

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization USA SWIMMING FOUNDATION, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1 OLYMPIC PLAZA City or town, state or province, country, and ZIP or foreign postal code COLORADO SPRINGS, CO 80909 F Name and address of principal officer: TIMOTHY HINCHEY SAME AS C ABOVE	D Employer identification number 72-1581977 E Telephone number 7198664578 G Gross receipts \$ 34,235,187. 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 H(c) Group exemption number ▶
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/FOUNDATION		
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: 2004 M State of legal domicile: CO

Part I Summary

1	Briefly describe the organization's mission or most significant activities: <u>SEE SCHEDULE O</u>		
2	Check this box <input type="checkbox"/> 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	12
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	12
5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	150
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
8	Contributions and grants (Part VIII, line 1h)	8	12
9	Program service revenue (Part VIII, line 2g)	9	12
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10	0
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11	150
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12	0.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	13	0.
14	Benefits paid to or for members (Part IX, column (A), line 4)	14	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	15	0.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	16a	0.
16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 460,271.	16b	0.
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	17	0.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	18	0.
19	Revenue less expenses. Subtract line 18 from line 12	19	0.
20	Total assets (Part X, line 16)	20	0.
21	Total liabilities (Part X, line 26)	21	0.
22	Net assets or fund balances. Subtract line 21 from line 20	22	0.

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 TIMOTHY HINCHEY, USA SWIMMING CEO Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name RITA F. CHRISTENSEN Preparer's signature RITA F. CHRISTENSEN Date 11/09/21 Check if self-employed <input type="checkbox"/> PTIN P00290681 Firm's name ▶ WAUGH & GOODWIN, LLP Firm's EIN ▶ 20-1766527 Firm's address ▶ 1365 GARDEN OF THE GODS, STE 150 COLORADO SPRINGS, CO 80907 Phone no. (719) 590-9777	

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission:

THE USA SWIMMING FOUNDATION SERVES AS THE PHILANTHROPIC ARM OF USA SWIMMING. ESTABLISHED IN 2004, THE FOUNDATION WORKS TO STRENGTHEN THE SPORT BY SAVING LIVES AND BUILDING CHAMPIONS -IN THE POOL AND IN LIFE. WHETHER EQUIPPING OUR CHILDREN WITH THE LIFE-SAVING SKILL OF

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

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 ☒ 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 \$ 814,949. including grants of \$ 313,842.) (Revenue \$ 573,078.)

SAVING LIVES - YOUTH LEARN TO SWIM INITIATIVE: USA SWIMMING AND THE USA SWIMMING FOUNDATION BELIEVE THAT THE BEST DEFENSE AGAINST DROWNING IS EMPOWERING CHILDREN WITH THE LIFE-SAVING SKILL OF SWIMMING AND TEACHING THEM HOW TO BE SAFER AROUND WATER. THE USA SWIMMING FOUNDATION SUPPORTS SWIM LESSON PROVIDERS ACROSS THE COUNTRY IN AN EFFORT TO PROVIDE THE OPPORTUNITY FOR EVERY CHILD IN AMERICA TO LEARN TO SWIM. WITH A NETWORK OF MORE THAN 1,500 SWIM LESSON PROVIDERS AND WATER SAFETY ADVOCATES ACROSS THE COUNTRY, USA SWIMMING AND THE USA SWIMMING FOUNDATION EDUCATE PARENTS THROUGH NATIONAL AWARENESS CAMPAIGNS, SAVE LIVES THROUGH FREE AND REDUCED-COST PROGRAMMING, AND TEACH MILLIONS OF CHILDREN THE LIFESAVING SKILL OF SWIMMING. THE USA SWIMMING FOUNDATION HAS INVESTED MORE THAN \$6.1 MILLION DOLLARS TO PROVIDE GRANTS TO

4b (Code:) (Expenses \$ 3,000,880. including grants of \$ 3,000,880.) (Revenue \$)

BUILDING CHAMPIONS - COVID-19 RELIEF PROGRAM - THE COVID-19 RELIEF PROGRAM WAS AN INITIATIVE CREATED TO SUPPORT USA SWIMMING CLUBS AND MEMBERS IMPACTED ECONOMICALLY BY THE PANDEMIC AND TO SUPPORT THE CLUBS' EVENTUAL RETURN TO THE WATER. USA SWIMMING CLUBS AND TEAMS, THE FACE OF OUR SPORT IN LOCAL COMMUNITIES, WERE CONFRONTED WITH THE SAME CHALLENGES AS ANY SMALL BUSINESS DURING THIS PANDEMIC AND NEEDED THE USA SWIMMING FOUNDATION'S SUPPORT TO PROVIDE FOR USA SWIMMING ATHLETES AND COACHES. THE THREE MILLION IN FUNDS WENT TO MORE THAN 700 USA SWIMMING MEMBER CLUBS.

4c (Code:) (Expenses \$ 946,288. including grants of \$ 822,649.) (Revenue \$)

BUILDING CHAMPIONS - NATIONAL TEAM: THE UNITED STATES IS ONE OF THE A FEW COUNTRIES WITH A GOVERNMENT THAT DOES NOT PROVIDE FUNDING FOR ITS OLYMPIC-LEVEL ATHLETES. NATIONAL TEAM SWIMMERS TRAIN UP TO FIVE HOURS A DAY, AND MAINTAIN A RIGOROUS AND DEMANDING TRAVEL SCHEDULE. THEREFORE, MOST PROFESSIONAL SWIMMERS DO NOT HAVE TIME TO MAINTAIN TRADITIONAL EMPLOYMENT. COMPETING AT THE HIGHEST LEVEL IS EXPENSIVE. TRAVEL, PHYSICAL THERAPISTS, STRENGTH TRAINERS, NUTRITIONISTS, SPORTS PSYCHOLOGISTS, AND OTHER EXPERTS ARE ESSENTIAL FOR PEAK PERFORMANCE. THE USA SWIMMING FOUNDATION PROVIDES FINANCIAL SUPPORT TO THE USA SWIMMING NATIONAL TEAM FOR THE CONTINUED GROWTH AND DEVELOPMENT OF OUR NATIONAL TEAM ATHLETES AND COACHES, WHO SET THE WORLD STANDARD FOR EXCELLENCE IN THE POOL YEAR AFTER YEAR, DECADE AFTER DECADE.

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

(Expenses \$ 128,984. including grants of \$ 60,000.) (Revenue \$)

4e Total program service expenses **4,891,101.**

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	X

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	134
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

	Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2a 0		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		
2b		
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3a		
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4a		
b If "Yes," enter the name of the foreign country		
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5a		
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5b		
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
6a		
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
6b		
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
7a		
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7c		
d If "Yes," indicate the number of Forms 8282 filed during the year		
7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7e		
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7f		
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
8		
9 Sponsoring organizations maintaining donor advised funds.		
a Did the sponsoring organization make any taxable distributions under section 4966?		
9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
9b		
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12	10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders	11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state?	13a	
Note: See the instructions for additional information the organization must report on Schedule O.		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c Enter the amount of reserves on hand	13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15	X
If "Yes," see instructions and file Form 4720, Schedule N.		
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	X
If "Yes," complete Form 4720, Schedule O.		

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 on 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

	1a	12	1b	12	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year		12		12		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.						
b Enter the number of voting members included on line 1a, above, who are independent			1b	12		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?					2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?					3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?					4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?					5	X
6 Did the organization have members or stockholders?					6	X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?					7a	X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?					7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:						
a The governing body?					8a	X
b Each committee with authority to act on behalf of the governing body?					8b	X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O					9	X

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a	X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	X
13 Did the organization have a written whistleblower policy?	13	X
14 Did the organization have a written document retention and destruction policy?	14	X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a	X
b Other officers or key employees of the organization	15b	X
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► **SEE SCHEDULE O**

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

19 Describe on 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 ►
ERIC SKUFCA - 719-866-4578
1 OLYMPIC PLAZA, COLORADO SPRINGS, CO 80909

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.
- See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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) TIM HINCHEY CHIEF EXECUTIVE OFFICER	5.00 35.00			X				0.	642,707.	63,490.
(2) ERIC SKUFCA CHIEF FINANCIAL OFFICER	5.00 35.00			X				0.	209,416.	38,301.
(3) ELIZBETH BEISEL MEMBER	4.00	X						0.	5,000.	0.
(4) CECIL GORDON CHAIRMAN OF THE BOARD	4.00 8.00	X		X				0.	0.	0.
(5) DAVID WEIDERECHT SECRETARY	4.00	X		X				0.	0.	0.
(6) MAYA ANDREWS MEMBER	4.00 8.00	X						0.	0.	0.
(7) BILL MAXSON MEMBER	4.00	X						0.	0.	0.
(8) ANNE BERRY MEMBER	4.00	X						0.	0.	0.
(9) ALEX BLAVATNIK MEMBER	4.00	X						0.	0.	0.
(10) JILL BORNSTEIN MEMBER	4.00	X						0.	0.	0.
(11) DAVID SCHACKLEY MEMBER	4.00	X						0.	0.	0.
(12) CYNTHIA EUBANKS MEMBER	4.00	X						0.	0.	0.
(13) JORDAN KAPLAN MEMBER	4.00	X						0.	0.	0.
(14) TERESA LEE MEMBER	4.00	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 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			
1b Subtotal								0.	857,123.	101,791.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								0.	857,123.	101,791.

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 **0**

	Yes	No
3 Did the organization list any former officer, director, 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
DCI GROUP AZ, LLC 1828 L STREET NW #400, WASHINGTON, DC 20036	MARKETING SERVICES	121,243.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **1**

Part VIII Statement of RevenueCheck 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	1 a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c	67,153.					
	d Related organizations	1d						
	e Government grants (contributions)	1e						
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	1,062,899.					
	g Noncash contributions included in lines 1a-1f	1g	\$ 67,153.					
	h Total. Add lines 1a-1f							1,130,052.
Program Service Revenue	2 a SPONSORSHIPS	Business Code 900099		520,750.	520,750.			
	b							
	c							
	d							
	e							
	f All other program service revenue							
	g Total. Add lines 2a-2f				520,750.			
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			379,363.			379,363.
4 Income from investment of tax-exempt bond proceeds								
5 Royalties				52,328.	52,328.			
6 a Gross rents		6a	(i) Real (ii) Personal					
b Less: rental expenses ...		6b						
c Rental income or (loss)		6c						
d Net rental income or (loss)								
7 a Gross amount from sales of assets other than inventory		7a	(i) Securities (ii) Other					
b Less: cost or other basis and sales expenses		7b						
c Gain or (loss)		7c						
d Net gain or (loss)								
8 a Gross income from fundraising events (not including \$ 67,153. of contributions reported on line 1c). See Part IV, line 18		8a	116,438.					
b Less: direct expenses		8b	90,183.					
c Net income or (loss) from fundraising events					26,255.		26,255.	
9 a Gross income from gaming activities. See Part IV, line 19		9a						
b Less: direct expenses		9b						
c Net income or (loss) from gaming activities								
10 a Gross sales of inventory, less returns and allowances		10a						
b Less: cost of goods sold	10b							
c Net income or (loss) from sales of inventory								
Miscellaneous Revenue	11 a	Business Code						
	b							
	c							
	d All other revenue							
	e Total. Add lines 11a-11d							
	12 Total revenue. See instructions				3,812,814.	573,078.	0.	2,109,684.

