#### Ohio Swimming, Inc. Board of Directors Meeting

Conference Call – January 21, 2020 8:30 pm 513-275-6543 (no PIN) or via computer: www.uberconference.com/ohioswim TENTATIVE AGENDA

#### 1. Call to Order and Roll Call

Voting BOD members:		Voting BOD members:		Committee and Coordinators:		Committee and Coordinators:	
General Chair – Todd	х	Senior Ath Rep – Braydon		Diversity/Inclusion – Terry	х	Zono Toam Bront Boadon	
Billhimer	Х	Kime	Х	Anchrum	Х	Zone ream – Brent Peaden	eam – Brent Peaden hool – Rich Morris - Erin Schwab x - Kristi Princell x omm. – Jerry Ferritto omm. – Mark Koors omm. – David Back
Admin Vice Chair – Joe Waller	x	Junior Ath Rep – Caroline		Disability – George		High School Bigh Marris	
Admin vice chair – Joe Waller	Х	Holmes		Leatherman		High School – Kich Morris	
Senior Chair – Chris McKinney		Athlete At-Large (tbd)		Technical Planning – Kyle		Office Frin Schwah	,
Sellior Chair – Chris McKilliley	Х	Attriete At-Large (tbu)		Goodrich	Х	Zone Team – Brent Peaden  High School – Rich Morris  Office – Erin Schwab  X  Office – Kristi Princell  Gov. Comm. – Jerry Ferritto  Gov. Comm. – Mark Koors  Gov. Comm. – David Back	
Age Group Chair – Kevin Rachal		Officials – Pam Birnbrich	х	Asst. Coach Chair – Dan Cherok	х	Office – Kristi Princell	х
Finance Vice Chair (vacant)		Safe Sport – Lew Timberman	х	Operational Risk – John Pristash	х	Gov. Comm. – Jerry Ferritto	
Treasurer – David Lloyd	х	Coach Chair – Kris Moellenberg		Sanctioning – Anissa Kanzari	х	Gov. Comm. – Mark Koors	
		Secretary – Mark Johnson	х	Camps – Craig Schoenlein	х	Gov. Comm. – David Back	
				Open Water – Chip Carrigan	х	Gov. Comm. – Bill Hopkins	

- 2. Approve Agenda Agenda APPROVED
- 3. Consent agenda
  - a. Adoption of December 2019 Minutes Minutes APPROVED
  - b. January Treasurers report
- 4. Old Business
  - a. Facility Fees. Clarify facility fees for this season and fee language for next season. Championship timer requirements. Re-iterate a string encouragement for timers from other teams. The language does not exist in our current bylays.
- 5. New Business
  - a. Financial performance through December 31.
  - b. Q4 2019 Investment performance and allocation
  - c. Draft investment policy
  - d. Review Draft OSI tax return. Joe will submit soon.

#### 6. Announcements

- a. Registration numbers are about even from what we had last year at this time. We are down in numbers for outreach swimmers. Seasonal numbers are down also with Flex membership making up the difference from what was lacking with seasonal members.
- b. Zone workshop first weekend in May in Chicago. Looking for potential candidates to attend (4 or 5).
- c. Erin currently planning the 2021 Swimposium. Let Erin know if you have any ideas on things to be done.
- d. USA Swimming convention in Jacksonville FL in Sept.
- e. Board Manuals will be sent out for review and to sign off on soon.
- f. Caroline spoke about the recently held Safe Sport Pentathlon which was a big success. This was hosted by Bobcat Swim Club in Athens. Looking for this to grow ever larger.
- g. USA Swimming giving us \$500 for leadership training in matching funds. This will be a one day in April at Miami University and will mimic what was done last year at the national leadership.
- 7. Next BOD Meetings February 18, 2020 8:30 pm.
- 8. Adjournment at 9:02pm

2 S. Third Street, Suite 400 Hamilton, OH 45011 5020 College Corner Pike, Suite A Oxford, Ohio 45056

O: 513.523.1100 | www.kirschcpa.com

# **Filing Instructions**

# **United States Swimming Inc. - Ohio**

## **Exempt Organization Tax Return**

# Taxable Year Ended August 31, 2019

**Date Due:** July 15, 2020

**Remittance:** None is required. Your Form 990 for the tax year ended 8/31/19 shows no

balance due.

**Signature:** You are using a Personal Identification Number (PIN) for signing your return

electronically. Form 8879-EO, IRS e-file Signature Authorization for an Exempt

Organization should be signed and dated by an authorized officer of the

organization and returned to:

Kirsch CPA Group, LLC 2 S. Third Street, Suite 400 Hamilton, OH 45011

*Important:* Your return will not be filed with the IRS until the signed Form 8879-EO has been received by this office. If previously signed and returned no

further action is required.

Other: Your return is being filed electronically with the IRS and is not required to be

mailed. If you Mail a paper copy of your return to the IRS it will delay the

processing of your return.

# Form 8879-EC

### IRS *e-file* Signature Authorization for an Exempt Organization

<b>9/01</b> , 2018, and ending	8/31, 20	19
DO 14 4		

OMB No. 1545-1878

Department of the Treasury

For calendar year 2018, or fiscal year beginning . . . . ▶ Do not send to the IRS. Keep for your records.

Form **8879-EO** (2018)

► Go to www.irs.gov/Form8879EO for the latest information. Internal Revenue Service Name of exempt organization Employer identification number UNITED STATES SWIMMING INC. - OHIO 31-1016588 Name and title of officer JOE WALLER FINANCE VICE-CHAIR Type of Return and Return Information (Whole Dollars Only) Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. 1a Form 990 check here ► X b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b 2a Form 990-EZ check here ▶ □ b Total revenue, if any (Form 990-EZ, line 9) 2b 3a Form 1120-POL check here b Total tax (Form 1120-POL, line 22) 4a Form 990-PF check here ▶ □ b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b 5a Form 8868 check here ▶ ☐ b Balance Due (Form 8868, line 3c) Part II **Declaration and Signature Authorization of Officer** Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal. Officer's PIN: check one box only lauthorize KIRSCH CPA GROUP, LLC 16588 as my signature ERO firm name Enter five numbers, but do not enter all zeros on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Date > 01/21/20 Officer's signature Part III **Certification and Authentication ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 31514912018 Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns. 01/21/20 JILL FRIEDEN ERO's signature \_ Date ▶ **ERO Must Retain This Form — See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.

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)

OMB No. 1545-0047 2018 Open to Public Inspection

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.

