,540.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 JAMES HARVEY CFO	(i)	209,153.	74,500.	0.	81,000.	21,452.	386,105.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 PATRICK HOGAN CLUB DEVELOPMENT MANAGING DIRE	(i)	209,153.	64,500.	0.	81,000.	21,352.	376,005.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7 GEORGE WARD RISK MANAGEMENT DIRECTOR	(i)	168,606.	47,000.	0.	62,210.	16,883.	294,699.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8 KATIE MCROBERTS SECRETARY AND GENERAL COUNSEL	(i)	180,248.	30,000.	0.	6,309.	9,484.	226,041.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
9 LINDSAY MINTENKO NATIONAL TEAM MANAGING DIRECTO	(i)	127,226.	7,500.	0.	14,150.	13,927.	162,803.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
10 SCOTT LEIGHTMAN PR & COMMUNICATIONS DIRECTOR	(i)	130,703.	3,500.	0.	9,255.	21,152.	164,610.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
11 DEBBIE HESSE EXEC DIRECTOR FOUNDATION	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	260,276.	10,050.	3,000.	26,500.	13,907.	313,733.	0.
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

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.

PART I, LINE 7

PERFORMANCE BASED COMPENSATION IS PAID TO KEY EMPLOYEES PURSUANT TO THE
EMPLOYMENT PRACTICES OF THE ORGANIZATION. THIS COMPENSATION IS NOT BASED
ON PERFORMANCE OF THE ORGANIZATION, BUT INSTEAD IS BASED ON INDIVIDUAL
PERFORMANCE OF EACH EMPLOYEE.

PART I, LINE 4

CHARLES WIELGUS INTEREST EARNED ON DEFERRED COMPENSATION \$25,179.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2016

**Open To Public
Inspection**

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.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

USA SWIMMING, INC

Employer identification number

20-4264282

Part I Types of Property

	(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 determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
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				
25 Other ▶ (ATCH 1)		7.	727,263.	
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) (2016)

JSA

6E1298 1.000

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.

SCHEDULE M, PART I, COLUMN B

THE NUMBER IN COLUMN B REPRESENTS THE NUMBER OF CONTRIBUTORS FOR EACH
ITEM.

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

<u>DESCRIPTION</u>	<u>(A) CHECK</u>	<u>(B) NUMBER OF CONTRIBUTIONS</u>	<u>(C) REVENUES REPORTED</u>	<u>(D) METHOD OF DETERMINING</u>
APPAREL	X	3.	299,248.	FMV
TIMING SYSTEMS	X	1.	400,000.	FMV
PRINTING SERVICE	X	1.	10,000.	FMV
BAG TAGS	X	1.	15,000.	FMV
FURNITURE RENTAL	X	1.	3,015.	FMV
TOTALS		<u>7.</u>	<u>727,263.</u>	

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Name of the organization

USA SWIMMING, INC

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.

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Employer identification number

20-4264282

FORM 990, PART III, LINE 1

CONTINUED: WE PROVIDE PROGRAMS AND SERVICES FOR OUR MEMBERS, SUPPORTERS,
AFFILIATES AND THE INTERESTED PUBLIC. WE VALUE THESE MEMBERS OF THE
SWIMMING COMMUNITY, AND THE STAFF AND VOLUNTEERS WHO SERVE THEM. WE ARE
COMMITTED TO EXCELLENCE AND THE IMPROVEMENT OF OUR SPORT. WE ARE
COMMITTED TO PROVIDING A SAFE AND POSITIVE ENVIRONMENT FOR ALL MEMBERS.

FORM 990, PART III, LINE 4B

CONTINUED: INDUSTRY PARTNERS COLLABORATING ON THE #FUNNESTSPORT CAMPAIGN
AND RESULTED IN THE HIGHEST NUMBER OF SWIM TEAM SEARCHES IN HISTORY.
SWIMTODAY IS A NATIONAL CAMPAIGN TO DRIVE TRAFFIC TO THE SWIMTODAY.ORG
WEBSITE AND HELP PEOPLE FIND A SWIM TEAM. USA SWIMMING CONTINUED ITS
SWIMJITSU PROGRAM WHICH IS A TRAVELING PROGRAM THAT INCLUDES AN
INFLATABLE OBSTACLE COURSE IN THE POOL TO DRIVE INTEREST IN SWIMMING.