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 ...	4,197,371.	4,197,371.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	411,533.	149,637.	56,805.	205,091.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	35,164.	12,786.	4,854.	17,524.
9 Other employee benefits	87,951.	31,980.	12,140.	43,831.
10 Payroll taxes	30,681.	11,156.	4,235.	15,290.
11 Fees for services (nonemployees):				
a Management	200,000.	66,000.	20,000.	114,000.
b Legal	8,530.		8,530.	
c Accounting	8,200.		8,200.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	46,934.		46,934.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	448,087.	415,318.	23,241.	9,528.
12 Advertising and promotion	1,741.	557.	770.	414.
13 Office expenses	45,014.	2,393.	19,665.	22,956.
14 Information technology				
15 Royalties				
16 Occupancy	70,000.		70,000.	
17 Travel	17,084.	2,659.	5,080.	9,345.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,588.		2,588.	
23 Insurance				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a AWARDS & GIFTS	19,684.			19,684.
b CATERING & ENTERTAINMEN	2,697.	13.	326.	2,358.
c EQUIPMENT & SPACE RENTA	1,468.	679.	789.	
d VIDEO & PHOTOGRAPHY	802.	552.		250.
e All other expenses	71.		71.	
25 Total functional expenses. Add lines 1 through 24e	5,635,600.	4,891,101.	284,228.	460,271.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 98-2 (ASC 958-720)

Part X Balance SheetCheck 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	1,472,163.	1	2,376,013.
	2 Savings and temporary cash investments	9,674.	2	9,676.
	3 Pledges and grants receivable, net	1,924,499.	3	1,624,600.
	4 Accounts receivable, net	90,808.	4	155,232.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	11,737.	9	49,487.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 229,963.		
	b Less: accumulated depreciation	10b 229,963.	10c	0.
	11 Investments - publicly traded securities	19,582,216.	11	18,242,539.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	120,000.	15	120,000.
16 Total assets. Add lines 1 through 15 (must equal line 33)	23,213,685.	16	22,577,547.	
Liabilities	17 Accounts payable and accrued expenses	52,621.	17	16,387.
	18 Grants payable		18	
	19 Deferred revenue	135,740.	19	151,515.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	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	99,871.	25	1,068,919.
	26 Total liabilities. Add lines 17 through 25	288,232.	26	1,236,821.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	14,928,663.	27	12,823,291.
	28 Net assets with donor restrictions	7,996,790.	28	8,517,435.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	22,925,453.	32	21,340,726.
	33 Total liabilities and net assets/fund balances	23,213,685.	33	22,577,547.

Part XI Reconciliation of Net AssetsCheck 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	3,812,814.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,635,600.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,822,786.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	22,925,453.
5	Net unrealized gains (losses) on investments	5	238,059.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	21,340,726.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☒

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<input checked="" type="checkbox"/>
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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis	<input checked="" type="checkbox"/>	
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 on Schedule O.	<input checked="" type="checkbox"/>	
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? _____		<input checked="" type="checkbox"/>
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 on Schedule O and describe any steps taken to undergo such audits _____		

Form 990 (2020)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

USA SWIMMING FOUNDATION, INC.

Employer identification number

72-1581977

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

1

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		
USA SWIMMING, INC.	20-4264282	10	X		882,649.	
Total					882,649.	0.

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

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 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

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		
b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		

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

(Complete only if you checked the box on line 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 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

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. 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 - 2019. 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	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>	X	
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>		X
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		X
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>		
3c 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 box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		X
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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		X
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>		X
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		X
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>		X
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>		X
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>		X
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>		X
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 line 10b below.</i>		X
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 lines 11b and 11c below, the governing body of a supported organization?		X
b A family member of a person described in line 11a above?		X
c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		X

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	X	
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.		X

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 line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? 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 governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.		Yes	No
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 line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? 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 lines 3a and 3b 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? If "Yes" or "No" 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 (<i>explain in detail in Part VI</i>):		
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 0.015 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 0.035.	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 0.85 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	<input type="checkbox"/> 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	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5	
6 Other distributions (<i>describe in Part VI</i>). See instructions.	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8	
9 Distributable amount for 2020 from Section C, line 6	9	
10 Line 8 amount divided by line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Part VI

Supplemental Information.

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 B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2020

Name of the organization

USA SWIMMING FOUNDATION, INC.

Employer identification number

72-1581977

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

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

Name of organization

Employer identification number

USA SWIMMING FOUNDATION, INC.

72-1581977

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
<u>1</u>		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>		\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
USA SWIMMING FOUNDATION, INC.	72-1581977

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		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 6,005.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10		\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
USA SWIMMING FOUNDATION, INC.	72-1581977

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
<u>13</u>		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>14</u>		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>15</u>		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>16</u>		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>17</u>		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>18</u>		\$ <u>50,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
USA SWIMMING FOUNDATION, INC.	72-1581977

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		\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22		\$ 5,978.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

USA SWIMMING FOUNDATION, INC.

72-1581977

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		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26		\$ 62,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29		\$ 5,000.	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.)

Employer identification number

72-1581977

Part II

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
 	 	\$ 	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
 	 	\$ 	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
 	 	\$ 	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
 	 	\$ 	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
 	 	\$ 	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
 	 	\$ 	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
 	 	\$ 	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
 	 	\$ 	

Name of organization	Employer identification number
USA SWIMMING FOUNDATION, INC.	72-1581977

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

Use duplicate copies of Part III if additional space is needed.

(a) No. from 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
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

USA SWIMMING FOUNDATION, INC.

Employer identification number

72-1581977

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.

	(a) Donor advised funds	(b) Funds and other accounts
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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
☐ Preservation of land for public use (for example, recreation or education) ☐ Preservation of a historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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?

☐ Yes ☐ No

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)?

☐ Yes ☐ No

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.

1a If the organization elected, as permitted under FASB 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 FASB 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 on 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 FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

▶ \$

b Assets included in Form 990, Part X

▶ \$

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

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

a ☐ Public exhibition

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

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? ☐ Yes ☐ No

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? ☐ Yes ☐ No

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

	Amount
1c	
1d	
1e	
1f	

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

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.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	19,350,689.	17,623,516.	18,289,663.	15,038,958.	10,651,564.
b Contributions	25,000.		905,076.	1,864,310.	4,162,091.
c Net investment earnings, gains, and losses	1,646,179.	2,602,173.	-870,123.	1,962,645.	643,904.
d Grants or scholarships	3,726,250.	875,000.	701,100.	576,250.	418,601.
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	17,295,618.	19,350,689.	17,623,516.	18,289,663.	15,038,958.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ☒ 67.1882 %

b Permanent endowment ☒ 32.8118 %

c Term endowment ☐ %

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

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐

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.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		6,087.	6,087.	0.
e Other		223,876.	223,876.	0.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				0.

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.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

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.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO USA SWIMMING, INC	497,497.
(3) PAYROLL DUE TO USA SWIMMING, INC	571,422.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	1,068,919.

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	4,419,415.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	238,059.
b	Donated services and use of facilities	2b	392,446.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	23,030.
e	Add lines 2a through 2d	2e	653,535.
3	Subtract line 2e from line 1	3	3,765,880.
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	46,934.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	46,934.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	3,812,814.

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	6,004,142.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	392,446.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	23,030.
e	Add lines 2a through 2d	2e	415,476.
3	Subtract line 2e from line 1	3	5,588,666.
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	46,934.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	46,934.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	5,635,600.

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.

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 LEARN TO SWIM PROGRAMS.

PART X, LINE 2:

THE FOUNDATION QUALIFIES AS A TAX-EXEMPT ORGANIZATION UNDER SECTION

501(C)(3) OF THE INTERNAL REVENUE CODE AND, ACCORDINGLY, IS NOT SUBJECT TO

FEDERAL INCOME TAX. ACCORDINGLY, NO INCOME TAX PROVISION HAS BEEN

RECORDED.

THE FOUNDATION'S FORM 990, RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX,

Part XIII Supplemental Information *(continued)*

IS SUBJECT TO EXAMINATION BY VARIOUS TAXING AUTHORITIES, GENERALLY FOR
THREE YEARS AFTER THE DATE FILED. MANAGEMENT OF THE FOUNDATION BELIEVES
THAT IT DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE
FINANCIAL STATEMENTS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES REPORTED NET OF REVENUE 23,030.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES REPORTED NET OF REVENUE 23,030.

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

USA SWIMMING FOUNDATION, INC.

Employer identification number

72-1581977

Part I

Fundraising Activities.

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

- e ☐ Solicitation of non-government grants

- b** ☐ Internet and email solicitations

- f** ☐ Solicitation of government grants

- c** ☐ Phone solicitations

- g** ☐ Special fundraising events

- d** ☐ In-person solicitations

- 2 a** 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			
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 SILENT AUCTION	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	183,591.			183,591.
	2 Less: Contributions	67,153.			67,153.
	3 Gross income (line 1 minus line 2)	116,438.			116,438.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	67,153.			67,153.
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	23,030.			23,030.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				90,183.
11 Net income summary. Subtract line 10 from line 3, column (d)				26,255.	

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 ► _____

- 15a** 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 explanations 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.

[illegible]

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization

USA SWIMMING FOUNDATION, INC.

Employer identification number

72-1581977

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ **Yes** ☐ **No**

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

Part II Grants and Other Assistance to 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
USA SWIMMING INC 1 OLYMPIC PLAZA COLORADO SPRINGS, CO 80909	20-4264282	501(C)(3)	882,649.	0.			NATIONAL TEAM AND CLUB DEVELOPMENT
HARRIS COUNTY PRECINCT 1 STREET OLYMPICS INC. - 2727 EL CAMINO - HOUSTON, TX 77054	76-0227692	501(C)(3)	41,600.	0.			LEARN TO SWIM
YMCA OF GREATER HOUSTON 2600 N LOOP WEST, STE. 300 HOUSTON, TX 77573	74-1109737	501(C)(3)	30,600.	0.			LEARN TO SWIM
ANDERSON BARRACUDAS 8108 CLOUGH PIKE CINCINNATI, OH 45244	31-0537178	501(C)(3)	22,725.	0.			CLUB RELIEF
YMCA OF CHICAGO 1030 W VAN BUREN ST. CHICAGO, IL 60607	36-2179782	501(C)(3)	21,000.	0.			LEARN TO SWIM & CLUB RELIEF
YMCA GREATER TWIN CITIES 651 NICOLLET MALL, STE. 500 MINNEAPOLIS, MN 55402	45-2563299	501(C)(3)	20,000.	0.			LEARN TO SWIM

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

290.

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

62.