<u>A</u>	For the 201	8 calendar year, or tax year beginning $09/01/18$ , and ending $08/31/18$	19				
В	Check if applicab	e: C Name of organization		D Employe	er identification number		
	Address change	UNITED STATES SWIMMING INC OHIO	)				
	Name change	Doing business as			016588		
	•	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephor			
$\Box$	Initial return Final return/	5020 - B COLLEGE CORNER PIKE		213-	523-6658		
	terminated	City or town, state or province, country, and ZIP or foreign postal code			400 450		
	Amended return	OXFORD OH 45056		<b>G</b> Gross red	ceipts\$ 402,452		
H		F Name and address of principal officer:	H(a) Is this a gr	oup return for	subordinates Yes X No		
Ш	Application pend	OOL WALLER		•	<u> </u>		
		5020-B COLLEGE CORNER PIKE	H(b) Are all sub				
		OXFORD OH 45056	If "No,	" attach a list	. (see instructions)		
I	Tax-exempt sta						
_	Website:	WWW.SWIMOHIO.COM	H(c) Group exe	emption numb	per ▶ 5367		
K	Form of organiza	tion: X Corporation Trust Association Other ▶ L	Year of formation: $oldsymbol{1}$	980	м State of legal domicile: ОН		
P	Part I	Summary					
	1 Briefly	describe the organization's mission or most significant activities:					
ce	SE	E SCHEDULE O					
Jan							
Governance							
õ	2 Check	this box if the organization discontinued its operations or disposed of more than	n 25% of its net	assets.			
∞ ∞		er of voting members of the governing body (Part VI, line 1a)			12		
es	4 Numb	er of independent voting members of the governing body (Part VI, line 1b)		4	12		
Ę	5 Total	number of individuals employed in calendar year 2018 (Part V, line 2a)		5	2		
Activities				_	3		
∢		number of volunteers (estimate if necessary) unrelated business revenue from Part VIII, column (C), line 12			0		
	h Net u	arelated business taxable income from Form 990-T, line 38		7b	0		
	DIVOLU	Telated business taxable income from 1 offit 550-1, line 50	Prior Ye		Current Year		
Φ	8 Contr	butions and grants (Part VIII, line 1h)			0		
Ď		am service revenue (Part VIII, line 2g)	38!	5,205	383,193		
Revenue	_	ment income (Part VIII, column (A), lines 3, 4, and 7d)		5,072	19,259		
ď		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		<i>-,</i>	0		
		revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	400	0,277	402,452		
		s and similar amounts paid (Part IX, column (A), lines 1–3)	100	,,,,,	0		
		ts paid to or for members (Part IX, column (A), line 4)			0		
m		es, other compensation, employee benefits (Part IX, column (A), lines 5–10)	8.0	80,853 80,5			
Expenses	16 Drofo	signal fundacions foce (Port IX) solumn (A) line (14s)		,055	00,301		
en Ser	h Total	undraising expenses (Part IX, column (A), line 11e)  Undraising expenses (Part IX, column (D), line 25) ▶  0			V		
X	17 Othor	expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	210	3,329	323,372		
				9,182	403,933		
		expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)					
20	IS Kevel	ue less expenses. Subtract line 18 from line 12	Beginning of Cu	L , 095 rrent Year	-1,481 End of Year		
Net Assets or Fund Balances	20 Total	assets (Part X, line 16)		5,560	355,079		
Ass	21 Total	inhiliting (Dark V. line OC)	33	0	0 0 0 0 0		
Net	22 Net a	sets or fund balances. Subtract line 21 from line 20	356	5,560	355,079		
		Signature Block	33.	3,300	3337073		
***********		of perjury, I declare that I have examined this return, including accompanying schedules and st	tatements, and to	the hest of	f my knowledge and helief it		
		d complete. Declaration of preparer (other than officer) is based on all information of which preparer			i my knowicage and belief, it		
				<u> </u>			
Sig	nn 📗	Signature of officer		Date			
He		•	CE VICE				
пе	ere	Type or print name and title	ICE VICE	-CHAI	.х		
	Drint	Type or print name and title  Type preparer's signature  Preparer's signature	Date	10: 1	if PTIN		
Pai				Check	· 🗀 "		
	naror	FRIEDEN JILL FRIEDEN	· · ·	/20 self-er			
	e Only	** NAME	F	Firm's EIN	51-0442395		
USE	Ulliy	2 S. THIRD STREET, SUITE 400			E12 0E2 6612		
_		address HAMILTON, OH 45011	F	Phone no.	513-858-6040		
Ma	y the IRS dis	cuss this return with the preparer shown above? (see instructions)			X Yes No		

Pa	rt III		Service Accomplishments	this Dort III	X
1	Briefly d	escribe the organization's miss	ontains a response or note to any line in	tris Part III	
		CHEDULE O			
2	Did the	organization undertake any sig	nificant program services during the year which w	vere not listed on the	
	•	m 990 or 990-EZ?			Yes X No
		describe these new services of			
3		-	, or make significant changes in how it conducts,	any program	Vaa 🔽 Na
	services	describe these changes on So	shedule O	⊔	Yes X No
4		=	ervice accomplishments for each of its three large	st program services, as measured by	
			c)(4) organizations are required to report the amou	· · ·	
	the total	expenses, and revenue, if any	, for each program service reported.		
<b>4</b> a	(Code:	) (Expenses \$	330,682 including grants of\$	) (Revenue \$ <b>3</b>	83,193)
			OR AND SENIOR CHAMPIONSH		
C	LINI	CS, ZONE TEAM E	XPENSES, OUTREACH, REGIS		
F	ACIL:	ITY FUND AND SE	NIOR CIRCUIT MEET		
				• • • • • • • • • • • • • • • • • • •	
4h	(Code:	) (Expenses \$	18,703 including grants of\$	) (Revenue \$	
		S-CHAMPIONSHIP	MEETC	, (Nevende \$	
			··········		
4c	(Code:	) (Expenses \$	including grants of\$	) (Revenue \$	)
	/A				
	•				
4d	Other pr	ogram services (Describe in S	chedule O.)		
	(Expens	-	including grants of\$	(Revenue \$	
4e		ogram service expenses	349,385		<del></del>

	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
_	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	_		37
-	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		х
	the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D. Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	0		Λ
9	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			21
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	. •		2.
•	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a		X
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u> </u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>X</u>
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	446		v
15	foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	14b		X
13	for any foreign approximation O. 16 (V) = " approximation O. be adult F. Doubell and D.	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	13		Λ
10		16		X
17	assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	10		21
••	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	••		
	De 17/11 Francis de carlos O. K. IIV.	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
. •	If "Yes," complete Schedule G, Part III	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? If "Yes," complete Schedule I, Parts I and II	21		X

<ul> <li>Did the organization report more than \$5,000 of grants or other assistance to or for domestic individual Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III</li> <li>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 compensate employees? If "Yes," complete Schedule J</li> <li>Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer line through 24d and complete Schedule K. If "No," go to line 25a</li> <li>Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?</li> <li>Did the organization maintain an escrow account other than a refunding escrow at any time during the</li> </ul>	22 ted  23 nes 24b  246	Yes	X
<ul> <li>Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III</li> <li>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 compensate employees? If "Yes," complete Schedule J</li> <li>Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer line through 24d and complete Schedule K. If "No," go to line 25a</li> <li>Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?</li> <li>Did the organization maintain an escrow account other than a refunding escrow at any time during the</li> </ul>	22 ted  23 nes 24b  246		
<ul> <li>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 compensate employees? If "Yes," complete Schedule J</li> <li>Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer line through 24d and complete Schedule K. If "No," go to line 25a</li> <li>Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?</li> <li>Did the organization maintain an escrow account other than a refunding escrow at any time during the</li> </ul>	23 nes 24b 24a		
organization's current and former officers, directors, trustees, key employees, and highest compensate employees? If "Yes," complete Schedule J  24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer line through 24d and complete Schedule K. If "No," go to line 25a  b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  c Did the organization maintain an escrow account other than a refunding escrow at any time during the	23 nes 24b 24a		x
employees? If "Yes," complete Schedule J  24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer line through 24d and complete Schedule K. If "No," go to line 25a  b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  c Did the organization maintain an escrow account other than a refunding escrow at any time during the	23 nes 24b 24a		X
<ul> <li>\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer line through 24d and complete Schedule K. If "No," go to line 25a</li> <li>b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?</li> <li>c Did the organization maintain an escrow account other than a refunding escrow at any time during the</li> </ul>	24a 24b		
<ul> <li>through 24d and complete Schedule K. If "No," go to line 25a</li> <li>Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?</li> <li>Did the organization maintain an escrow account other than a refunding escrow at any time during the</li> </ul>	24a 24k		1
<ul><li>b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?</li><li>c Did the organization maintain an escrow account other than a refunding escrow at any time during the</li></ul>	24k	.	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the		l	X
		)	
	e year		
to defease any tax-exempt bonds?	240		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		l	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an exce			
transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	258	1	X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in	-		
year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 9			l
If "Yes," complete Schedule L, Part I	25k	)	X
Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to a	any		
current or former officers, directors, trustees, key employees, highest compensated employees, or			37
disqualified persons? If "Yes," complete Schedule L, Part II			X
Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
substantial contributor or employee thereof, a grant selection committee member, or to a 35% control			- v
entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		X
Was the organization a party to a business transaction with one of the following parties (see Schedule	e L,		
Part IV instructions for applicable filing thresholds, conditions, and exceptions):	294		X
<ul> <li>a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV</li> <li>b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete</li> </ul>	288	l l	<u> </u>
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	288		х
c An entity of which a current or former officer, director, trustee, or key employee (or a family member the		1	122
was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	280		х
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedul</i>			X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualific			
conservation contributions? If "Yes," complete Schedule M	30		x
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Sched</i>			X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes,"</i>			<del> </del>
complete Schedule N, Part II	32		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Reg			1
sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Par			
or IV, and Part V, line 1	34		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	1	X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	a		
controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line	9.2 35k	)	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitate	ble		
related organization? If "Yes," complete Schedule R, Part V, line 2	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? If "Yes," complete Schedule R,			X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 1	11b and		
19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	X	
Part V Statements Regarding Other IRS Filings and Tax Compliance	,		
Check if Schedule O contains a response or note to any line in this Part \	<u>/</u>	<u></u>	<u>. Ц</u>
		Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a			
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?		rm <b>99</b> 0	