IN 2016, NBCSN AIRED BROADCASTS OF THE ARENA PRO SWIM SERIES AS A LEAD-UP
TO THE OLYMPIC TRIALS. NBC THEN ALSO COVERED PRIME TIME COVERAGE OF THE
U.S. OLYMPIC TRIALS AND OLYMPIC GAMES. THE ORGANIZATION ALSO CONTINUED TO
GROW ITS DECK PASS PLUS IPHONE AND ANDROID APP, WHICH WAS AN ENHANCED
VERSION OF DECK PASS AND HAS MORE THAN 300,000 DOWNLOADS. THE APP OFFERED
USERS ACCESS TO BOTH LIVE RESULTS AND A SPECIAL EVENTS SECTION WITH LIVE,
STREAMING VIDEO. USA SWIMMING'S AWARD WINNING SPLASH MAGAZINE WAS
DELIVERED TO OVER 280,000 HOUSEHOLDS AND WAS AVAILABLE DIGITALLY ON OUR
WEBSITE. WE CONTINUED YEAR TWO OF OUR SWIMBIZ MARKETING AND SPONSORSHIP

Name of the organization USA SWIMMING, INC	Employer identification number 20-4264282
---	--

CONFERENCE.

EVENTS

IN 2016, USA SWIMMING HOSTED MULTIPLE EVENTS ACROSS MANY LEVELS OF THE SPORT, HIGHLIGHTED BY THE 2016 U.S. OLYMPIC TEAM TRIALS - SWIMMING IN OMAHA, NEBRASKA. THE TRIALS DREW NEARLY 15,000 SPECTATORS EACH OF EIGHT CONSECUTIVE DAYS AND WAS FEATURED EACH EVENING IN A LIVE NATIONALLY-TELEVISED BROADCAST ON NBC. THE AT&T WINTER NATIONAL CHAMPIONSHIPS HELD IN DECEMBER ARE ALSO FEATURED WITH AN NBC BROADCAST. OTHER CHAMPIONSHIP-LEVEL EVENTS THAT FEATURE TV AND/OR LIVE WEBCAST INCLUDE THE ARENA PRO SWIM SERIES, THE OPEN WATER NATIONAL CHAMPIONSHIPS, THE SPEEDO JUNIOR NATIONAL CHAMPIONSHIPS, THE SPEEDO SECTIONALS. USA SWIMMING ALSO PROVIDES SUPPORT FOR OTHER CHAMPIONSHIP EVENTS SUCH AS THE ZONE CHAMPIONSHIPS AND IM XTREME GAMES.

FORM 990, PART III, LINE 4C

CONTINUED: ENHANCEMENTS WERE MADE TO THE REGISTRATION COMPONENT OF SWIMS, OUR MASTER DATABASE. MEMBER SERVICES STAFF WORKED CLOSELY WITH VOLUNTEERS, ATHLETES AND OTHER USA SWIMMING STAFF TO PLAN AND COORDINATE THE ANNUAL CONVENTION (WHICH IS ATTENDED BY APPROXIMATELY 650 MEMBERS). 11 LSC SWIMPOSIUMS WERE CONDUCTED, EACH OF WHICH INCLUDED A SWIM CLINIC, PARENTS CLINICS, OFFICIALS CLINICS AND COACH CLINIC.