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

Schedule I (Form 990) 2020

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
CITY OF JERSEY CITY 280 GROVE ST. JERSEY CITY, NJ 07302	22-6002013	GOVERNMENT	15,000.	0.			LEARN TO SWIM
YMCA OF GREATER KANSAS CITY 3100 BROADWAY STE. 1020 KANSAS CITY, MO 64111	44-0546002	501(C)(3)	15,000.	0.			LEARN TO SWIM
NORTHERN NEVADA AQUATICS 1135 TERMINAL WAY #106 RENO, NV 89502	27-1735251	501(C)(3)	13,675.	0.			CLUB RELIEF
GATOR SWIM CLUB 13721 NW 10TH PLACE NEWBERRY, FL 32669	20-0469415	501(C)(3)	13,000.	0.			CLUB RELIEF
BRANDYWINE YMCA 1 E CHESTNUT STREET WEST CHESTER, PA 19380	23-1365994	501(C)(3)	12,875.	0.			CLUB RELIEF
BOYS AND GIRLS CLUB OF DEEP E TEXAS - PO BOX 631345 - NACOGDOCHES, TX 75963	75-2254579	501(C)(3)	12,125.	0.			LEARN TO SWIM & CLUB RELIEF
BERKELEY AQUATIC CLUB 629 CENTRAL AVE NEW PROVIDENCE, NJ 07974	22-2572561		11,825.	0.			CLUB RELIEF
YMCA OF GREATER SAN ANTONIO 231 E RHAPSODY SAN ANTONIO, TX 78216	74-1109634	501(C)(3)	10,026.	0.			LEARN TO SWIM
SOUTH SHORE YMCA 141 LONGWATER DR. STE. 110 NORWELL, MA 02061	04-2105881	501(C)(3)	10,000.	0.			LEARN TO SWIM

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
YMCA OF MADISON NEW JERSEY 111 KINGS RD MADISON, NJ 07940	22-1487385	501(C)(3)	10,000.	0.			LEARN TO SWIM & CLUB RELIEF
BOYS AND GIRLS CLUB OF METRO SOUTH 233 WARREN AVE. BROKTON, MA 02301	22-2963214	501(C)(3)	10,000.	0.			LEARN TO SWIM
GREATER HOLYOKE YMCA 171 PINE ST. HOLYOKE, MA 01040	04-2192693	501(C)(3)	9,782.	0.			LEARN TO SWIM & CLUB RELIEF
YMCA OF CENTRAL MASS 766 MAIN ST. WORCESTER, MA 01610	04-2105885	501(C)(3)	9,500.	0.			LEARN TO SWIM & CLUB RELIEF
PALM DESERT SWIM CLUB PO BOX 10654 PALM DESERT, CA 92255	09-0914432	501(C)(3)	8,750.	0.			CLUB RELIEF
VICTOR SWIM CLUB PO BOX 293 VICTOR, NY 14564	16-1363811	501(C)(3)	8,750.	0.			CLUB RELIEF
QUEST SWIMMING 6800 DEER RUN DRIVE MIDLOTHIAN, VA 23112	20-0294738		8,750.	0.			CLUB RELIEF
CONCORD SWIM CLUB 2923 WOODMONT DR SOUTH BEND, IN 46614	20-0383516	501(C)(3)	8,750.	0.			CLUB RELIEF
LAKEWOOD RANCH SWIM ASSOCIATION 11523 PALM BRUSH TRAIL LAKEWOOD RANCH, FL 34202	20-1516055	501(C)(3)	8,750.	0.			CLUB RELIEF

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
CONDORS SWIM CLUB 115 N MAIN STREET NEW CITY, NY 10956	20-1600660	501(C)(3)	8,750.	0.			CLUB RELIEF
FISHERS AREA SWIMMING TIGERS PO BOX 453 FISHERS, IN 46038	20-5273324		8,750.	0.			CLUB RELIEF
SWIM CHARLESTON 1150 HUNGRYNECK BLVD STE C PMB 202 MOUNT PLEASANT, SC 29464	30-0921669	501(C)(3)	8,750.	0.			CLUB RELIEF
BOWLING GREEN SWIM CLUB PO BOX 793 BOWLING GREEN, OH 43402	34-1424472	501(C)(3)	8,750.	0.			CLUB RELIEF
FIRESTONE AKRON SWIM TEAM 470 CASTLE BLVD AKRON, OH 44313	34-1892460	501(C)(3)	8,750.	0.			CLUB RELIEF
NOBLESVILLE SWIM CLUB PO BOX 378 NOBLESVILLE, IN 46061	35-1982869	501(C)(3)	8,750.	0.			CLUB RELIEF
NEW BERLIN SWIM CLUB PO BOX 510253 NEW BERLIN, WI 53151	39-1151182	501(C)(3)	8,750.	0.			CLUB RELIEF
MINNEAPOLIS YWCA OTTERS 1130 NICOLLET MALL MINNEAPOLIS, MN 55403	41-0693891	501(C)(3)	8,750.	0.			CLUB RELIEF
MACR SHARKS 207 7TH AVENUE SE CEDAR RAPIDS, IA 52401	42-0680306	501(C)(3)	8,750.	0.			CLUB RELIEF

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
DUBUQUE AREA SWIMMIN' HURRICANES PO BOX 1062 DUBUQUE, IA 52004	42-1373861	501(C)(3)	8,750.	0.			CLUB RELIEF
QUICKSILVER SWIMMING P.O. BOX 36205 SAN JOSE, CA 95158	45-3142323	501(C)(3)	8,750.	0.			CLUB RELIEF
PIRANHA AQUATICS PO BOX 1006 SALEM, OH 44460	45-3175476	501(C)(3)	8,750.	0.			CLUB RELIEF
NAVAL ACADEMY AQUATIC CLUB 17 EAST NAP LANE ANNAPOLIS, MD 21409	45-8935759	501(C)(3)	8,750.	0.			CLUB RELIEF
ENFINITY AQUATIC CLUB 718 CHESTNUT ST WINSTON SALEM, NC 27101	46-1712220		8,750.	0.			CLUB RELIEF
NORTHERN TRIBS SWIMMING 3 GARVIN AVENUE APARTMENT 4 MASSENA, NY 13662	46-5284183	501(C)(3)	8,750.	0.			CLUB RELIEF
VANDAL AQUATIC CLUB 643 NORTH GARFIELD STREET MOSCOW, ID 83843	47-1063303		8,750.	0.			CLUB RELIEF
ST. BERNARD SWIM CLUB 1706 MEHLE ST ARABI, LA 70032	47-1457195	501(C)(3)	8,750.	0.			CLUB RELIEF
PEORIA AREA WATER WIZARDS 415 W RICHMOND AVE PEORIA, IL 61604	47-2411539	501(C)(3)	8,750.	0.			CLUB RELIEF

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
MADISON AQUATIC CLUB 6614 JACOBS WAY MADISON, WI 53711	47-3168277		8,750.	0.			CLUB RELIEF
757 SWIM PO BOX 6641 WILLIAMSBURG, VA 23188	47-5004484	501(C)(3)	8,750.	0.			CLUB RELIEF
HANOVER AQUATICS 9120 BURKWOOD CLUB DRIVE MECHANICSVILLE, VA 23116	54-1763158	501(C)(3)	8,750.	0.			CLUB RELIEF
EAST CAROLINA AQUATICS 2865 CHARLES BLVD GREENVILLE, NC 27858	56-1816657	501(C)(3)	8,750.	0.			CLUB RELIEF
NORTH CAROLINA AQUATIC CLUB 1001 STAFFIELD LANE CHAPEL HILL, NC 27516	56-1830447	501(C)(3)	8,750.	0.			CLUB RELIEF
SANDHILLS SANDSHARKS 260 N RIDGE ST SOUTHERN PINES, NC 28387	56-1838975	501(C)(3)	8,750.	0.			CLUB RELIEF
HURRICANE AQUATICS 5821 SAN AMARO DR CORAL GABLES, FL 33143	65-1189724	501(C)(3)	8,750.	0.			CLUB RELIEF
TRUCKEE TAHOE SWIM TEAM P.O. BOX 9122 TRUCKEE, CA 96162	68-0384647	501(C)(3)	8,750.	0.			CLUB RELIEF
FORT COLLINS AREA SWIM TEAM PO BOX 272411 FORT COLLINS, CO 80527	74-2469145	501(C)(3)	8,750.	0.			CLUB RELIEF

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FAIRFAX FOXES SWIMMING 7932 ELLET ROAD SPRINGFIELD, VA 22151	81-1022431		8,750.	0.			CLUB RELIEF
TAMPA BAY AQUATIC CLUB 819 S OREGON AVE TAMPA, FL 33606	82-4990357		8,750.	0.			CLUB RELIEF
SMOKY MOUNTAIN AQUATIC CLUB 210 RICHLAND ST ASHEVILLE, NC 28806	82-5077258	501(C)(3)	8,750.	0.			CLUB RELIEF
SAN DIEGO SEAPORT AQUATICS 5037 LOTUS ST SAN DIEGO, CA 92107	83-1175377		8,750.	0.			CLUB RELIEF
BOULDER SWIM TEAM PO BOX 1108 BOULDER, CO 80306	84-1366535	501(C)(3)	8,750.	0.			CLUB RELIEF
FLAGSTAFF SNOW SHARKS 508 W WULFENITE RD FLAGSTAFF, AZ 86005-6835	86-0361714	501(C)(3)	8,750.	0.			CLUB RELIEF
BARANOF BARRACUDAS SWIM CLUB PO BOX 2464 SITKA, AK 99835	92-0079754	501(C)(3)	8,750.	0.			CLUB RELIEF
REDDING SWIM CLUB INC. P.O. BOX 992112 REDDING, CA 96099-2112	94-1609475	501(C)(3)	8,750.	0.			CLUB RELIEF
INDIANA SWIM CLUB PO BOX 2266 BLOOMINGTON, IN 47402	23-7364661	501(C)(3)	8,440.	0.			CLUB RELIEF

Schedule I (Form 990)

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ROCKBRIDGE STORM SWIM TEAM 323 OLD FARM ROAD LEXINGTON, VA 24450	20-3495117	501(C)(3)	8,250.	0.			CLUB RELIEF
BOZEMAN BARRACUDAS SWIM CLUB PO BOX 804 BOZEMAN, MT 59771	81-0365289	501(C)(3)	8,250.	0.			CLUB RELIEF
YMCA OF GEORGIA'S PIEDMONT 50 BRAD AKINS DR. WINDER, GA 30680	20-1759275	501(C)(3)	8,200.	0.			LEARN TO SWIM & CLUB RELIEF
UNIVERSITY CITY SWIM CLUB 529 MIDVALE AVE SAINT LOUIS, MO 63130	43-1522636	501(C)(3)	8,113.	0.			CLUB RELIEF
NORTH SHORE SWIM CLUB 19 FENLEY RD GLOUCESTER, MA 01930	04-3300042	501(C)(3)	7,925.	0.			CLUB RELIEF
PIRANHA SWIM TEAM AT DARIEN YMCA 2420 POST ROAD DARIEN, CT 06820	06-0859795	501(C)(3)	7,925.	0.			CLUB RELIEF
SEA DRAGONS SWIM CLUB PO BOX 112 PENFIELD, NY 14526	13-3447185	501(C)(3)	7,925.	0.			CLUB RELIEF
TAC TITANS 275 CONVENTION DRIVE CARY, NC 27511	14-1839387	501(C)(3)	7,925.	0.			CLUB RELIEF
STAR SWIMMING 85 CENTRAL AVE HAMBURG, NY 14075	16-1113624	501(C)(3)	7,925.	0.			CLUB RELIEF

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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BUFFALO AREA AQUATIC CLUB 2655 MILLERSPORT HWY, UNIT 425 GETZVILLE, NY 14068	16-1468410	501(C)(3)	7,925.	0.			CLUB RELIEF
RIPTIDE AQUATICS 819 NW AUTUMN LANE LEE'S SUMMIT, MO 64081	20-2892760	501(C)(3)	7,925.	0.			CLUB RELIEF
SWIM TORRANCE 21515 HAWTHORNE BLVD. SUITE 200 TORRANCE, CA 90503	20-4486267	501(C)(3)	7,925.	0.			CLUB RELIEF
WEBSTER BLUEFINS 1112 CANOPY TRAIL WEBSTER, NY 14580	20-5017887	501(C)(3)	7,925.	0.			CLUB RELIEF
CAPE COD FIREFISH 5 MORNINGSIDE LANE SANDWICH, MA 02563	20-8021764	501(C)(3)	7,925.	0.			CLUB RELIEF
FAIRPORT AREA SWIM TEAM PO BOX 81 FAIRPORT, NY 14450	22-2563710	501(C)(3)	7,925.	0.			CLUB RELIEF
BLUE WAVE AQUATICS PO BOX 1226 CHERRY HILL, NJ 08034	22-3276019	501(C)(3)	7,925.	0.			CLUB RELIEF
PARKLAND AQUATIC CLUB #1 TEKPARC/SUITE 120, 9999 HAMILTON BLVD - BREINIGSVILLE, PA 18031	23-2612389	501(C)(3)	7,925.	0.			CLUB RELIEF
CONEJO SIMI SWIM CLUB P.O. BOX 1819 THOUSAND OAKS, CA 91358	23-7335410	501(C)(3)	7,925.	0.			CLUB RELIEF