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Form 990 (2018) UNITED STATES SWIMMING INC. - OHIO 31-1016588

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

	Statemente Regarding State into I minge and Tax Semplianes (see	701110	,		<b>V</b>	NI.
20	Fator the number of employees reported on Farm W. 2. Transmittel of Wass and Tay	1 1			Yes	No
Za	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	20	2			
<b>h</b>	Statements, filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax is	2a		2b	x	
b	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instruct		· · · · · · · · · · · · · · · · · · ·	20	Λ	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	lioris)		3a		X
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Sched</i>	 Iula O		3b		21
4a	At any time during the calendar year, did the organization have an interest in, or a signature or ot		thority over	30		
тu	a financial account in a foreign country (such as a bank account, securities account, or other final		-	4a		х
b	If "Yes," enter the name of the foreign country:	ioiai a		ти		
~	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Finance	ial Ac	counts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax yea			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter train		on?	5b		Х
С	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 d	id the				
	organization solicit any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contrib	outions	or			
	gifts were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly	for go	ods			
	and services provided to the payor?			7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which	it was				
	required to file Form 8282?			7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal bene			7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit of			7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maint	ained	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:	40-1				
a	Initiation fees and capital contributions included on Part VIII, line 12  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a 10b				
b 11	Section 501(c)(12) organizations. Enter:	100				
ıı a	Cross income from mombars or sharehold are	11a				
a b	Gross income from other sources (Do not net amounts due or paid to other sources	ı ıa				
	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 F		041?	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.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	<b>Note.</b> 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				
С	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 in Sche	edule C	)	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in rem	unerat	ion 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 of the section 4968 excise tax on net investment.	nent in	come?	16		X
	If "Yes," complete Form 4720, Schedule O.					

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Part VI

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

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

Sec	tion A. Governing Body and Management					
_		1 - 1	10		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	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 in Schedule O.	41-	10			
b	Enter the number of voting members included in 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					v
•	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, or 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	illed?		5		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			6		X
6	Did the organization have members or stockholders?			ь		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			7-		х
L	one or more members of the governing body?			7a		Λ
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			76		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the		by the follow	7b		Λ
	The governing body?	ie yeai	by the follow	8a	X	
a	Each committee with authority to act on behalf of the governing body?			8b	X	
ь 9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			OD	Λ	
9	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		x
Sec	etion B. Policies (This Section B requests information about policies not required by the	Inter	nal Reven		ode	)
000	internal D. 1 choice (Thie econom & requests information about periods not required by the	mici	ilai i lovoii	40 00	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,			100		
-	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a		filina t	he form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	9 .				
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	e rise	to conflicts?	12b	X	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes,"</i>					
	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		Х
15	Did the process for determining compensation of the following persons include a review and approval by					
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decis	ion?				
а	The organization's CEO, Executive Director, or top management official			15a		Х
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		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ▶ OH					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-	T (Sec	tion 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request Other (explain in Schedule O)					
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of	interes	t 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	record	s 🕨			
K	RISTI PRINCELL 5020-B COLLEGE CORNER PIKE					
0	KFORD OH 450	56	513	-52	3 - 6	658

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

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

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

- **1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

 $|\mathbf{X}|$  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	box	k, unle	ess pe	ition more rson i	than one is both an ir/trustee)	(D) Reportable compensation from the organization	(E)  Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Former Highest compensated employee	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) TODD BILLHIMER									
GENERAL CHAIR	2.00	х		x			0	0	
(2) MIKE YEAGER	0.00	Λ		Λ			0	0	0
(=/	2.00					M   '			
ADMIN VICE CHAIR	0.00	X		X			0	0	0
(3) JOE WALLER									
	2.00	77		Ų				•	
FINANCE VICE-CHAIR (4) KRIS MOELLENBER	0.00	X		X			0	0	0
(4) KKIS MOELLENBER	2.00								
COACHES CHAIR	0.00	х					0	0	0
(5) BRAYDON KIME									
	2.00	Y							
SR ATHLETE REP	0.00	X					0	0	0
(6) CAROLINE HOLMES	2.00								
JR ATHLETE REP	0.00	x					0	0	0
(7) MARK JOHNSON	0.00							•	
(,	2.00								
SECRETARY	0.00	X		X			0	0	0
(8) DAVID LLOYD									
mper dupep	2.00	3,5		37			•	0	
TREASURER (9) CHRIS MCKINNEY	0.00	X		X			0	0	0
(a) CHRID MCKINNEI	2.00								
SENIOR VICE CHAIR	0.00	х		x			0	0	0
(10)KEVIN RACHAL									
	2.00								
AGE GROUP VICE CHAIR	0.00	X		X			0	0	0
(11) LEW TIMBERMAN	2 00								
SAFE SPORT COORDINAT	2.00 0.00	х					0	0	0
DAA	0.00	22	l	J.				<u> </u>	- 000

Part VII Section A. Officer	s, Directors, Ti	rust	ees,	Key	Em	ploy	ees/	s, and Highest Compens	ated Employees (continu	ued)		
(A) Name and title	(B) Average hours per week (list any hours for	bo	x, unle	Pos check ess pe nd a d	more rson i	s both r/trust	an ee)	(D) Reportable compensation from the organization	(E)  Reportable compensation from related organizations (W-2/1099-MISC)	;	(F) Estima amoun othe mpens from the	t of r ation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensatec employee	Former	(W-2/1099-MISC)	(	а	rganiza and rela ganiza	ation ated
(12) PAM BIRNBRIC	H 2.00 0.00	x						0	0			0
								<b>&gt;</b>				
45 0-54-4-1												
to tal (add lines 1b and 1c)  Total (add lines 1b and 1c)  Total number of individuals (reportable compensation from	eets to Part VII	, Se	ited			liste	► d ab	pove) who received more	than \$100,000 of			
<ul> <li>3 Did the organization list any employee on line 1a? <i>If "Yes</i></li> <li>4 For any individual listed on li organization and related organization and related organization.</li> </ul>	e," complete Sch ne 1a, is the sui anizations great	nedu m of er th	le J i repo an \$	for so ortab 3150	uch le co ,000	indiv ompe ? If	idua ensa "Yes	al ation and other compensa s," complete Schedule J fo	tion from the		3	Yes No X
5 Did any person listed on line for services rendered to the of Section B. Independent Contract	organization? If								on or individual		5	Х
Complete this table for your compensation from the organ	five highest com nization. Report	npen	sate ipen	d inc	depe on fo	ndei r the	nt co cal	endar year ending with or	within the organization's	tax year.		(C)
Name and	(A) d business address							Descrip	(B) tion of services		Coi	(C) mpensation
2 Total number of independent received more than \$100,000									0			