FORM 990, PART III, LINE 4D

CLUB DEVELOPMENT: NOTABLE ACCOMPLISHMENTS IN THE CLUB DEVELOPMENT DIVISION IN 2016 INCLUDED ADDITIONAL DEVELOPMENT IN THE DATA ANALYTICS

Name of the organization USA SWIMMING, INC	Employer identification number 20-4264282
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PROJECT TO CREATE A SERIES OF NEW REPORTS FOR CLUBS AND LSCS;
 PARTICIPATION BY 4,000 COACHES IN THE FOUNDATIONS OF COACHING 101 ONLINE
 COACH EDUCATION COURSE; DELIVERY OF A VERY SUCCESSFUL CONFERENCE FOR 41
 LEADERS OF LARGE LOCAL SWIM COMMITTEES; CONDUCTED A NATIONAL AGE GROUP
 COACHES SEMINAR FOR 40 TOP AGE GROUP COACHES; AND CREATION OF SWIM
 ESSENTIAL IN SPANISH, A STROKE VIDEO RESOURCE FOR SPANISH SPEAKING
 MEMBERS. SUCCESSFUL ONGOING PROGRAMS AND SERVICES INCLUDED FIELD SERVICE
 CONSULTING VISITS TO 400+ SWIM CLUBS; 8 REGIONAL COACHES CLINICS SERVING
 A TOTAL OF 909 COACHES; SIX REGIONAL AND TWO CUSTOM BUILD-A-POOL
 CONFERENCES; FOUR LEVELS OF SELECT CAMPS SERVING 320 EMERGING ELITE
 ATHLETES; AND THE CLUB EXCELLENCE PROGRAM WHICH AWARDED 100 GRANTS
 TOTALING \$429,500 TO HIGH PERFORMING CLUB TEAMS.

FOUNDATION SUPPORT: USA SWIMMING PROVIDED FUNDING TO ITS AFFILIATE
 FOUNDATION WHOSE MISSION IS SAVINGS LIVES AND BUILDING CHAMPIONS--IN THE
 POOL AND IN LIFE.

SAFE SPORT: THE SAFE SPORT PROGRAM IS USA SWIMMING'S COMPREHENSIVE ABUSE
 PREVENTION PROGRAM. IT IS OUR MISSION TO REDUCE THE RISK BY INCREASING
 AWARENESS ABOUT ABUSE IN SPORT. WE HAVE A ROBUST EDUCATIONAL EFFORT BY
 WHICH TO ACCOMPLISH THIS INCLUDING MANDATORY ATHLETE PROTECTION TRAINING
 FOR ALL NON-ATHLETE MEMBERS, AND FREE ONLINE TRAINING FOR ATHLETES AND
 THEIR PARENTS. USA SWIMMING IS PROUD OF ITS PROACTIVE APPROACH TO ABUSE
 PREVENTION AND CONTINUALLY STRIVES TO BE THE LEADER IN SAFE SPORT IN THE
 OLYMPIC MOVEMENT.

Name of the organization USA SWIMMING, INC	Employer identification number 20-4264282
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FORM 990, PART VI, SECTION A, LINE 6

THE CORPORATION IS A MEMBERSHIP ORGANIZATION.

FORM 990, PART VI, SECTION A, LINE 7A

MEMBERS ELECT THE BOARD OF DIRECTORS AT AN ANNUAL CONVENTION.

FORM 990, PART VI, SECTION A, LINE 7B

THE MEMBER'S HOUSE OF DELEGATES IS RESPONSIBLE FOR THE FOLLOWING ACTIONS:

1) THE ELECTION OF CERTAIN BOARD MEMBERS 2) APPROVAL OF CHANGES TO THE
RULEBOOK 3) APPROVAL OF THE ANNUAL BUDGET

FORM 990, PART VI, SECTION B, LINE 11

THE FORM IS DISTRIBUTED TO THE ENTIRE BOARD OF DIRECTORS VIA EMAIL AND
ARE GIVEN THE OPPORTUNITY TO PROVIDE INPUT BEFORE FILING.

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

ALL EMPLOYEES, BOARD OF DIRECTORS, AND COMMITTEE MEMBERS ARE REQUIRED TO
SIGN CONFLICT OF INTEREST ACKNOWLEDGEMENT FORMS. BOARD MEMBERS ARE
REQUIRED TO DISCLOSE CONFLICTS OF INTEREST BEFORE AND DURING BOARD
MEETINGS.