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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POCONO FAMILY YMCA 809 MAIN ST STROUDSBURG, PA 18360	24-0795519	501(C)(3)	7,925.	0.			CLUB RELIEF
SWIM NEPTUNE 4848 E. CACTUS #505-208 SCOTTSDALE, AZ 85254	26-0259748		7,925.	0.			CLUB RELIEF
MASON MAKOS SWIM TEAM PO BOX 168 CLIFTON, VA 20124	26-0324075		7,925.	0.			CLUB RELIEF
GREATER PHILADELPHIA AQUATIC CLUB PO BOX 293 SEWELL, NJ 08080	26-3443989	501(C)(3)	7,925.	0.			CLUB RELIEF
PHOENIX SWIM CLUB 3901 E. STANFORD DR. PARADISE VALLEY, AZ 85253	26-3947133	501(C)(3)	7,925.	0.			CLUB RELIEF
VALLEY AQUATICS 27435 MAPLE RIDGE WAY SE MAPLE VALLEY, WA 98038	27-7990379		7,925.	0.			CLUB RELIEF
DAYTON RAIDERS 560 GRANGE HALL RD BEAVERCREEK, OH 45430	31-1443137	501(C)(3)	7,925.	0.			CLUB RELIEF
NORTH COAST AQUATICS SUITE 108A #317 300 CARLSBAD VILLAGE CARLSBAD, CA 92008	33-0943865	501(C)(3)	7,925.	0.			CLUB RELIEF
SCHROEDER SWIM TEAM 9240 N GREEN BAY RD BROWN DEER, WI 53209	33-1195220	501(C)(3)	7,925.	0.			CLUB RELIEF

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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LAKE ERIE SILVER DOLPHINS PO BOX 8002 GATES MILLS, OH 44040	34-0714427	501(C)(3)	7,925.	0.			CLUB RELIEF
LA PORTE COMMUNITY TURBOS SWIM CLUB - PO BOX 415 - LAPORTE, IN 46352	35-1891024	501(C)(3)	7,925.	0.			CLUB RELIEF
YORKTOWN SWIM CLUB PO BOX 58 YORKTOWN, IN 47396	35-1905775	501(C)(3)	7,925.	0.			CLUB RELIEF
JOLIET JETS 749 HOUBOLT ROAD JOLIET, IL 60431	36-2169197	501(C)(3)	7,925.	0.			CLUB RELIEF
OAK FOREST SWIM ASSOCIATION PO BOX 1018 OAK FOREST, IL 60452	36-4374190	501(C)(3)	7,925.	0.			CLUB RELIEF
SOUTHEASTERN AQUATICS 3210 96TH ST STURTEVANT, WI 53177	39-1580537	501(C)(3)	7,925.	0.			CLUB RELIEF
PLEASANT PRAIRIE PATRIOTS SWIM TEAM - 9915 39TH AVENUE - PLEASANT PRAIRIE, WI 53158	39-6006058	501(C)(3)	7,925.	0.			CLUB RELIEF
PIRAHNAS SWIM CLUB PO BOX 23539 RICHFIELD, MN 55423	41-1650494	501(C)(3)	7,925.	0.			CLUB RELIEF
ROCHESTER SWIM CLUB PO BOX 7796 ROCHESTER, MN 55903	41-1965153	501(C)(3)	7,925.	0.			CLUB RELIEF

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GREAT WOLF SWIM TEAM 7218 ALDRICH CT N BROOKLYN CENTER, MN 55430	41-2124917	501(C)(3)	7,925.	0.			CLUB RELIEF
CENTRAL IOWA AQUATICS 6770 RIVER BEND DR JOHNSTON, IA 50131	42-1443780	501(C)(3)	7,925.	0.			CLUB RELIEF
COLUMBIA SWIM CLUB PO BOX 269 COLUMBIA, MO 65205	43-0829313	501(C)(3)	7,925.	0.			CLUB RELIEF
CCSC 964 ATHANIA PKWY METAIRIE, LA 70001	43-5493618		7,925.	0.			CLUB RELIEF
SYRACUSE CHARGERS 5858 E MOLLOY RD SUITE 104 SYRACUSE, NY 13211	46-1649392	501(C)(3)	7,925.	0.			CLUB RELIEF
MANTA RAY AQUATICS 125 SHADOW GLEN CT. EL CAJON, CA 92019	46-1807794	501(C)(3)	7,925.	0.			CLUB RELIEF
SARASOTA TSUNAMI SWIM TEAM 5123 KESTRAL PARK PLACE SARASOTA, FL 34231	46-4112757	501(C)(3)	7,925.	0.			CLUB RELIEF
SOLO AQUATICS 22 HANOVER STREET HAVERHILL, MA 01832	47-4823731		7,925.	0.			CLUB RELIEF
CRIMSON AQUATICS 44 NEWELL DRIVE CUMBERLAND, RI 02864	47-5151340		7,925.	0.			CLUB RELIEF

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POSEIDON SWIMMING 10800 CENTER VIEW DR NORTH CHESTERFIELD, VA 23235	54-1509037	501(C)(3)	7,925.	0.			CLUB RELIEF
GREENSBORO SWIMMING ASSOCIATION PO BOX 10085 GREENSBORO, NC 27404	56-0766206	501(C)(3)	7,925.	0.			CLUB RELIEF
HIGH POINT SWIM CLUB PO BOX 5815 HIGH POINT, NC 27262	56-6060981	501(C)(3)	7,925.	0.			CLUB RELIEF
Y-SPARTAQUATICS SWIM CLUB 151 RIBAUT ST. SPARTANBURG, SC 29302	57-0314425	501(C)(3)	7,925.	0.			CLUB RELIEF
COLUMBUS AQUATIC CLUB 1515 18TH AVE COLUMBUS, GA 31901	58-1403010	501(C)(3)	7,925.	0.			CLUB RELIEF
CHATTAHOOCHEE GOLD SWIM CLUB PO BOX 387 WOODSTOCK, GA 30188	58-2015341		7,925.	0.			CLUB RELIEF
NORTHERN KENTUCKY CLIPPERS 301 KENTON LANDS ROAD ERLANGER, KY 41018	61-1345484	501(C)(3)	7,925.	0.			CLUB RELIEF
GOSHEN SWIMMING P.O. BOX 1303 GOSHEN, IN 46526	61-1564721	501(C)(3)	7,925.	0.			CLUB RELIEF
CORAL SPRINGS SWIM CLUB 12441 ROYAL PALM BLVD CORAL SPRINGS, FL 33065	65-0988367	501(C)(3)	7,925.	0.			CLUB RELIEF

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CITY OF PLANO SWIMMERS 2925 W. 15TH STREET PLANO, TX 75075	75-1815867	501(C)(3)	7,925.	0.			CLUB RELIEF
US AQUATICS CLUB 1803 QUEEN ANNE CT ATLANTA, GA 30350	81-3372178		7,925.	0.			CLUB RELIEF
NSEA SWIM 6229 RIPTIDE DR WILMINGTON, NC 28403	83-3450312	501(C)(3)	7,925.	0.			CLUB RELIEF
VANCOUVER SWIM CLUB 11203 NE 96TH ST VANCOUVER, WA 98662	91-1100086	501(C)(3)	7,925.	0.			CLUB RELIEF
WAVE AQUATICS PO BOX 2953 KIRKLAND, WA 98083	91-1386855	501(C)(3)	7,925.	0.			CLUB RELIEF
SOUTH SNOHOMISH COUNTY DOLPHINS 10801 HARBOUR POINTE BLVD MUKILTEO, WA 98275	91-1734295	501(C)(3)	7,925.	0.			CLUB RELIEF
SAN BENITO AQUATICS PO BOX 464 HOLLISTER, CA 95024	94-2463442	501(C)(3)	7,925.	0.			CLUB RELIEF
TEAM EUGENE AQUATICS PO BOX 50404 EUGENE, OR 97405	94-3132094	501(C)(3)	7,925.	0.			CLUB RELIEF
BUENAVENTURA SWIM CLUB PO BOX 3934 VENTURA, CA 93006	95-2553752	501(C)(3)	7,925.	0.			CLUB RELIEF

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SOUTH BAY AQUATICS 2220 OTAY LAKES ROAD, STE 502-755 CHULA VISTA, CA 91915	95-2563497	501(C)(3)	7,925.	0.			CLUB RELIEF
STORM AQUATICS PO BOX 171 LAKE STEVENS, WA 98258	48-1254044	501(C)(3)	7,768.	0.			CLUB RELIEF
FALLBROOK ASSOCIATED SWIM TEAM 1335 VIA DEL ORO FALLBROOK, CA 92028	33-0522173	501(C)(3)	7,750.	0.			CLUB RELIEF
SWIM BEYOND LLC 482 PRINCETON WAY NE ATLANTA, GA 30307	81-1301017		7,700.	0.			LEARN TO SWIM
UCD AQUAMONSTERS 3018 CAMPBELL PLACE DAVIS, CA 95618	55-0895554	501(C)(3)	7,520.	0.			CLUB RELIEF
CARDINAL AQUATICS 13415 KRISTEN LEIGH CT. LOUISVILLE, KY 40299	35-1993318	501(C)(3)	7,500.	0.			CLUB RELIEF
BROOKLYN COMMUNITY CENTER 6301 SHINGLE CREEK PKWY BROOKLYN CENTER, MN 55430	41-6005011	GOVERNMENT	7,500.	0.			LEARN TO SWIM
NOVA OF VIRGINIA AQUATICS 12207 GAYTON ROAD RICHMOND, VA 23238	54-1427388	501(C)(3)	7,465.	0.			CLUB RELIEF
TEAM VORTEX SWIM CLUB PO BOX 249 FORT COLLINS, CO 80522	84-1460935	501(C)(3)	7,425.	0.			CLUB RELIEF

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KANSAS CITY BLAZERS 6501 ANTIOCH RD SHAWNEE MISSION, KS 66202	48-0856759	501(C)(3)	7,250.	0.			CLUB RELIEF
BELMONT AQUATIC CLUB PO BOX 294 BELMONT, MA 02478	04-2730190	501(C)(3)	6,875.	0.			CLUB RELIEF
UPPER DUBLIN AQUATIC CLUB PO BOX 52 FORT WASHINGTON, PA 19034	23-2923027	501(C)(3)	6,875.	0.			CLUB RELIEF
WASATCH FRONT FISH MARKET 7601 S. SIESTA HILLS CT SANDY, UT 84093	26-2607567		6,875.	0.			CLUB RELIEF
HOWARD COUNTY AQUATICS PO BOX 6672 KOKOMO, IN 46904	26-3500352	501(C)(3)	6,875.	0.			CLUB RELIEF
SUBURBAN SEAHAWKS 3615 GRADYVILLE ROAD NEWTOWN SQUARE, PA 19073	26-4129315	501(C)(3)	6,875.	0.			CLUB RELIEF
SOUTH FLORIDA AQUATIC CLUB 1273 SW 167TH AVE PEMBROKE PINES, FL 33027	27-2106731		6,875.	0.			CLUB RELIEF
PATUXENT AQUATICS CLUB 414 FOREST BRIDGE CT LAUREL, MD 20724	27-4735808		6,875.	0.			CLUB RELIEF
TEMECULA SWIM CLUB PO BOX 891612 TEMECULA, CA 92589	33-9539761	501(C)(3)	6,875.	0.			CLUB RELIEF