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated (D) Revenue excluded from tax (A) (B) Related or Total revenue exempt business under sections 512-514 function revenue revenue 1a Federated campaigns ..... 1a **b** Membership dues ..... 1b **c** Fundraising events ...... 1c **d** Related organizations ..... 1d Program Service Revenue and Other Sim e Government grants (contributions) 1e  $\boldsymbol{f} \quad \text{All other contributions, gifts, grants,} \\$ and similar amounts not included above 1f g Noncash contributions included in lines 1a-1f: h Total. Add lines 1a-1f Busn. Code SANCTIONS & MEET REVENUE 713990 198,667 198,667 713990 118,914 118,914 MEMBERSHIP DUES ZONE TEAM INCOME 713990 50,888 50,888 OTHER PROGRAM SERVICE REVENUE 713990 14,460 14,460 CAMP AND CLINIC INCOME 713990 264 264 **f** All other program service revenue ...... 383,193 g Total. Add lines 2a-2f Investment income (including dividends, interest, 19,259 and other similar amounts) 19,259 Income from investment of tax-exempt bond proceed Royalties ... (i) Real (ii) Personal 6a Gross rents **b** Less: rental exps. c Rental inc. or (loss d Net rental income or (loss) .... 7a Gross amount from (i) Securities (ii) Other sales of assets other than inventor **b** Less: cost or other basis & sales exps c Gain or (loss) d Net gain or (loss) ..... 8a Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses ..... c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses ..... b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold ..... b c Net income or (loss) from sales of inventory Miscellaneous Revenue Busn. Code 11a d All other revenue ..... e Total. Add lines 11a–11d ..... 402,452 383,193 19,259 **12** Total revenue. See instructions.

Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must Check if Schedule O contains a resp			t complete column (A).	X
Do n	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
7b, 8	Bb, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
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,				
c	trustees, and key employees  Compensation not included above, to disqualified				
6	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	73,924	57,124	16,800	
8	Pension plan accruals and contributions (include	, 3 , 3 2 1	31722	20,000	
•	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	6,637	5,137	1,500	
11	Fees for services (non-employees):	•			
а	Management				
b	Legal				
С	Accounting	8,415		8,415	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	7			
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)				
	Advertising and promotion		7		
13	Office expenses				
14 15	Information technology				
16	Royalties				
17	Occupancy Travel	42,451	42,451		
18	Payments of travel or entertainment expenses		,		
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	33,100	33,100		
20	Interest	1,202		1,202	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
_	(A) amount, list line 24e expenses on Schedule O.)  CHAMPIONSHIP FACILITIES	72 660	72 660		
a	ZONE TEAM	73,669 56,503	73,669 56,503		
b c	SUPPLIES	36,052	13,094	22,958	
d	AWARDS	18,703	18,703	22,330	
e	All other expenses	53,277	49,604	3,673	
25	Total functional expenses. Add lines 1 through 24e	403,933	349,385	54,548	0
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)				

P	art 2	X Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
		(A) Beginning of y	ear		(B) End of year
	1	Cash—non-interest bearing -1,	423	1	-1,023
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
ţ		organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
ä	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities 357,	983	11	356,102
	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		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	560	16	355,079
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to current and former officers, directors,			
≣		trustees, key employees, highest compensated employees, and			
Liabilities		disqualified persons. Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable 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		25	
	26	Total liabilities. Add lines 17 through 25	0	26	0
S		Organizations that follow SFAS 117 (ASC 958), check here ▶X and			
nce		complete lines 27 through 29, and lines 33 and 34.			
ala	27	Unrestricted net assets 356,	560	27	355,079
B	28	Temporarily restricted net assets		28	
Ĭ	29	Permanently restricted net assets		29	
Ē		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and			
Net Assets or Fund Balances		complete lines 30 through 34.			
set	30	Capital stock or trust principal, or current funds		30	
As	31			31	
Net	32			32	
_	33	Total net assets or fund balances 356,			355,079
	34	Total liabilities and net assets/fund balances	560	34	355,079

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>		<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1				152
2	Total expenses (must equal Part IX, column (A), line 25)	2	4	103	, <u>9</u>	<del>9</del> 33
3	Revenue less expenses. Subtract line 2 from line 1	3		<u>-1</u>	_ , 4	181
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3	<u> 356</u>	5,5	560
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10	3	<u> 355</u>	5,C	)7 <u>9</u>
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>		<u></u>	<u></u>	Ш
				Y	'es	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in					
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		28	3		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or					
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		21	<u>)</u> :	X	
	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:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight					
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		20	<u>:                                    </u>	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in					
	Schedule O.					
За	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?		38	ì		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the					
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	<u></u>	3I	<u>)</u>		
			F	orm <b>§</b>	<del>)</del> 90	(2018)

# **SCHEDULE A**

(Form 990 or 990-EZ)

**Public Charity Status and Public Support** Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public** Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

TINTTED STATES SWIMMING INC OTTTO Employer identification number

			ONTIED STAIL	TO DMIMMING THE	(	JUTO	21-101	0000	
Pa	art	Reas	on for Public Charity	y Status (All organization	ns mus	t compl	ete this part.) See instru	uctions.	
The	orga			use it is: (For lines 1 through 1					
1	Ň	A church, co	onvention of churches, or as	ssociation of churches describe	ed in <b>sec</b>	tion 170	(b)(1)(A)(i).		
2	П			)(A)(ii). (Attach Schedule E (F			. , . , . , . ,		
3	П			vice organization described in					
4	П			ed in conjunction with a hospit				the hospital's name.	
	ш	city, and stat	= :					, , , , , , , , , , , , , , , , , , , ,	
5		•		t of a college or university own	ed or ope	erated by	a governmental unit describe	ed in	•
•	Ш	_	(b)(1)(A)(iv). (Complete Pa	_	.оч о. орч	J. a.c. a 2 y	a governmental arm deserre		
6				governmental unit described in	n <b>sectio</b> r	170(b)(	(1)(A)(v).		
7	П		=	a substantial part of its suppor				oublic	
		•	section 170(b)(1)(A)(vi). (						
8		A community	y trust described in <b>section</b>	170(b)(1)(A)(vi). (Complete F	Part II.)				
9	П			escribed in section 170(b)(1)(		erated in	conjunction with a land-grant	college	
		or university	or a non-land-grant college	e of agriculture (see instruction	s). Enter	the nam	e, city, and state of the colleg	e or	
	_	university:							
10	X			(1) more than 33 $1/3\%$ of its s					
				empt functions—subject to cert					
				and unrelated business taxable 30, 1975. See section 509(a)				S	
11			•	d exclusively to test for public	1		•		
12	H	-		d exclusively for the benefit of,				nurnoege	
14	Ш			nizations described in <b>section</b>					
				that describes the type of sup					
	а	Type I. A	A supporting organization o	perated, supervised, or contro	lled by its	support	ed organization(s), typically b	y giving	
				ower to regularly appoint or ele				, , ,	
		supportir	ng organization. <b>You must</b>	complete Part IV, Sections A	and B.				
	b	Type II.	A supporting organization s	supervised or controlled in con	nection w	ith its su	pported organization(s), by h	aving	
				orting organization vested in th		ersons t	hat control or manage the su	oported	
				te Part IV, Sections A and C.					
	С			supporting organization opera				ted with,	
	<b>ا</b>		-	nstructions). You must completed A supporting arganization				i-ation(a)	
	d			ed. A supporting organization on the organization of the organization generally must					
				must complete Part IV, Sect				iiveriess	
	е			eceived a written determination				II	
	-			on-functionally integrated supp					
	f	Enter the nu	mber of supported organiza	ations					
	g	Provide the f	following information about	the supported organization(s).					
(i)		e of supported	(ii) EIN	(iii) Type of organization	(iv) Is the c	rganization	(v) Amount of monetary	(vi) Amount of	
	org	ganization		(described on lines 1–10 above (see instructions))		ir governing ment?		other support (see	
				above (see instructions))	Yes	No	instructions)	instructions)	
/A\					162	NO			_
(A)									
(B)									_
(D)									
<i>(</i> C)									_
(C)									
(D)									_
(D)									
/E\									_
(E)									
									_
T-4-									

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.)