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

A SPECIAL COMMITTEE OF THE BOARD OF DIRECTORS DEVELOPED AN EMPLOYMENT
CONTRACT FOR THE CURRENT EXECUTIVE DIRECTOR USING COMPARABLE COMPENSATION
DATA FROM OTHER NATIONAL GOVERNING BODIES AND LIKE INDUSTRIES. THE HUMAN

Name of the organization USA SWIMMING, INC	Employer identification number 20-4264282
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RESOURCE DEPARTMENT REVIEWS SALARY SURVEYS AND DATA FROM OTHER NATIONAL GOVERNING BODIES TO SET AND ADJUST COMPENSATION FOR OFFICERS AND OTHER KEY EMPLOYEES.

FORM 990, PART VI, SECTION C, LINE 19

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC ON THE ORGANIZATION'S WEBSITE.

FORM 990, PART XII, LINE 2C

THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

ATTACHMENT 1

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>EXPENSES</u>	<u>REVENUE</u>
CLUB DEVELOPMENT	470,865.	4,099,984.	
INSURANCE		3,456,933.	
FOUNDATION SUPPORT	3,552,091.	3,879,435.	
SAFE SPORT		345,470.	
OTHER	120,000.	285,190.	
TOTALS	<u>4,142,956.</u>	<u>12,067,012.</u>	

ATTACHMENT 2

FORM 990, PART VI, LINE 17 - STATES

AL, AK, AR, CA, CO, CT,

DC, FL, GA, HI, IL, KS, KY, LA, ME, MD, MA, MI,

MN, MS, MO, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA,

RI, SC, TN, UT, VA, WA, WV, WI,

Name of the organization USA SWIMMING, INC	Employer identification number 20-4264282
---	--

ATTACHMENT 3

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
ECLIPSE PRODUCTION 605 MANNS HARBOR DR APOLLO BEACH, FL 33572	EVENT PRODUCTION	693,430.
SPORT GRAPHICS PRINTING 3423 PARK DAVIS CIRCLE INDIANAPOLIS, IN 46235	PRINTING SERVICES	956,780.
STATERA, INC. 6501 E. BELLEVIEW AVE STE 300 ENGLEWOOD, CO 80111	IT SERVICES	1,187,458.
DODD TECHNOLOGIES 720 WEST PIONEER TRACE SUITE 200 PENDLETON, IN 46064	MARKETING&PROMOTION	1,732,426.
COLLE + MCVOY 88173 EXPEDITE WAY CHICAGO, IL 60695	MARKETING	631,912.

ATTACHMENT 4

FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>AMOUNT</u>
GOLDEN GOGGLE AWARDS	231,650.
TOTAL	<u>231,650.</u>

ATTACHMENT 5

FORM 990, PART VIII - FUNDRAISING EVENTS

<u>DESCRIPTION</u>	<u>GROSS INCOME</u>	<u>DIRECT EXPENSES</u>	<u>NET INCOME</u>
GOLDEN GOGGLE AWARDS	645,315.	1,002,626.	-357,311.
TOTALS	<u>645,315.</u>	<u>1,002,626.</u>	<u>-357,311.</u>

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

USA SWIMMING, INC

Employer identification number

20-4264282

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

Table with 6 columns: (a) Name, address, and EIN of disregarded entity; (b) Primary activity; (c) Legal domicile; (d) Total income; (e) End-of-year assets; (f) Direct controlling entity. Row 1: UNITED STATES SPORTS INSURANCE CO, LLC, 1 OLYMPIC PLAZA, COLORADO SPRINGS, CO 80909, INSURANCE, DC, 1,078,831, 0, USA SWIMMING.

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.

Table with 9 columns: (a) Name, address, and EIN of related organization; (b) Primary activity; (c) Legal domicile; (d) Exempt Code section; (e) Public charity status; (f) Direct controlling entity; (g) Section 512(b)(13) controlled entity? (Yes/No). Row 1: USA SWIMMING FOUNDATION, 1 OLYMPIC PLAZA, COLORADO SPRINGS, CO 80909, SEE PART VII, CO, 501(C)(3), 509(A)(2), SEE PART VII, X.