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GREAT ILLINOIS SWIM ASSOCIATION PO BOX 54 TINLEY PARK, IL 60477	36-3609813	501(C)(3)	6,875.	0.			CLUB RELIEF
HOMWOOD FLOSSMOOR SWIM CLUB PO BOX 4 FLOSSMOOR, IL 60422	36-3854613	501(C)(3)	6,875.	0.			CLUB RELIEF
WAUKESHA EXPRESS SWIM TEAM PO BOX 1874 WAUKESHA, WI 53187	39-1368110	501(C)(3)	6,875.	0.			CLUB RELIEF
GREATER DES MOINES YMCA 501 GRAND AVE DES MOINES, IA 50309	42-0680438	501(C)(3)	6,875.	0.			CLUB RELIEF
SHAMROCK SWIM CLUB 2 ARNOLD MILLS RD N. ATTLEBORO, MA 02761	45-2606957		6,875.	0.			CLUB RELIEF
DUNELAND SWIM CLUB PO BOX 2748 CHESTERTON, IN 46304	45-3519710	501(C)(3)	6,875.	0.			CLUB RELIEF
TRI WEST SWIM CLUB 2660 W COUNTY ROAD 775 N LIZTON, IN 46149	45-4979078	501(C)(3)	6,875.	0.			CLUB RELIEF
SPRING SWIM TEAM 1722 SUNGAIL DR SPRING, TX 77386	46-0628332		6,875.	0.			CLUB RELIEF
FAIRMONT AREA SWIM TEAM 1812 COUNTRY CLUB ROAD FAIRMONT, WV 26554	47-2368567	501(C)(3)	6,875.	0.			CLUB RELIEF

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LAWRENCE AQUAHAWKS 1901 W 31ST ST LAWRENCE, KS 66046	48-0974226	501(C)(3)	6,875.	0.			CLUB RELIEF
THE FISH 1340 OLD CHAIN BRIDGE RD MC LEAN, VA 22101	54-1813816	501(C)(3)	6,875.	0.			CLUB RELIEF
FORT BELVOIR SWIM TEAM PO BOX 6445 ALEXANDRIA, VA 22306	54-2004371	501(C)(3)	6,875.	0.			CLUB RELIEF
UPPER PALMETTO YMCA RAY 151 S OAKLAND AVE ROCK HILL, SC 29730	57-0335422	501(C)(3)	6,875.	0.			CLUB RELIEF
COR SWIM TEAM 316 LADYFERN WAY GARLAND, TX 75040	75-2032615	501(C)(3)	6,875.	0.			CLUB RELIEF
METROPLEX AQUATICS 1314 W MCDERMOTT DR SUITE 106 #521 ALLEN, TX 75013	75-2391689	501(C)(3)	6,875.	0.			CLUB RELIEF
CHINO HILLS AQUATICS 11018 MAPLEFIELD ST SOUTH EL MONTE, CA 91733	81-0909629	501(C)(3)	6,875.	0.			CLUB RELIEF
RACER X AQUATICS 920 CENTER AVE ASPINWALL, PA 15215	81-3685546		6,875.	0.			CLUB RELIEF
QUICKSILVER SANTA CRUZ: SEPARATE, BUT ASSOCIATED WITH QUICKSILVER SWIMMING - 325 SOQUEL AVE. - SANTA CRUZ, CA 95062	82-3258212	501(C)(3)	6,875.	0.			CLUB RELIEF

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
KING AQUATIC CLUB 26719 19TH AVENUE S DES MOINES, WA 98198	83-0715425		6,875.	0.			CLUB RELIEF
LOVELAND SWIM CLUB PO BOX 2470 LOVELAND, CO 80539	84-0722688	501(C)(3)	6,875.	0.			CLUB RELIEF
ACES SWIM CLUB 7101 S HUDSON CIRCLE CENTENNIAL, CO 80122	84-1603312	501(C)(3)	6,875.	0.			CLUB RELIEF
SEDONA SWIM TEAM 2155 W. STATE ROUTE 89A, SUITE 207 SEDONA, AZ 86336	86-0738085	501(C)(3)	6,875.	0.			CLUB RELIEF
WEST HARTFORD AQUATIC TEAM 113 BALLARD DRIVE WEST HARTFORD, CT 06119	90-0580307	501(C)(3)	6,875.	0.			CLUB RELIEF
CHEHALEM SWIM TEAM PO BOX 1173 NEWBERG, OR 97132	93-1249676	501(C)(3)	6,875.	0.			CLUB RELIEF
CLOVIS SWIM CLUB 1690 DAVID E. COOK WAY CLOVIS, CA 93611	94-2840774	501(C)(3)	6,875.	0.			CLUB RELIEF
BOYS & GIRLS CLUBS OF SAN DIEGUITO PO BOX 230520 ENCINITAS, CA 92023	95-2470435	501(C)(3)	6,875.	0.			CLUB RELIEF
WARNER ROBINS AQUANAUTS PO BOX 8048 WARNER ROBINS, GA 31095	58-1283849	501(C)(3)	6,750.	0.			CLUB RELIEF

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MISSISSIPPI GULF COAST YMCA 1810 GOVERNMENT ST. OCEAN SPRINGS, MS 39564	64-0584648	501(C)(3)	6,750.	0.			LEARN TO SWIM
SPOKANE WAVES AQUATIC TEAM PO BOX 28066 SPOKANE, WA 99228	91-1741641	501(C)(3)	6,750.	0.			CLUB RELIEF
MCMINNVILLE SWIM CLUB BOX 314 MCMINNVILLE, OR 97128	93-0778179	501(C)(3)	6,187.	0.			CLUB RELIEF
HUNTERDON COUNTY YMCA 1410 ROUTE 22 W ANNANDALE, NJ 08801	22-1524183	501(C)(3)	6,100.	0.			LEARN TO SWIM & CLUB RELIEF
GWINNETT AQUATICS 1436 BENNING PLACE NE ATLANTA, GA 30307	55-0872996	501(C)(3)	6,075.	0.			CLUB RELIEF
CRIMSON AQUATICS - ANDOVER PO BOX 190 DOVER, MA 02030	13-2665743		6,000.	0.			CLUB RELIEF
STORM AQUATICS 77 KENSICO DRIVE MOUNT KISCO, NY 10549	13-2704066	501(C)(3)	6,000.	0.			CLUB RELIEF
ORCA SWIM CLUB 2201 STRAHLE STREET, APT. D-202 PHILADELPHIA, PA 19152	20-2781965		6,000.	0.			CLUB RELIEF
BLUEFISH SWIM CLUB PO BOX 726 ATTLEBORO, MA 02703	20-3358183	501(C)(3)	6,000.	0.			CLUB RELIEF

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MEMPHIS THUNDER AQUATIC CLUB 1880 WOLF RIVER BLVD COLLIERSVILLE, TN 38017	20-3940477	501(C)(3)	6,000.	0.			CLUB RELIEF
HERSHEY AQUATIC CLUB PO BOX 217 HERSHEY, PA 17033	23-2170454	501(C)(3)	6,000.	0.			CLUB RELIEF
PLANET SWIM AQUATICS 272 ALTA MAR DR PONTE VEDRA BEACH, FL 32082	27-1295923		6,000.	0.			CLUB RELIEF
PENGUIN SWIM CLUB 255 GRISWOLD DRIVE BOARDMAN, OH 44512	34-1871272	501(C)(3)	6,000.	0.			CLUB RELIEF
ALLIGATOR AQUATICS 335 S EVANSTON AVE ARLINGTON HEIGHTS, IL 60004	36-3254039	501(C)(3)	6,000.	0.			CLUB RELIEF
FLINT Y FALCONS 2150 FOX HILL DR GRAND BLANC, MI 48439	38-1358056	501(C)(3)	6,000.	0.			CLUB RELIEF
OZAUKEE AQUATICS 2444 DOVE COURT CEDARBURG, WI 53012	39-1764175	501(C)(3)	6,000.	0.			CLUB RELIEF
NEW HOPE CRYSTAL PLYMOUTH SWIM CLUB - PO BOX 421014 - PLYMOUTH, MN 55442	41-1484010	501(C)(3)	6,000.	0.			CLUB RELIEF
AQUARACERS SWIM CLUB 139 HICKORY LANE CLOSTER, NJ 07624	46-2425184		6,000.	0.			CLUB RELIEF

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TWINBURG COMPETITIVE AQUATICS TEAM 576 BROOKPOINTE CIR NORTHFIELD, OH 44067	46-4057599		6,000.	0.			CLUB RELIEF
SOUTH JERSEY AQUATIC CLUB 333 PRESTON AVE, STE 1 VOORHEES, NJ 08043	47-3425705	501(C)(3)	6,000.	0.			CLUB RELIEF
FREEDOM AQUATICS 70 ARCHWOOD AVE STATEN ISLAND, NY 10312	47-4871015	501(C)(3)	6,000.	0.			CLUB RELIEF
PENTA SWIM CLUB 4628 STONE OAK DR CARROLTON, TX 75010	47-4919399	501(C)(3)	6,000.	0.			CLUB RELIEF
ALAMANCE COUNTY Y/BAC HURRICANES 1346 S MAIN ST. BURLINGTON, NC 27215	56-0611575	501(C)(3)	6,000.	0.			CLUB RELIEF
ACADEMY OF TEXAS AQUATICS CHAMPIONS - 7821 ACAPULCO CT - IRVING, TX 75062	75-2741997	501(C)(3)	6,000.	0.			CLUB RELIEF
PHOENIX AQUATIC CLUB 139 GOEBEL RD NEW CITY, NY 10956	81-3710751	501(C)(3)	6,000.	0.			CLUB RELIEF
SAILFISH SWIM CLUB 216 W. MICHIGAN AVE CLINTON, MI 49236	82-5145715		6,000.	0.			CLUB RELIEF
YMCA WESTSIDE SILVER FINS 350 N FIRST AVENUE, 2ND FLOOR PHOENIX, AZ 85003	86-0096799	501(C)(3)	6,000.	0.			CLUB RELIEF

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SANTA CLARA SWIM CLUB 2625 PATRICA DR SANTA CLARA, CA 95051	94-1432138	501(C)(3)	6,000.	0.			CLUB RELIEF
WEST COAST AQUATICS 15622 COUNTRY CLUB DR MILL CREEK, WA 98012	94-2619467	501(C)(3)	6,000.	0.			CLUB RELIEF
SUNN SWIMMING CLUB PO BOX A SUNNYVALE, CA 94087	95-3321019	501(C)(3)	6,000.	0.			CLUB RELIEF
SULLIVAN BLUE DOLPHINS PO BOX 503 SULLIVAN, IL 61951	37-1321680	501(C)(3)	5,925.	0.			CLUB RELIEF
SUNRISE SWIMMING PO BOX 450451 SUNRISE, FL 33345	65-1136313		5,925.	0.			CLUB RELIEF
5280 SWIM CLUB P.O. BOX 1094 WESTMINSTER, CO 80036	82-2343334		5,925.	0.			CLUB RELIEF
ARIZONA AQUATIC CLUB 23409 S 132ND PL CHANDLER, AZ 85249	90-0892024	501(C)(3)	5,925.	0.			CLUB RELIEF
NORTHERN LIGHTS SWIM ASSOCIATION PO BOX 251 MOORHEAD, MN 56561	41-1566621	501(C)(3)	5,875.	0.			CLUB RELIEF
TOWN OF TONAWANDA TITANS ONE POOL PLAZA TONAWANDA, NY 14223	16-1348845	501(C)(3)	5,750.	0.			CLUB RELIEF

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VICKSBURG SWIM ASSOCIATION PO BOX 820214 VICKSBURG, MS 39182	23-7445322	501(C)(3)	5,750.	0.			CLUB RELIEF
MISSION VIEJO NADADORES 27474 CASTA DEL SOL UNIT 2 MISSION VIEJO, CA 92692	33-0099234	501(C)(3)	5,750.	0.			CLUB RELIEF
WESTCHESTER AQUATIC CLUB 5 WHITE BIRCH RD SO POUND RIDGE, NY 10576	45-3226096		5,750.	0.			CLUB RELIEF
DRAGON SWIM TEAM 12802 MONROE MANOR DRIVE HERNDON, VA 20171	46-1854310	501(C)(3)	5,750.	0.			CLUB RELIEF
LIVERPOOL JETS SWIM CLUB PO BOX 2130 LIVERPOOL, NY 13089	51-0157901	501(C)(3)	5,750.	0.			CLUB RELIEF
SOUTH EASTERN VIRGINIA AQUATICS P.O. BOX 1781 YORKTOWN, VA 23692	54-1419259	501(C)(3)	5,750.	0.			CLUB RELIEF
WIND N SEA SWIM TEAM 737 EMERALD STREET SAN DIEGO, CA 92109	57-2776434		5,750.	0.			CLUB RELIEF
CONNECTICUT AQUATIC CLUB 5443 POST RD CHARLESTOWN, RI 02813	81-3888350		5,750.	0.			CLUB RELIEF
JEFFCO HURRICANES PO BOX 746396 ARVADA, CO 80006	84-1371356	501(C)(3)	5,750.	0.			CLUB RELIEF