	tion A. Public Support		•		· •			
Cale	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 201	8	(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							
<b>4 5</b>	Total. Add lines 1 through 3  The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							
6	Public support. Subtract line 5 from line 4.							
	tion B. Total Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 201	8	(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	c. (see instruction	s)				12	
13	First five years. If the Form 990 is for the	ie organization's f	first, second, third	, fourth, or fifth ta	x year as a section	n 501(c)(3)		
	organization, check this box and stop he	ere	· · · · · · · · · · · · · · · · · · ·					▶
Sec	tion C. Computation of Public	Support Perce	entage					
14	Public support percentage for 2018 (line	6, column (f) divide	ded by line 11, co	lumn (f))			14	%
15	Public support percentage from 2017 Sc	hedule A, Part II,	line 14				15	%
16a	33 1/3% support test—2018. If the orga	anization did not c					nis	
	box and <b>stop here</b> . The organization qu	alifies as a public	ly supported orga	nization				▶ _
b	33 1/3% support test—2017. If the orga	anization did not c	check a box on line	e 13 or 16a, and l	ine 15 is 33 1/3%	or more, ch	eck	
	this box and <b>stop here.</b> The organization							▶ ∟
17a	10%-facts-and-circumstances test—2	_						
	10% or more, and if the organization me				-			
	Part VI how the organization meets the "	facts-and-circums	stances" test. The	organization qua	llifies as a publicly	supported		
	organization							▶ ∟
b	10%-facts-and-circumstances test—2	_						
	15 is 10% or more, and if the organization							
	Explain in Part VI how the organization r	neets the "facts-a	ind-circumstances	test. The organ	ization qualifies as	s a publicly		_
40								▶ ∟
18	<b>Private foundation.</b> If the organization of							_
	instructions							▶ □

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.)

_	41 A D I II O 4	- 1		,,,		,	
	tion A. Public Support	1					
Calei	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")			1,059			1,059
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	278,155	365,909	339,716	385,205	383,193	1,752,178
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	278,155	365,909	340,775	385,205	383,193	1,753,237
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						
	Add lines 7a and 7b						
8	<b>Public support.</b> (Subtract line 7c from						
500	tion B. Total Support						1,753,237
Cale	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	<b>(e)</b> 2018	(f) Total
9		278, 155	365,909		385,205	383,193	1,753,237
		278,133	303,303	340,773	365,205	363,133	1,755,257
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	9,550	12,740	11,379	15,072	19,259	68,000
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						_
С	Add lines 10a and 10b	9,550	12,740	11,379	15,072	19,259	68,000
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	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)	287,705	378,649	352,154	400,277	402,452	1,821,237
14	First five years. If the Form 990 is for the	ne organization's fi	irst, second, third		year as a section	1 501(c)(3)	
	organization, check this box and stop he						
Sec	tion C. Computation of Public						
15	Public support percentage for 2018 (line						96.27%
16	Public support percentage from 2017 Sc					16	97.54%
	tion D. Computation of Investm					1 . 1	
17	Investment income percentage for 2018			e 13, column (f))			4 %
18	Investment income percentage from 201						2 %
19a	33 1/3% support tests—2018. If the org 17 is not more than 33 1/3%, check this	box and stop her	e. The organizati	on qualifies as a p	oublicly supported	organization	<b>&gt;</b> X
b	33 1/3% support tests—2017. If the org	=					
	line 18 is not more than 33 1/3%, check	-	_	-		-	
20	<b>Private foundation.</b> If the organization	did not check a bo	x on line 14, 19a	or 19b, check thi	s box and see ins	tructions	▶ 📙

#### **Supporting Organizations** Part IV

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

#### Section A. All Supporting Organizations

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

	Yes	No
1		
3a		
Ja		
3b		
3c		
4a		
4b		
4-		
4c		
5a		
5b 5c		
6		
7		
8		
9a 9b		
9c		
10a		
10b (Form 990	or 990-	EZ) 2018

	die A die	<del>, , , , , , , , , , , , , , , , , , , </del>		i age u
Pa	rt IV Supporting Organizations (continued)	<del></del> 1	<u> </u>	
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а				
_	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations	1		
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	tion D. All Type III Supporting Organizations			
	J1 11 0 0		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
-	organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how</i>			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
2	By reason of the relationship described in (2), did the organization's supported organizations have a	_		
3	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 <b>Part VI</b> the role the organization's			
Soct	supported organizations played in this regard. tion E. Type III Functionally-Integrated Supporting Organizations	3		
		-4:\		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instru	CUONS).		
a	The organization satisfied the Activities Test. Complete <b>line 2</b> below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		1	
С	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see	Instruction	ons).	
2	Activities Test. Anguar (a) and (b) helpy	ſ	Ves	NI-
	Activities Test. Answer (a) and (b) below.		Yes	No
а	, , , , , , , , , , , , , , , , , , , ,			
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	, ,			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Ves." describe in Part VI the role played by the organization in this regard	3h		

UNITED	STATES	SWIMMING	INC	_	OHIO 31-101658
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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgan	izations	_
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 c	complete Sections A throu	ıgh 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):			
Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other		_	
factors (explain in detail in <b>Part VI</b> ):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally integral	ed Ty	pe III supporting organiza	tion (see
instructions).	,	, 5 5	,
		Schodulo A	(Form 990 or 990 E7) 2018

Schedule A (Form 990 or 990-EZ) 2018

Par	t V Type III Non-Functionally Integrated 509(a)(3)	) Supporting Organ	<u>izations (continued)</u>	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt pur	poses		
2	Amounts paid to perform activity that directly furthers exempt purpos	ses of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of su	pported organizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	<b>Total annual distributions.</b> Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organ	nization is responsive		
	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount	T		
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1_	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required-explain in <b>Part VI</b> ). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
c	From 2015	N.Y.		
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from			
	Section D, line 7:			
	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in <b>Part VI</b> . See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
Ü	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
'	and 4c.			
8	Breakdown of line 7:			
-	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Employer identification number

IJ	NITED STATES SWIMMING INC OHIO		31-1016588
	art I Organizations Maintaining Donor Advised	Funds or Other Similar Funds	
	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	ovaluaiva lagal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisor		
•	only for charitable purposes and not for the benefit of the donor or		
			Yes No
Pa	art 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 (ch		
	Preservation of land for public use (e.g., recreation or education		portant land area
	Protection of natural habitat	Preservation of a certified histor	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified co	nservation contribution in the form of a contribution	conservation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		20
b	Total acreage restricted by conservation easements		ah
c	Number of conservation easements on a certified historic structure		2c
d	Number of conservation easements included in (c) acquired after 7		
_	historic structure listed in the National Register	, 200, 400 1101 011 4	2d
3	Number of conservation easements modified, transferred, released	extinguished or terminated by the orga	
·	tax year >	, examplification, or terminated by the erge	anization daring the
4	Number of states where property subject to conservation easemen	t is located >	
5	Does the organization have a written policy regarding the periodic in		
·	violations, and enforcement of the conservation easements it holds		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling		
·	etan and volunteer nours devoted to mornioring, inspecting, name	ig of violations, and emoroting concervati	ion easements daring the year
7	Amount of expenses incurred in monitoring, inspecting, handling of	violations, and enforcing conservation e	easements during the year
•	S	violations, and officioning concervation of	accomente dannig the year
8	Does each conservation easement reported on line 2(d) above sati	sfy the requirements of section 170(h)(4	)(B)(i)
•	and section 170(h)(4)(B)(ii)?	o., a	Yes No
9	In Part XIII, describe how the organization reports conservation eas	sements in its revenue and expense stat	ement and
	balance sheet, and include, if applicable, the text of the footnote to	•	
	organization's accounting for conservation easements.		
Pa	art III Organizations Maintaining Collections of A	rt, Historical Treasures, or Oth	ner Similar Assets.
	Complete if the organization answered "Yes" of	on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958	3), not to report in its revenue statement	and balance sheet
	works of art, historical treasures, or other similar assets held for pu		
	public service, provide, in Part XIII, the text of the footnote to its final	ancial statements that describes these it	ems.
b	If the organization elected, as permitted under SFAS 116 (ASC 958	3), to report in its revenue statement and	balance sheet
	works of art, historical treasures, or other similar assets held for pu		
	public service, provide the following amounts relating to these items	s:	
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X		<b>&gt;</b> \$
2	If the organization received or held works of art, historical treasures	s, or other similar assets for financial gair	n, provide the
	following amounts required to be reported under SFAS 116 (ASC 9		•
а	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
	Assets included in Form 990, Part X		<b>&gt;</b> \$