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

Schedule R (Form 990) 2016

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) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) 2016 SWIM TRIALS, LLC 26-05221 1 OLYMPIC PLAZA COLORADO SPRIN	OLYMPIC TRIAL	CO	USA SWIMMING	EXEMPT FUNCTION	1,054,615.	370,542.		X	0.			50.0000
(2)												
(3)												
(4)												
(5)												
(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)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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

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

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	X	
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)	X	
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)	X	

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) USA SWIMMING FOUNDATION	A	60,000.	CASH
(2) USA SWIMMING FOUNDATION	B	3,802,091.	CASH
(3) USA SWIMMING FOUNDATION	C	2,704,550.	CASH
(4) USA SWIMMING FOUNDATION	O	327,344.	CASH
(5) USA SWIMMING FOUNDATION	Q	300,000.	EST
(6) 2016 SWIM TRIALS, LLC	D	375,000.	CASH

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

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

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	
b Gift, grant, or capital contribution to related organization(s)	1b	
c Gift, grant, or capital contribution from related organization(s)	1c	
d Loans or loan guarantees to or for related organization(s)	1d	
e Loans or loan guarantees by related organization(s)	1e	
f Dividends from related organization(s)	1f	
g Sale of assets to related organization(s)	1g	
h Purchase of assets from related organization(s)	1h	
i Exchange of assets with related organization(s)	1i	
j Lease of facilities, equipment, or other assets to related organization(s)	1j	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	
o Sharing of paid employees with related organization(s)	1o	
p Reimbursement paid to related organization(s) for expenses	1p	
q Reimbursement paid by related organization(s) for expenses	1q	
r Other transfer of cash or property to related organization(s)	1r	
s Other transfer of cash or property from related organization(s)	1s	

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) 2016 SWIM TRIALS, LLC	S	525,000.	CASH
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part VII Supplemental Information

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

SCH R PART I

EFFECTIVE SEPTEMBER 22, 2016, USA SWIMMING ENTERED INTO AN EQUITY
PURCHASE AGREEMENT, SELLING ALL OF THE ISSUED AND OUTSTANDING EQUITY
MEMEBERSHIP IN USSIC.

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

2016

For calendar year 2016 or other tax year beginning, 2016, and ending, 20

Department of the Treasury Internal Revenue Service

Information about Form 990-T and its instructions is available at www.irs.gov/form990t. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

A Check box if address changed

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

D Employer identification number (Employees' trust, see instructions.)

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

Print or Type

USA SWIMMING, INC

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

20-4264282

1 OLYMPIC PLAZA

City or town, state or province, country, and ZIP or foreign postal code

E Unrelated business activity codes (See instructions.)

COLORADO SPRINGS, CO 80909

541800 541860

C Book value of all assets at end of year

F Group exemption number (See instructions.) 5367

52,755,594.

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

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

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No

J The books are in care of THE CORPORATION Telephone number 719-866-4578

Table with 4 columns: (A) Income, (B) Expenses, (C) Net. Rows include Gross receipts or sales, Less returns and allowances, Cost of goods sold, Gross profit, Capital gain net income, Net gain (loss), Capital loss deduction for trusts, Income (loss) from partnerships and S corporations, Rent income, Unrelated debt-financed income, Interest, annuities, royalties, and rents from controlled organizations, Investment income of a section 501(c)(7), (9), or (17) organization, Exploited exempt activity income, Advertising income, Other income, Total. Combine lines 3 through 12.

Table with 4 columns: (A) Income, (B) Expenses, (C) Net. Rows include Compensation of officers, directors, and trustees, Salaries and wages, Repairs and maintenance, Bad debts, Interest (attach schedule), Taxes and licenses, Charitable contributions, Depreciation, Less depreciation claimed on Schedule A and elsewhere on return, Depletion, Contributions to deferred compensation plans, Employee benefit programs, Excess exempt expenses, Excess readership costs, Other deductions, Total deductions, Unrelated business taxable income before net operating loss deduction, Net operating loss deduction, Unrelated business taxable income before specific deduction, Specific deduction, Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32.

For Paperwork Reduction Act Notice, see instructions.

Part III Tax Computation

Table with 40 rows for tax computation. Includes sections for Organizations Taxable as Corporations, Trusts Taxable at Trust Rates, Proxy tax, Alternative minimum tax, Tax on Non-Compliant Facility Income, and Total.