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SADDLEBACK EL TORO AQUATICS 3334 EAST COAST HWY #261 CORONA DEL MAR, CA 92625	95-3068073	501(C)(3)	5,750.	0.			CLUB RELIEF
WALTON WAVES INC 1818 KRISTINS WAY LOGANVILLE, GA 30052	05-0542912	501(C)(3)	5,625.	0.			CLUB RELIEF
P.Q. AQUATICS CLUB P.O.BOX 720096 SAN DIEGO, CA 92172	21-7969726		5,625.	0.			CLUB RELIEF
STREAMLINE AQUATICS 3807 ANGUS PASS BULVERDE, TX 78163	26-0698535		5,625.	0.			CLUB RELIEF
EAST GRAND RAPIDS AQUATICS PO BOX 6147 GRAND RAPIDS, MI 49516	38-3129311	501(C)(3)	5,625.	0.			CLUB RELIEF
SACHEM SWIM CLUB OF LONG ISLAND 200 HAWKINS AVENUE, UNIT 191 RONKONKOMA, NY 11779	46-3806787	501(C)(3)	5,625.	0.			CLUB RELIEF
MIAMI SWIMMING ACADEMY TEAM 2199 NE 180TH ST NORTH MIAMI BEACH, FL 33162	47-3469120	501(C)(3)	5,625.	0.			CLUB RELIEF
GREAT LAKES TRITONS 50161 NESTING RIDGE MACOMB TOWNSHIP, MI 48044	75-3235202	501(C)(3)	5,625.	0.			CLUB RELIEF
WASHINGTONIANS SWIM CLUB 1135 STALLION ST RANSON, WV 25438	83-1485565		5,625.	0.			CLUB RELIEF

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OAK LAWN LIGHTNING 7954 LATROBE AVE BURBANK, IL 60459	83-4088951		5,625.	0.			CLUB RELIEF
SANDPIPERS OF NEVADA 4460 S DURANGO DR LAS VEGAS, NV 89147	88-0151712	501(C)(3)	5,625.	0.			CLUB RELIEF
COLLEGE AREA SWIM TEAM 625 S GRADE RD ALPINE, CA 91901	93-1064276	501(C)(3)	5,625.	0.			CLUB RELIEF
YMCA OF EASTERN UNION CITY 1564 IRVING ST. RAHWAY, NJ 07065	22-1487381	501(C)(3)	5,440.	0.			LEARN TO SWIM
GRAND RAPIDS SALVATION ARMY 2500 DIVISION AVE. S GRAND RAPIDS, MI 49507	38-1359297		5,300.	0.			LEARN TO SWIM
YOUNGSTOWN AREA JEWISH FEDERATION 505 GYPSY LANE YOUNGSTOWN, OH 44504	34-0714442	501(C)(3)	5,016.	0.			LEARN TO SWIM
DEKALB AQUATICS 3783 WATERFRONT COURT SNELLVILLE, GA 30039	01-0778987	501(C)(3)	5,000.	0.			CLUB RELIEF
DELAWARE SWIM TEAM 4905 MERMAID BLVD WILMINGTON, DE 19808	01-0797871		5,000.	0.			CLUB RELIEF
MERRIMACK VALLEY YMCA 360 MERRIMACK ST. STE. 270 LAWRENCE, MA 01843	04-2104378	501(C)(3)	5,000.	0.			LEARN TO SWIM

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OYSTER RIVER OTTERS PO BX 105 DURHAM, NH 03824	04-3686963	501(C)(3)	5,000.	0.			CLUB RELIEF
WILTON Y WAHOOS 404 DANBURY ROAD WILTON, CT 06897	06-0853258	501(C)(3)	5,000.	0.			CLUB RELIEF
TRITONS OF LOUISVILLE 9300 BLAIRWOOD RD LOUISVILLE, KY 40222	13-4207942		5,000.	0.			CLUB RELIEF
SCHENECTADY SARATOGA 1380 RUFFNER ROAD NIASKAYUNA, NY 12309	14-1634953	501(C)(3)	5,000.	0.			CLUB RELIEF
NORTHERN DUTCHESS AQUATIC CLUB PO BOX 440 RED HOOK, NY 12571	16-1521028	501(C)(3)	5,000.	0.			CLUB RELIEF
PACK SWIM TEAM OF PITTSFORD PO BOX 187 PITTSFORD, NY 15435	16-1530455	501(C)(3)	5,000.	0.			CLUB RELIEF
FIVE STAR SWIM CLUB 25 FIELD LN LITITZ, PA 17543	16-1702654	501(C)(3)	5,000.	0.			CLUB RELIEF
TSUNAMI SWIM TEAM 17 E KANSAS ST LIBERTY, MO 64068	20-0800524	501(C)(3)	5,000.	0.			CLUB RELIEF
ALL STAR AQUATICS PO BOX 61406 POTOMAC, MD 20859	20-1155620	501(C)(3)	5,000.	0.			CLUB RELIEF

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BARRACUDA SWIM CLUB 1 SADDLEBROOK LANE JOHNSON CITY, TN 37615	20-1964019	501(C)(3)	5,000.	0.			CLUB RELIEF
BOBCAT SWIM CLUB PARENT'S ASSOCIATION - PO BOX 319 - SHAWNEE, OH 43782-9518	20-2462594	501(C)(3)	5,000.	0.			CLUB RELIEF
SIENNA PLANTATION AQUATICS 6140 HIGHWAY 6 STE 181 MISSOURI CITY, TX 77459	20-3033556	501(C)(3)	5,000.	0.			CLUB RELIEF
MID-CITIES ARLINGTON SWIMMING PO BOX 13849 ARLINGTON, TX 76094	20-4693483		5,000.	0.			CLUB RELIEF
RIDGEWOOD YMCA BREAKERS 112 OAK STREET RIDGEWOOD, NJ 07450	22-1508752	501(C)(3)	5,000.	0.			CLUB RELIEF
BOYS & GIRLS CLUB DOLPHINS SWIM TEAM - 264 21ST AVENUE - PATERSON, NJ 07501	22-1726665	501(C)(3)	5,000.	0.			CLUB RELIEF
JCC BRIDGEWATER TIDE 775 TALAMINI ROAD BRIDGEWATER, NJ 08807	22-3681640	501(C)(3)	5,000.	0.			CLUB RELIEF
WOODLAND SWIM TEAM PO BOX 763 WOODLAND, CA 95776	23-7375087	501(C)(3)	5,000.	0.			CLUB RELIEF
MT. LEBANON AQUA CLUB PO BOX 14684 PITTSBURGH, PA 15228	25-1640936	501(C)(3)	5,000.	0.			CLUB RELIEF

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PINE RICHLAND AQUATICS PO BOX 15 GINSONIA, PA 15044	25-1743224	501(C)(3)	5,000.	0.			CLUB RELIEF
AQUATEX SWIM TEAM 1103 CEDAR FALLS ST ROUND ROCK, TX 78681	26-2566782		5,000.	0.			CLUB RELIEF
MENDOCINO COAST SEA DRAGONS PO 2939 FORT BRAGG, CA 95437	27-0584700	501(C)(3)	5,000.	0.			CLUB RELIEF
AD ASTRA AREA AQUATICS PO BOX 4193 LAWRENCE, KS 66046	27-2500188	501(C)(3)	5,000.	0.			CLUB RELIEF
VOLTAGE AQUATICS TEAM PO BOX 2423 IDAHO FALL, ID 83403	30-0629633	501(C)(3)	5,000.	0.			CLUB RELIEF
MUNSTER SWIM CLUB 242 BRIAR LANE MUNSTER, IN 46321	31-1074248	501(C)(3)	5,000.	0.			CLUB RELIEF
CINCINNATI AQUATIC CLUB 6689 BOGARTS POINTE DR CINCINNATI, OH 45230	31-1103474	501(C)(3)	5,000.	0.			CLUB RELIEF
GREATER COLUMBUS SWIM TEAM 266 CLIFFVIEW DR GAHANNA, OH 43230	31-1425748	501(C)(3)	5,000.	0.			CLUB RELIEF
LITTLE ROCK ARKANSAS DOLPHINS 4610 SAM PECK RD LITTLE ROCK, AK 72223	32-0394071		5,000.	0.			CLUB RELIEF

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REDLANDS SWIM TEAM 840 E CITRUS AVE REDLANDS, CA 92374	33-0150651	501(C)(3)	5,000.	0.			CLUB RELIEF
MAPLEWOOD PARK RECREATION CLUB 4386 MAPLEPARK DRIVE STOW, OH 44224	34-0843890	501(C)(3)	5,000.	0.			CLUB RELIEF
BOONVILLE DOLPHINS P.O. BOX 714 BOONVILLE, IN 47601	35-1462865	501(C)(3)	5,000.	0.			CLUB RELIEF
SUMMIT CITY AQUATICS PO BOX 9734 FORT WAYNE, IN 46899	35-1910562	501(C)(3)	5,000.	0.			CLUB RELIEF
SOUTHEASTERN SWIM CLUB PO BOX 327 FISHERS, IN 46038	35-1933222	501(C)(3)	5,000.	0.			CLUB RELIEF
NORTHRIDGE AREA SWIMMING ASSOCIATION - 56779 NORTHRIDGE DR. - MIDDLEBURY, IN 46540	35-1964457	501(C)(3)	5,000.	0.			CLUB RELIEF
BOILERMAKER AQUATICS PO BOX 2782 WEST LAFAYETTE, IN 47996	35-2042910	501(C)(3)	5,000.	0.			CLUB RELIEF
BARRINGTON SWIM CLUB 134 RAYMOND AVE BARRINGTON, IL 60010	36-4156507	501(C)(3)	5,000.	0.			CLUB RELIEF
CHICAGO PARKS DISTRICT 541 N. FAIRBANKS CT. CHICAGO, IL 60611	36-6005822	501(C)(3)	5,000.	0.			LEARN TO SWIM

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SWIM STRONG FOUNDATION 59-15 47TH AVE WOODSIDE, NY 11377	37-1526132	501(C)(3)	5,000.	0.			LEARN TO SWIM
SURGE AQUATICS 2911 OAKLEAF DR. SAN ANTONIO, TX 78298	38-4122587		5,000.	0.			CLUB RELIEF
AREA TALLAHASSEE AQUATIC CLUB 205 BAXTER CT TALLAHASSEE, FL 32312	38-9875210	501(C)(3)	5,000.	0.			CLUB RELIEF
SOUTHWEST AQUATIC TEAM PO BOX 20738 GREENFIELD, WI 53221	39-1237451	501(C)(3)	5,000.	0.			CLUB RELIEF
HASTINGS AREA SWIM TEAM 201 TUTTLE DRIVE HASTINGS, MN 55033	39-1738133	501(C)(3)	5,000.	0.			CLUB RELIEF
BADGER AQUATICS CLUB 128 COUNTRY RD TV WATERLOO, WI 53594	39-1968671	501(C)(3)	5,000.	0.			CLUB RELIEF
MANTAS SWIM CLUB 46994 327TH AVENUE KASOTA, MN 56050	41-1463839	501(C)(3)	5,000.	0.			CLUB RELIEF
HIGH TIDES SWIM CLUB 990 GOEBEL CIRCLE SW HUTCHINSON, MN 55350	41-1844341	501(C)(3)	5,000.	0.			CLUB RELIEF
BLACK HAWK SWIMMING ASSOCIATION, INC. - PO BOX 548 - CEDAR FALLS, IA 50613	42-1131996	501(C)(3)	5,000.	0.			CLUB RELIEF