Part III Organizations Maintaining	Collections of Art	, Historical Treasure	s, or Other Si	milar Ass	ets (co	ntinu	ıed)
3 Using the organization's acquisition, access collection items (check all that apply):	ion, and other records, ch	neck any of the following the	at are a significant	use of its			
a Public exhibition		r exchange programs					
b Scholarly research	e Other						
c Preservation for future generations	-114:		:	: . D			
4 Provide a description of the organization's c XIII.	ollections and explain no	w they further the organizat	ion's exempt purpo	ose in Part			
<ul><li>5 During the year, did the organization solicit</li></ul>	or receive donations of ar	t historical treasures or of	her similar				
assets to be sold to raise funds rather than t					Yes		No
Part IV Escrow and Custodial Arr		organi_a o oooo.					
Complete if the organization 990, Part X, line 21.	n answered "Yes" or	r Form 990, Part IV, li	ne 9, or reporte	ed an amo	unt on	Forn	n
1a Is the organization an agent, trustee, custod	ian or other intermediary	for contributions or other a	ssets not				
					Yes	<b>S</b>	No
<b>b</b> If "Yes," explain the arrangement in Part XIII	and complete the follow	ng table:			Amount		
e Deginning helence			-	_	Amount		
				1c   1d			_
<ul><li>d Additions during the year</li><li>e Distributions during the year</li></ul>				1e			
f Ending balance				1f			_
2a Did the organization include an amount on F	Form 990, Part X, line 21,	for escrow or custodial acc	<u> </u>		Yes	s 🗌	No
<b>b</b> If "Yes," explain the arrangement in Part XIII					<u></u>	_П	
Part V Endowment Funds.							
Complete if the organization	<u>n answered "Yes" or</u>			1			
_	(a) Current year (i	) Prior year (c) Two yea	rs back (d) Three	years back	(e) Four	years ba	ack
1a Beginning of year balance							
<b>b</b> Contributions							
c Net investment earnings, gains, and							
d Grants or scholarships							
e Other expenditures for facilities and							
programs							
f Administrative expenses							
g End of year balance							
2 Provide the estimated percentage of the cur	rent year end balance (lir	ne 1g, column (a)) held as:					
a Board designated or quasi-endowment ▶	%						
<b>b</b> Permanent endowment ▶ %							
c Temporarily restricted endowment ▶	%						
The percentages on lines 2a, 2b, and 2c sho							
3a Are there endowment funds not in the posse	ession of the organization	that are held and administ	ered for the		Г,	<b>/</b>	NI -
organization by:						Yes	No
(i) unrelated organizations (ii) related organizations					3a(i) 3a(ii)		
<b>b</b> If "Yes" on line 3a(ii), are the related organizations	rations listed as required	on Schedule R?			3b		
4 Describe in Part XIII the intended uses of the							
Part VI Land, Buildings, and Equ							
Complete if the organization	n answered "Yes" or	ı Form 990, Part IV, liı	ne 11a. See Fo	rm 990, P	art X, I	ine 1	0.
Description of property	(a) Cost or other basis	(b) Cost or other basis	(c) Accumulated		(d) Book v	alue	
	(investment)	(other)	depreciation				
1a Land							
<b>b</b> Buildings							
c Leasehold improvements							
d Equipment							
e Other  Total. Add lines 1a through 1e. (Column (d) must		column (B), line 10c.)		•			

X

Part VII	Investments-	-Other Securities.
	IIIVesillellis—	-011161 3664111165.

Part VII	Investments—Other Securities.  Complete if the organization answered "Y	es" on Form 990. Part IV.	line 11b. See Form 990. Part X. line 12.
	(a) Description of security or category	(b) Book value	(c) Method of valuation:
	(including name of security)		Cost or end-of-year market value
(1) Financial	derivatives		
(2) Closely-he	eld equity interests		
(3) Other			
(A)			
(B)			
(Ċ)			
(Þ)			
(È)			
(F)			
/LI\			
	nn (b) must equal Form 990, Part X, col. (B) line 12.) ▶		
Part VIII	Investments—Program Related.		
	Complete if the organization answered "Y	es" 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)	(1)		
Part IX	on (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets.		
Parlix	Complete if the organization answered "Y	es" on Form 990 Part IV	line 11d See Form 990 Part X line 15
-	(a) Description		(b) Book value
(1)			
(2)			
(3)		<b>&gt;</b>	
(4)			
(5)			
(6)			
(7)			
(8)	<u> </u>		
(9)			
	nn (b) must equal Form 990, Part X, col. (B) line 15.)		<b>&gt;</b>
Part X	Other Liabilities. Complete if the organization answered "Y	(as" on Form 000, Dort IV	line 11e or 11f See Form 000 Port V
	line 25.	es on Form 990, Part IV,	, line Tie of Til. See Form 990, Part X,
1.	(a) Description of liability	(b) Book value	
	income taxes		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(7) (8)			
(7) (8) (9)	nn (b) must equal Form 990, Part X, col. (B) line 25.) ▶		

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Pa	art XI Reconciliation of Revenue per Audited Financial S	tatements With Re	venue per Retu	rn.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 12	2a.	
1				402,452
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		2	402,452
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)			
С	Add lines 4a and 4b			
_5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12			402,452
Pa	art XII Reconciliation of Expenses per Audited Financial			turn.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 1	2a.	400 000
1			1	403,933
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 4		
а	Donated services and use of facilities	2a		
b	b Prior year adjustments 2b			
С				
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d			400 000
3	Subtract line 2e from line 1			403,933
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a 4b		
b	Other (Describe in Part XIII.)			

#### Part XIII Supplemental Information.

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

c Add lines 4a and 4b

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 X - FIN 48 FOOTNOTE

ACCOUNTING STANDARDS REQUIRE MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY
THE ORGANIZATION AND RECONGNIZE A TAX LIABILITY IF THE ORGANIZATION HAS
TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD FAIL TO BE
SUSTAINED UPON EXAMINATION BY THE INTERNAL REVENUE SERVICE. THE
ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAXES AND MANAGEMENT BELIEVES
THE ORGANIZATION HAS NOT ENGAGED IN ANY ACTIVITIES THAT WOULD DISQUALIFY IT
FROM TAX-EXEMPT STATUS OR INCUR A TAX OBLIGATION FOR THE YEARS ENDED
AUGUST 31, 2019 AND 2018. THE ORGANIZATION BELIEVES THEIR ESTIMATES ARE
APPROPRIATE BASED ON CURRENT FACTS AND CIRCUMSTANCES. THE ORGANIZATION IS
SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS; HOWEVER, THERE ARE
CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS. THE ORGANIZATION

4c

403,933

Schedule D (Form 990) 2018 UNITED STATES SWIMMING INC OHIO 31-1016588  Part XIII Supplemental Information (continued)	B Page <b>5</b>
BELIEVES IT IS NO LONGER SUBJECT TO INCOME TAX EXAMINATION	FOR YEARS ENDED
PRIOR TO AUGUST 31, 2015. THE ORGANIZATION'S POLICY WITH RI	
AND PENALTY, IF INCURRED, IS TO RECOGNIZE INTEREST THROUGH	INTEREST EXPENSE
AND PENALTIES THROUGH MISCELLANEOUS EXPENSES.	