Part IV Tax and Payments

Table with 10 rows for tax and payments. Includes sections for Foreign tax credit, Other credits, General business credit, Credit for prior year minimum tax, Total credits, Subtract line 41e from line 40, Other taxes, Total tax, Payments (A 2015 overpayment credited to 2016, 2016 estimated tax payments, Tax deposited with Form 8868, Foreign organizations, Backup withholding, Credit for small employer health insurance premiums, Other credits and payments), Total payments, Estimated tax penalty, Tax due, Overpayment, and Enter the amount of line 49 you want.

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

Table with 3 rows for statements regarding certain activities. Includes questions about interest in foreign countries, distribution from foreign trusts, and tax-exempt interest received.

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

Signature and Preparer information section. Includes fields for Sign Here (Signature, Date, Title), Paid Preparer Use Only (Print/Type preparer's name, Preparer's signature, Date, Firm's name, Firm's address, Firm's EIN, Phone no.), and a box for May the IRS discuss this return with the preparer shown below.

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

1 Inventory at beginning of year	1		6 Inventory at end of year	6	
2 Purchases	2		7 Cost of goods sold. Subtract line		
3 Cost of labor	3		6 from line 5. Enter here and in		
4a Additional section 263A costs			Part I, line 2	7	
(attach schedule)	4a				
b Other costs (attach schedule)	4b		8 Do the rules of section 263A (with respect to		Yes No
5 Total. Add lines 1 through 4b	5		property produced or acquired for resale) apply		
			to the organization?		<input checked="" type="checkbox"/> <input type="checkbox"/>

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

1. Description of property

(1)	
(2)	
(3)	
(4)	

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	Total	

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ▶

(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ▶

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
Totals ▶				
Total dividends-received deductions included in column 8 ▶				

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

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

Nonexempt Controlled Organizations

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

Totals

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

Table with 5 columns: 1. Description of income, 2. Amount of income, 3. Deductions directly connected (attach schedule), 4. Set-asides (attach schedule), 5. Total deductions and set-asides (col. 3 plus col. 4).

Totals

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

Table with 7 columns: 1. Description of exploited activity, 2. Gross unrelated business income from trade or business, 3. Expenses directly connected with production of unrelated business income, 4. Net income (loss) from unrelated trade or business, 5. Gross income from activity that is not unrelated business income, 6. Expenses attributable to column 5, 7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).

Totals

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

Table with 7 columns: 1. Name of periodical, 2. Gross advertising income, 3. Direct advertising costs, 4. Advertising gain or (loss) (col. 2 minus col. 3), 5. Circulation income, 6. Readership costs, 7. Excess readership costs (column 6 minus column 5, but not more than column 4).

Totals (carry to Part II, line (5))

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

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) SPLASH MAGAZINE	446,939.	476,068.	-29,129.			
(2) TV COMMERCIALS	129,500.	671,285.	-541,785.			
(3)						
(4)						
Totals from Part I. ▶						
	Enter here and on page 1, Part I, line 11, col (A).	Enter here and on page 1, Part I, line 11, col (B).				Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5) ▶	576,439.	1,147,353.				

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

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14 ▶			

SCHEDULE I - EXPLOITED EXEMPT ACTIVITY INCOME, OTHER THAN ADVERTISING INCOME

ATTACHMENT 1

<u>1.</u> <u>EXPLOITED ACTIVITY</u>	<u>2.</u> GROSS UNRELATED BUSINESS <u>INCOME</u>	<u>3.</u> EXPENSES DIRECTLY <u>CONNECTED</u>	<u>4.</u> NET INCOME OR (LOSS)	<u>5.</u> GROSS INCOME <u>FROM ACTIVITY</u>	<u>6.</u> EXPENSES ATTRIBUTABLE <u>TO COL. 5</u>	<u>7.</u> EXCESS EXEMPT <u>EXPENSES</u>
MAILING LIST SALES	11,172.	5,747.	5,425.			
COLUMN TOTALS	<u>11,172.</u>	<u>5,747.</u>				