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IOWA FLYERS SWIM CLUB 309 S. MADISON STREET IOWA CITY, IA 52317	42-6004813	501(C)(3)	5,000.	0.			CLUB RELIEF
FOX SWIM CLUB 448 W SOUTH STREET FREDERICK, MD 21701	43-2105707		5,000.	0.			CLUB RELIEF
MINOT SWIM CLUB PO BOX 1253 MINOT, ND 58702	45-0342986	501(C)(3)	5,000.	0.			CLUB RELIEF
PERFORMANCE AQUATICS 745 SE 31ST ST BOCA RATON, FL 33432	45-2716450		5,000.	0.			CLUB RELIEF
BLUE EAGLE SWIM TEAM 1700 SULLIVAN TRAIL #390 EASTON, PA 18040	45-5634814	501(C)(3)	5,000.	0.			CLUB RELIEF
BUFFALO CITY SWIM RACERS 651 DELAWARE AVE. STE 205 BUFFALO, NY 14202	46-0526467	501(C)(3)	5,000.	0.			LEARN TO SWIM
NORTHERN SIERRA SWIMMING 12034 LAKESHORE N AUBURN, CA 95602-8343	46-0679340	501(C)(3)	5,000.	0.			CLUB RELIEF
STINGRAY SWIM TEAM PO BOX 652 MONROE, WA 98272	46-0790124		5,000.	0.			CLUB RELIEF
RIPTIDE SWIM TEAM 5885 149TH ST WEST APPLE VALLEY, MN 55124	46-0901527	501(C)(3)	5,000.	0.			CLUB RELIEF

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
BROOKLYN OTTERS 58 DAHILL RD BROOKLYN, NY 11218	46-1140484	501(C)(3)	5,000.	0.			CLUB RELIEF
WHITEWATERS SWIMMING 85 LAWRENCEVILLE PENNINGTON RD LAWRENCE TOWNSHIP, NJ 08648	46-3727025		5,000.	0.			CLUB RELIEF
ATOM 1026 LEIGH AVE CHARLOTTE, NC 28205	46-3754679		5,000.	0.			CLUB RELIEF
FULL ARMOUR SWIM TEAM 1043 GREENLAND FOREST DR MONUMENT, CO 80132	46-4025645		5,000.	0.			CLUB RELIEF
PASEO AQUATICS 27464 GARZA DR SAUGUS, CA 91350	47-2207220		5,000.	0.			CLUB RELIEF
COMMONWEALTH SWIMMING 75 PETER PARLEY ROAD #1 JAMAICA PLAIN, MA 02130	47-4492225		5,000.	0.			CLUB RELIEF
PACESETTERS 1900 N DOWNING ANGELTON, TX 77515	47-6000043	501(C)(3)	5,000.	0.			CLUB RELIEF
WICHITA SWIM CLUB 8323 E DOUGLAS AVE WICHITA, KS 67207	48-0914712	501(C)(3)	5,000.	0.			CLUB RELIEF
FREEPORT AQUATIC SWIM TEAM PO BOX 572 FREEPORT, IL 61032	51-0149309	501(C)(3)	5,000.	0.			CLUB RELIEF

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
MONTEREY BAY SWIM CLUB P.O. BOX 3426 CARMEL, CA 93921	51-0155434	501(C)(3)	5,000.	0.			CLUB RELIEF
ELMBROOK SWIM CLUB PO BOX 323 BROOKFIELD, WI 53008	51-0180533	501(C)(3)	5,000.	0.			CLUB RELIEF
YCM SWIM TEAM 303 WEST CHESAPEAKE AVE BALTIMORE, MD 21204	52-0591699	501(C)(3)	5,000.	0.			CLUB RELIEF
MONOCACY AQUATIC CLUB P.O. BOX 1682 FREDERICK, MD 21702	52-1103467	501(C)(3)	5,000.	0.			CLUB RELIEF
FREDERICK AREA SWIM TEAM PO BOX 3673 FREDERICK, MD 21705	52-1798094	501(C)(3)	5,000.	0.			CLUB RELIEF
ROANOKE VALLEY SWIMMING INCORPORATED - 2721 BRAMBLETON AVE. SW - ROANOKE, VA 24015	54-1433280	501(C)(3)	5,000.	0.			CLUB RELIEF
OCCOQUAN SWIMMING 12291 CHARLES LACEY DRIVE MANASSAS, VA 20112	54-1463343	501(C)(3)	5,000.	0.			CLUB RELIEF
POTOMAC MARLINS P.O. BOX 150025 ALEXANDRIA, VA 22315	54-1687759		5,000.	0.			CLUB RELIEF
SNOW SWIMMING 22483 VERDE GATE TERRACE ASHBURN, VA 20148	54-1904493	501(C)(3)	5,000.	0.			CLUB RELIEF

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
MACHINE AQUATICS 204 MILL ST NE VIENNA, VA 22180	54-2033536		5,000.	0.			CLUB RELIEF
CLUB MOUNTAINEER AQUATICS 218 POPLAR DR MORGANTOWN, WV 26505	55-0566280		5,000.	0.			CLUB RELIEF
SEBASTOPOL SEA SERPENTS PO BOX 2517 SEBASTOPOL, CA 95473	55-0815492	501(C)(3)	5,000.	0.			CLUB RELIEF
YMCA OF NWNC RIPTYDE 775 WEST END BLVD WINSTON SALEM, NC 27101	56-0530015	501(C)(3)	5,000.	0.			CLUB RELIEF
RMY RACERS PO BOX 4063 ROCKY MOUNT, NC 27803	56-0543251	501(C)(3)	5,000.	0.			CLUB RELIEF
FLASHES AQUATICS PO BOX 39010 INDIANAPOLIS, IN 46239	56-2452897	501(C)(3)	5,000.	0.			CLUB RELIEF
MAKOS AQUATICS CLUB OF GAINESVILLE PO BOX 357194 GAINESVILLE, FL 32635	56-2543723	501(C)(3)	5,000.	0.			CLUB RELIEF
RIPTIDE SWIM TEAM 100 YMCA LANE NEW BERN, NC 28560	58-1402035	501(C)(3)	5,000.	0.			CLUB RELIEF
ROWAN AQUATIC CLUB YMCA 828 JAKE ALEXANDER BLVD W SALISBURY, NC 28147	58-1574620	501(C)(3)	5,000.	0.			CLUB RELIEF

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
STINGRAYS 803 SAVONA WAY WOODSTOCK, GA 30189	58-1856147		5,000.	0.			CLUB RELIEF
FLORIDA ELITE SWIMMING 18865 STATE RD. 54 # 186 LUTZ, FL 33558	59-3268040	501(C)(3)	5,000.	0.			CLUB RELIEF
WEST BEND SWIM CLUB PO BOX 394 WEST BEND, WI 53095	61-1607537	501(C)(3)	5,000.	0.			CLUB RELIEF
GULF COAST SWIM TEAM 20560 ROOKERY DR ESTERO, FL 33928	65-0506364	501(C)(3)	5,000.	0.			CLUB RELIEF
ROCKLIN SWIM TEAM MAVERICKS 2351 SUNSET BLVD ROCKLIN, CA 95765	68-0341157	501(C)(3)	5,000.	0.			CLUB RELIEF
YMCA OF METRO NEW ORLEANS 320 METAIRIE HAMMOND HWY. STE 321 METAIRIE, LA 70005	72-0423890	501(C)(3)	5,000.	0.			LEARN TO SWIM
CRAWFISH AQUATICS 10522 SOUTH GLENSTONE PLACE BATON ROUGE, LA 70810	72-1431640		5,000.	0.			CLUB RELIEF
AMERICAN ENERGY SWIM CLUB PO BOX 20338 OKLAHOMA CITY, OK 73156	73-0781294	501(C)(3)	5,000.	0.			CLUB RELIEF
SAN ANTONIO NADADORES 103 BROKEN BOUGH LANE SAN ANTONIO, TX 78231	74-2288494	501(C)(3)	5,000.	0.			CLUB RELIEF

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
TEAM SOPRIS PO BOX 1851 GLENWOOD SPRINGS, CO 81602	74-2480401	501(C)(3)	5,000.	0.			CLUB RELIEF
LAKE MONSTERS 309 RIDGEWAY DR. POLSON, MT 59860	74-2956867	501(C)(3)	5,000.	0.			CLUB RELIEF
BROWNSVILLE AQUATICS SWIM CLUB PO BOX 5972 BROWNSVILLE, TX 78523	74-3006005	501(C)(3)	5,000.	0.			CLUB RELIEF
LAKESIDE AQUATIC CLUB P.O. BOX 270189 FLOWER MOUND, TX 75027	75-1835239	501(C)(3)	5,000.	0.			CLUB RELIEF
SANTA MARIA SWIM CLUB PO BOX 44 SANTA MARIA, CA 93456	77-0044320	501(C)(3)	5,000.	0.			CLUB RELIEF
METRO AQUATICS 6817 27TH ST W TACOMA, WA 98466	80-0869493	501(C)(3)	5,000.	0.			CLUB RELIEF
CRIMSON AQUATICS BOSTON INC 573 HILL ST HAMDEN, CT 06514	81-0939853	501(C)(3)	5,000.	0.			CLUB RELIEF
EAST 300 GLEED AVE EAST AURORA, NY 14052	81-3395746	501(C)(3)	5,000.	0.			CLUB RELIEF
CSI SWIM 1 EAGLE VALLEY COURT BROADVIEW HEIGHTS, OH 44147	81-3562200	501(C)(3)	5,000.	0.			CLUB RELIEF

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
EASTERN IOWA SWIM FEDERATION PO BOX 8014 CEDAR RAPIDS, IA 52408	81-3745368		5,000.	0.			CLUB RELIEF
DART SACRAMENTO PO BOX 601034 SACRAMENTO, CA 95860	81-3819310	501(C)(3)	5,000.	0.			CLUB RELIEF
ONEIDA DOLPHINS P.O. BOX 192 ONEIDA, NY 13421	82-2513124	501(C)(3)	5,000.	0.			CLUB RELIEF
PREMIER AQUATICS OF CENTRAL KENTUCKY - 728 LONGWOOD RD - LEXINGTON, KY 40503	82-5431451	501(C)(3)	5,000.	0.			CLUB RELIEF
NORTHERN LIGHTS SWIM CLUB 16349 SEVILLE PARK CIRCLE ANCHORAGE, AK 99516	83-0343538	501(C)(3)	5,000.	0.			CLUB RELIEF
PUEBLO SWIM CLUB P.O. BOX 8474 PUEBLO, CO 81008	84-0714400	501(C)(3)	5,000.	0.			CLUB RELIEF
FALFINS SWIMMING 3472 RESEARCH PARKWAY STE 104 COLORADO SPRINGS, CO 80920	84-1512935	501(C)(3)	5,000.	0.			CLUB RELIEF
SPARKS PIRANHAS P.O. BOX 51164 SPARKS, NV 89434	88-0122010	501(C)(3)	5,000.	0.			CLUB RELIEF
CASCADE SWIM CLUB P.O. BOX 77043 SEATTLE, WA 98177	91-0853560	501(C)(3)	5,000.	0.			CLUB RELIEF