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

### Supplemental Information to Form 990 or 990-EZ

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

2018

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.
For to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

**Employer identification number** Name of the organization 31-1016588 UNITED STATES SWIMMING INC. - OHIO FORM 990 - ORGANIZATION'S MISSION USA SWIMMING - OHIO IS COMMITTED TO INCREASING MULTICULTURAL, ETHNIC, AND SOCIOECONOMIC DIVERSITY AT ALL LEVELS OF THE SPORT TO ACHIEVE AND FOSTER AN INCLUSIVE SWIMMING ENVIRONMENT AS WELL AS PROMOTE SWIMMING FUNCTIONS THROUGHOUT OHIO. FORM 990, PART I, LINE 6 VOLUNTEERS INCLUDE COMMITTEE MEMBERS WHO DO NOT RECEIVE COMPENSATION FOR THEIR SERVICES. FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 A DRAFT COPY OF THE FORM 990 IS PROVIDED TO EACH MEMBER OF THE EXECUTIVE BOARD OF THE GOVERNING BODY FOR THEIR REVIEW. ONCE ALL COMMENTS ARE RECEIVED AND ADDRESSED, FORM 990 IS FILED WITH THE IRS. FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY THE ORGANIZATION REQUIRES ITS BOARD MEMBERS TO ANNUAL SIGN A CONFLICT OF INTEREST POLICY. FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON WRITTEN REQUEST FORM 990, PART IX, LINE 24E - OTHER EXPENSES

MGT & GENERAL

TOT/PROG SERVICE

FUNDRAISING

DESCRIPTION

Name of the organization UNITED STATES SWIMMING INC OHIO				Employer identification number 31-1016588		
OUTREACH						
	\$	17,778	\$	0	\$	0
RECOGNITION	BANQUI	ET EXPEN				
	\$	13,678	\$	0	\$	0
CONTRACT LA	BOR					
	\$	12,570	\$	0	\$	0
MISCELLANEO	US EXPI	ENSE				
	\$	0	\$	3,673	\$	0
OPEN WATER	PROGRAI	MS				
	\$	3,027	\$	0	\$	0
BACKGROUND	CHECKS					
	\$	2,551	\$	0	\$	0
TOTAL						
	\$	49,604	\$	3,673	\$	0

### **Ohio Swimming, Inc. Board of Directors Meeting**

Conference Call – January 21, 2020 8:30 pm 513-275-6543 (no PIN) or via computer: www.uberconference.com/ohioswim TENTATIVE AGENDA

### 1. Call to Order and Roll Call

Voting BOD members: Voting BOD members:		Committee and Coordinators:	Committee and Coordinators:	
General Chair – Todd	Senior Ath Rep – Braydon	Diversity/Inclusion – Terry	Zone Team – Brent Peaden	
Billhimer	mer Kime Anchrum		Zone ream – Brent Peaden	
Admin Vice Chair – Joe Waller	Junior Ath Rep – Jack Banks	Disability – George	High School – Rich Morris	
Admin vice chair – Joe Waller	Juliot Atti kep – Jack Baliks	Leatherman		
Senior Chair – Chris McKinney	Athlete At-Large (tbd)	Technical Planning – Kyle	Office – Erin Schwab	
Serilor Chair – Chris McKilliley	Attilete At-Large (tbu)	Goodrich	Office = Effit Scriwab	
Age Group Chair – Kevin	Officials – Pam Birnbrich	Asst. Coach Chair – Dan Cherok	Office – Kristi Princell	
Rachal	Officials Talli Birlibrich	Asst. Coden Chair Barr Cherok		
Finance Vice Chair (vacant)	Safe Sport – Lew Timberman	Operational Risk – John	Gov. Comm. – Jerry Ferritto	
Tillance vice chall (vacant)	Sale Sport – Lew Timberman	Pristash		
Treasurer – David Lloyd	Coach Chair – Kris	Sanctioning – Anissa Kanzari	Gov. Comm. – Mark Koors	
Treasurer – David Lloyd	Moellenberg	Sanctioning - Amssa Kanzan		
	Secretary – Mark Johnson	Camps – Craig Schoenlein	Gov. Comm. – David Back	
		Open Water – Chip Carrigan	Gov. Comm. – Bill Hopkins	

- 2. Approve Agenda
- 3. Consent agenda
  - a. Adoption of December 2019 Minutes
  - b. January Treasurers report
- 4. Old Business
- 5. New Business
  - a. Financial performance through December 31.
  - b. Q4 2019 Investment performance and allocation
  - c. Draft investment policy
  - d. Review Draft OSI tax return
- 6. Announcements
- 7. Next BOD Meetings February 18, 2020 8:30 pm.
- 8. Adjournment

### Ohio Swimming Investment Policy Statement

#### Overview

Ohio Swimming Inc. is a not-for-profit organization with its headquarters located in Oxford, Ohio. Ohio Swimming Inc. maintains an investment portfolio for the benefit of its members.

#### **Purpose of Investment Policy Statement**

The purpose of this Investment Policy Statement is to assist the Board of Directors of Ohio Swimming Inc. in effectively establishing, supervising, monitoring and evaluating the investments maintained in the portfolio (referred to as "The Portfolio" which includes all Ohio Swimming portfolio assets, including operating funds, unless specifically stated otherwise.)

#### The Policy:

- 1. Defines the investment goals and objectives of The Portfolio;
- 2. Documents the material facts considered and the process used to arrive at the investment decisions reached;
- 3. Establishes an asset allocation and investment management strategy designed to have a high probability of meeting the goals and objectives of The Portfolio;
- 4. Establishes a disciplined decision-making process to be followed by the Board of Directors in implementing the investment strategies decided upon;
- 5. Establishes a criteria for evaluating the success of the management of The Portfolio; and
- 6. Documents the procedural prudence followed by the Board of Directors in taking the investment course of action followed.

#### **Goals and Objectives**

#### Portfolio Goals

It is a primary goal of Ohio Swimming Inc. to invest the financial assets of the organization, in excess of funds needed for current operations, and to provide a reasonable level of earnings growth, based on a total return, consistent with a policy of prudently diversified investments. It is also the policy of the organization to maintain operating funds to provide for liquidity to meet current operating and capital expenditure needs.

#### **Investment Objectives**

#### A. Investment Funds

The invested assets of Ohio Swimming Inc. are invested and maintained in a balanced investment program. The primary objective is to provide growth consistent with a policy of prudently diversified investment. Growth will be attained through appreciation of assets, the inclusion of additional funds when available, and from retention of earnings of the fund except earnings caused to be withdrawn as hereinafter provided.

#### B. Short Term Operating Accounts

Short Term Operating Accounts are comprised of operating funds that are used in near term day to day operations. The accounts are be managed by the Treasurer and Assistant Treasurer. The operating accounts are to be limited to FDIC insured bank deposits, high quality money market funds or FDIC insured certificates of deposit.

#### **Asset Allocation**

The asset allocation under the Investment Policy will meet the stated goals and objectives. The asset allocation is based upon the following:

- A. It is not productive to time the markets. Long-term strategic asset allocation based upon the principles of Modern Portfolio Theory is the most prudent investment approach. Effective diversification can reduce risk. In utilizing this methodology, it is important to diversify into all the major asset classes as set out below, and to diversify by investment style.
- B. Portfolios with a greater amount of stock allocations and a lesser amount of bond allocations have a higher probability of short-term losses and of long-term higher returns than portfolios with lesser amounts of stocks.

Therefore, since long-term higher returns are very important in meeting the objectives of The Portfolio, the asset allocation shall contain a mixture of stocks and bonds that subject the portfolio to the potential of moderate, but not devastatingly large short-term losses, and provide the potential for higher long-term returns.

#### **Asset Allocation Mix**

Asset Class	Minimum	Maximum
Equities – total	40%	80%
Equities – international	10%	25%
Bonds	20%	60%
Cash	0%	15%

### **Benchmarking Returns**

A benchmark for each asset class shall be selected to compare future performance against. A passive index that are reflective of the universe of securities within that asset class shall be selected.

Any particular investment strategy will have periods where it will fall short of achieving its goal. During such period, the Board of Directors will obtain and evaluate explanations for such underperformance.

Because we intend to invest in a portfolio containing high risk / high return investments, we define our risk tolerance as moderately high.