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
VASHON SEALS SWIM TEAM 20720 WESTSIDE HWY SW VASHON, WA 98070	91-1254688	501(C)(3)	5,000.	0.			CLUB RELIEF
BELLINGHAM BAY SWIM TEAM PO BOX 5821 BELLINGHAM, WA 98225	91-1704075	501(C)(3)	5,000.	0.			CLUB RELIEF
WILLAMALANE SWIM CLUB PO BOX 633 SPRINGFIELD, OR 97477	93-0909097	501(C)(3)	5,000.	0.			CLUB RELIEF
TIGARD TUALATIN SWIM CLUB PO BOX 23126 TIGARD, OR 97281	93-1118869	501(C)(3)	5,000.	0.			CLUB RELIEF
HUMBOLDT SWIM CLUB P.O. BOX 101 BAYSIDE, CA 95524	94-2331987	501(C)(3)	5,000.	0.			CLUB RELIEF
CAROLINA AQUATICS SWIM CLUB 117 HARPER PARK RD IRMO, SC 29063	20-8367622	501(C)(3)	5,000.	0.			CLUB RELIEF
FLYING FISH ARIZONA SWIM TEAM PO BOX 68486 ORO VALLEY, AZ 85737	26-3497648	501(C)(3)	5,000.	0.			CLUB RELIEF
LAWRENCE COUNTY AQUATICS 1901 W 31ST STREET #4575 LAWRENCE, KS 66046	48-0974226	501(C)(4)	5,000.	0.			CLUB RELIEF
MAKO SWIM TEAM PROGRAM 246 FEDERAL ROAD, UNIT B21 BROOKFIELD, CT 06804	06-6051610	501(C)(3)	5,000.	0.			CLUB RELIEF

Schedule I (Form 990)

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 noncash assistance

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

PART I, LINE 2:

DEPENDENT UPON THE GRANT PROGRAM THE FOUNDATION REQUIRES FROM THE GRANTEEES

AN APPLICATION THAT INCLUDES DETERMIANTION FOR USE OF FUNDS UPFRONT AND/OR

TO PROVIDE A FINAL REPORT DEMONSTRATING HOW THE GRANT FUNDS WERE SPENT.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

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.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

USA SWIMMING FOUNDATION, INC.

Employer identification number

72-1581977

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 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 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 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

1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2020

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.

[illegible]

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 3:

THE HUMAN RESOURCE DEPARTMENT REVIEWS SALARY SURVEYS AND DATA FROM OTHER
NATIONAL GOVERNING BODIES TO SET AND ADJUST COMPENSATION FOR OFFICERS AND
OTHER KEY EMPLOYEES.

PART I, LINE 7:

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

PART I LINES 1 - 3, PART II

USA SWIMMING, A RELATED ORGANIZATION PAYS THE COMPENSATION FOR THE
CHIEF EXECUTIVE OFFICER AND CHIEF FINANCIAL OFFICER AND THEIR SERVICES
TO THE FOUNDATION ARE ENCOMPASSED BY THE MANAGEMENT FEE PAID TO USA
SWIMMING. LINES 1 - 3 ARE NOT COMPLETED FOR COMPENSATION PRACTICES OF
A RELATED ORGANIZATION. THE FOUNDATION, HOWEVER, REPORTS COMPENSATION
ON SCHEDULE J AS REQUIRED.

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.

[illegible]

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

2020

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- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Name of the organization

USA SWIMMING FOUNDATION, INC.

Employer identification number

72-1581977

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 ▶ (VARIOUS ITEMS)	X	84	67,153.	VALUE AT AUCTION
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 V, Donee Acknowledgement

29

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?

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?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

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.

	Yes	No
30a		X
31		X
32a		X
33		

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

Schedule M (Form 990) 2020

Schedule 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 IS THE NUMBER OF ITEMS CONTRIBUTED.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

USA SWIMMING FOUNDATION, INC.

Employer identification number

72-1581977

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE ORGANIZATION'S MISSION IS TO RAISE FUNDS TO SAVE LIVES AND BUILD
CHAMPIONS - IN THE POOL AND IN LIFE.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

LEARN-TO-SWIM THROUGH OUR MAKE A SPLASH INITIATIVE, OR PROVIDING
FINANCIAL SUPPORT TO OUR HEROES ON THE U.S. NATIONAL TEAM, THE USA
SWIMMING FOUNDATION AIMS TO PROVIDE THE WONDERFUL EXPERIENCE OF
SWIMMING TO KIDS AT ALL LEVELS ACROSS THE COUNTRY.

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

PLEASE SEE BELOW CHANGES TO PROGRAM ACCOMPLISHMENTS, ADDITION OF
BUILDING CHAMPIONS COVID-19 RELIEF PROGRAM AND BUILDING CHAMPIONS -
COMMUNITY IMPACT.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

QUALIFIED LEARN-TO-SWIM PROGRAMS, SPREAD NATIONAL AWARENESS, AND BRING
TOGETHER STRATEGIC PARTNERS TO END DROWNING.

EACH YEAR, IN AN EFFORT TO RAISE NATIONAL AWARENESS ABOUT THE
IMPORTANCE OF LEARNING TO SWIM, THE USA SWIMMING FOUNDATION EMBARKS ON
AN ANNUAL MAKE A SPLASH TOUR PRESENTED BY PHILLIPS 66. DUE TO THE
ONGOING COVID-19 PANDEMIC, THIS YEAR'S MAKE A SPLASH TOUR MOVED TO A
VIRTUAL FORMAT, KICKING OFF WITH A FACEBOOK LIVE EVENT WITH OLYMPIC
MEDALISTS AND USA SWIMMING FOUNDATION AMBASSADORS NATHAN ADRIAN AND
CULLEN JONES. THE TOUR CONTINUED FOR TWO WEEKS WITH A SERIES OF PRINT

AND DIGITAL ADS, INTERVIEWS IN LOCAL AND NATIONAL MEDIA OUTLETS, AS

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

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization

USA SWIMMING FOUNDATION, INC.

Employer identification number

72-1581977

WELL AS ON THE SOCIAL MEDIA CHANNELS FOR USA SWIMMING AND USA SWIMMING FOUNDATION. ATHLETES FEATURED INCLUDED JONES AND ADRIAN, PLUS USA SWIMMING FOUNDATION AMBASSADORS ROWDY GAINES, MISSY FRANKLIN, ELIZABETH BEISEL AND RYAN MURPHY. THE TOUR WAS DESIGNED TO EDUCATE THE PUBLIC ABOUT THE IMPORTANCE OF THIS LIFESAVING SKILL. AS AMERICANS ADJUST TO POST-PANDEMIC LIFE, IT WAS CRITICALLY IMPORTANT TO REEDUCATE CHILDREN ON SAFETY FUNDAMENTALS WHILE NEAR POOLS AND OTHER OPEN WATERS.

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

BUILDING CHAMPIONS - COMMUNITY IMPACT: OUR TEAMS ARE USA SWIMMING. OUR CLUBS ARE WHERE OLYMPIC DREAMS ARE BORN, WHERE KIDS FIND CONFIDENCE, AND WHERE THE LESSONS OF OUR SPORT ARE TAUGHT. THE USA SWIMMING FOUNDATION EXPANDS THE REACH OF THE SPORT BY PROVIDING GRANT FUNDING TO TEAMS IN NEED, SUPPORTING PROGRAMMING TO KEEP OUR COACHES, OFFICIALS, AND TEAM LEADERS AT THE FOREFRONT OF THE SPORT, AND PROVIDING EDUCATIONAL AND TRAINING OPPORTUNITIES FOR THE USA SWIMMING COMMUNITY. THROUGH OUR COMMUNITY IMPACT PROGRAM, THE USA SWIMMING FOUNDATION STRIVES TO PROVIDE PROGRAMMING TO UNDERSERVED COMMUNITIES, SUPPORT DIVERSE COACHES, AND CREATE MORE COMPETITIVE OPPORTUNITIES FOR ALL. THROUGH THIS SUPPORT, THE USA SWIMMING FOUNDATION HOPES TO NOT ONLY GROW THE PIPELINE OF POTENTIAL ATHLETES BUT CREATE MORE LEARN-TO-SWIM AND COMPETITIVE OPPORTUNITIES FOR POPULATIONS THAT MIGHT NOT OTHERWISE HAVE ACCESS TO THE SPORT.

EXPENSES \$ 60,000. INCLUDING GRANTS OF \$ 60,000. REVENUE \$ 0.

OTHER - THE USA SWIMMING FONDATION SUSTAINS A NETWORK OF NATIONAL TEAM ALUMNI WHO ARE PASSIONATE ABOUT CHILDREN LEARNING TO SWIM AND ENTERING THE SPORT THAT GAVE SO MUCH TO THEM.

Name of the organization	Employer identification number
USA SWIMMING FOUNDATION, INC.	72-1581977

EXPENSES \$ 68,984. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 6:

USA SWIMMING, INC. IS THE SOLE MEMBER OF THE FOUNDATION.

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

THE SOLE MEMBER OF THE ORGANIZATION, USA SWIMMING, INC. APPOINTS ALL DIRECTORS.

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

USA SWIMMING'S BOARD OF DIRECTORS HAS TO APPROVE AMENDMENTS TO THE ARTICLES OF INCORPORATION AND BYLAWS.

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

THE FORM IS DISTRIBUTED TO THE ENTIRE BOARD OF DIRECTORS VIA EMAIL AND THEY 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 15:

THE HUMAN RESOURCE DEPARTMENT REVIEWS SALARY SURVEYS AND DATA FROM OTHER NATIONAL GOVERNING BODIES TO SET AND ADJUST COMPENSATION FOR OFFICERS AND OTHER KEY EMPLOYEES.

Name of the organization

USA SWIMMING FOUNDATION, INC.

Employer identification number

72-1581977

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL, AK, AR, CA, CO, CT, DC, FL, GA, IL, KS, ME, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, OH, OK, OR
PA, RI, SC, TN, UT, VA, WV, WI, HI, KY, LA, WA, ND, MO, NV

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS FORM 1023, CONFLICT OF INTEREST POLICY, AND
FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC ON THE ORGANIZATION'S WEBSITE.

FORM 990, PART VII, PAGE 7

BOARD MEMBERS MAY BE COMPENSATED FOR SERVICES PROVIDED TO THE
FOUNDATION. THIS COMPENSATION IS DETERMINED BASED ON THE NORMAL
PRACTICES OF THE FOUNDATION.

NO BOARD MEMBER IS COMPENSATED FOR THEIR SERVICES ON THE BOARD OF
DIRECTORS.

FORM 990, PART XII, LINE 2C

THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization

USA SWIMMING FOUNDATION, INC.

Employer identification number

72-1581977

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
USA SWIMMING, INC. - 20-4264282 1 OLYMPIC PLAZA COLORADO SPRINGS, CO 80909	NATIONAL GOVERNING BODY FOR THE SPORT OF SWIMMING	COLORADO	501(C)(3)	509(A)(2)	USA SWIMMING, INC.		X

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

Schedule R (Form 990) 2020

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	X
b Gift, grant, or capital contribution to related organization(s)	1b	X
c Gift, grant, or capital contribution from related organization(s)	1c	X
d Loans or loan guarantees to or for related organization(s)	1d	X
e Loans or loan guarantees by related organization(s)	1e	X
f Dividends from related organization(s)	1f	X
g Sale of assets to related organization(s)	1g	X
h Purchase of assets from related organization(s)	1h	X
i Exchange of assets with related organization(s)	1i	X
j Lease of facilities, equipment, or other assets to related organization(s)	1j	X
k Lease of facilities, equipment, or other assets from related organization(s)	1k	X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X
o Sharing of paid employees with related organization(s)	1o	X
p Reimbursement paid to related organization(s) for expenses	1p	X
q Reimbursement paid by related organization(s) for expenses	1q	X
r Other transfer of cash or property to related organization(s)	1r	X
s Other transfer of cash or property from related organization(s)	1s	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)			
(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.

[illegible]

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