#### **Investment Vehicles**

In the equity portion of the portfolio, it is intended that there be adequate diversification between growth and value. For the fixed income portion of the portfolio, there should be adequate diversification between government and corporate securities and in the duration of the underlying bonds.

#### Costs

The costs associated with the management of each fund shall be reviewed at least annually. The Board of Directors' will evaluate the total cost of the individual fund investments relative to, the average fees for a similar mix of mutual funds. Averages from Morningstar Analytical Service shall be used for determining the appropriate average.

#### **Communications**

Unless otherwise requested, the Treasurer or Financial Chair must furnish the Board with a quarterly account review detailing investment performance (time-weighted), asset allocation, and the value of The Portfolio.

The Board of Directors may request that more frequent reports be prepared by the Treasurer if significant concerns arise about investment strategy or performance of The Portfolio.

#### Tax

Ohio Swimming is not subject to Federal, state or local income taxes.

#### **Conflicts of Interest**

See Section 1.7 of the Ohio Swimming Policy Book for the Conflict of Interest policy.

#### 2 S. Third Street, Suite 400 Hamilton, OH 45011

5020 College Corner Pike, Suite A Oxford, Ohio 45056

O: 513.523.1100 | www.kirschcpa.com

December 13, 2019

#### **CONFIDENTIAL**

United States Swimming Inc. - Ohio 5020-B College Corner Pike Oxford, OH 45056

Dear Joe:

We have prepared the following returns from information provided by you without verification or audit.

Return of Organization Exempt From Income Tax (Form 990)

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements. Attached are instructions for signing and filing each return. Please follow those instructions carefully.

Enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

Kirsch CPA Group, LLC

O: 513.523.1100 | www.kirschcpa.com

# **Filing Instructions**

# **United States Swimming Inc. - Ohio**

## **Exempt Organization Tax Return**

Taxable Year Ended August 31, 2019

Date Due: January 15, 2020

Remittance: None is required. Your Form 990 for the tax year ended 8/31/19 shows no

balance due.

**Mail To:** Department of the Treasury

Internal Revenue Service Center

Ogden, UT 84201-0027

If a private delivery service is used, mail to:

**OSPC** 

1973 Rulon White Blvd. Ogden, UT 84201-1000

**Signature:** The return should be signed and dated on Page 1 by an officer representing the

organization.

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

OMB No. 1545-0047 2018 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

A For the 2018 calendar year, or tax year beginning 0 9 / 0 1 / 18, and ending 0 8 / 3 1 / 19

В	Check if applicable:	C Name of organization			er identification number
Щ	Address change		OHIO		oopy
	Name change	Doing business as  Number and street (or P.O. box if mail is not delivered to street address)	Room/suite		**6588 ne number
	Initial return	5020-B COLLEGE CORNER PIKE		513-	523-6658
	Final return/ terminated	City or town, state or province, country, and ZIP or foreign postal code			
$\overline{\sqcap}$	Amended return	OXFORD OH 45056	T	<b>G</b> Gross re	ceipts\$ 402,452
П	Application pending	F Name and address of principal officer:	<b>H(a)</b> Is t	his a group return for	subordinates Yes X No
ш	Application perioning	JOE WALLER 5020-B COLLEGE CORNER PIKE	H(b) Are	e all subordinates in	cluded? Yes No
		OXFORD OH 45056	11(3) /410	If "No," attach a list	sidded:
_	Tax-exempt status:		7		
j		WWW.SWIMOHIO.COM		oup exemption numb	ber▶ 5367
K	Form of organization		L Year of format		M State of legal domicile: OH
F	Part I Su	ummary			
Governance		escribe the organization's mission or most significant activities:  SCHEDULE O  is box		ts net assets.	
<u>«</u>	3 Number	of voting members of the governing body (Part VI, line 1a)		3	17
Activities &					17
ť		mber of individuals employed in calendar year 2018 (Part V, line 2a)			2
Ac					3
					0
	<b>b</b> Net unre	elated business taxable income from Form 990-T, line 38		ior Year	Current Year
ø.	8 Contribu	utions and grants (Part VIII, line 1h)			0
'n		n service revenue (Part VIII, line 2g)		385,205	383,193
Revenue	10 Investme	ent income (Part VIII, column (A), lines 3, 4, and 7d)		15,072	19,259
œ	11 Other rev	venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0
		venue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		400,277	402,452
		and similar amounts paid (Part IX, column (A), lines 1–3)			0
		paid to or for members (Part IX, column (A), line 4)		00 050	0 561
Expenses	15 Salaries,	, other compensation, employee benefits (Part IX, column (A), lines 5–10)		80,853	80,561
en	16aProtessio	onal fundraising fees (Part IX, column (A), line 11e)  ndraising expenses (Part IX, column (D), line 25) ▶ 0			U
EX	17 Other ex	ndraising expenses (Part IX, column (D), line 25) ► 0 openses (Part IX, column (A), lines 11a–11d, 11f–24e)		318,329	323,372
		penses. Add lines 13–17 (must equal Part IX, column (A), line 25)		399,182	403,933
	19 Revenue	e less expenses. Subtract line 18 from line 12		1,095	-1,481
o c	3		Beginning	of Current Year	End of Year
Sset	20 Total ass	sets (Part X, line 16)		<u>356,560</u>	355,079
Net Assets or	21 Total liak	bilities (Part X, line 26)		256 560	355 370
		ets or fund balances. Subtract line 21 from line 20		<u>356,560</u>	355,079
		f perjury, I declare that I have examined this return, including accompanying schedule	os and statements	and to the best o	f my knowledge and heliaf it
	•	complete. Declaration of preparer (other than officer) is based on all information of wh			i iliy kilowledge alid bellel, it
_					_
Si	gn 🛛 🔽 🕏	Signature of officer		Date	
He	_		REASURER		
		Type or print name and title			
D-	.a	pe preparer's name Preparer's signature		ate Check	
Pai	naror	FRIEDEN JILL FRIEDEN	1	2/13/19 self-er	
	eparer Firm's na			Firm's EIN	**-***2395
US	- 1	2 S. THIRD STREET, SUITE 400			E12 0E0 C040
N/a	Firm's ac			Phone no.	513-858-6040
_	•	uss this return with the preparer shown above? (see instructions)			X Yes No

Pa			n Service Accomplish		his Part III	X
	Briefly de	scribe the organization's mis		ote to arry line in t	ins rait in	
	<del>~~</del>	<del></del>				
		000 az 000 E70	gnificant program services du			Yes X No
	•	escribe these new services	on Schedule O.			100 12 110
3			g, or make significant changes	in how it conducts, an		Yes X No
		escribe these changes on S				. 🗆 🗀
					program services, as measured by it of grants and allocations to others	,
	the total e	xpenses, and revenue, if an	y, for each program service re	ported.		
T C	LINIC	FUND FOR JUNI S, ZONE TEAM F	330,682 including OR AND SENIOR EXPENSES, OUTRE	CHAMPIONSHI ACH, REGIS <b>T</b>	) (Revenue \$ PS, TRAVEL-CONFER RATION, CHAMPIONS	ENCES,
	(Code: <b>WARDS</b>	) (Expenses \$ -CHAMPIONSHIP	18,703 including MEETS		) (Revenue \$	
	• • • • • • • • • •					
	(Code:	) (Expenses \$	including	grants of\$	) (Revenue \$	)
N	/A					
	• • • • • • • • • • • • • • • • • • • •					
	• • • • • • • • • • • • • • • • • • • •					
	• • • • • • • • • • • • • • • • • • • •					
4d	Other pro	gram services (Describe in S	Schedule O.)			
	(Expense		including grants of\$	) (	(Revenue \$	)
4e	Total prod	ram service expenses	349,385			

1 Is the organization described in section 501c(q)3 or 4947(q/1) (other than a private foundation)? If "Yes," compilete Schedule A Schedule A Schedule of Combibutors' (see instructions)?  2 Is the organization engage in indicat or indirect optical camping activities on behalf of or in opposition to candidates for public office? If "Yes," compilete Schedule C, Part I Sched				Yes	No
2 Is the organization complete Schedule B, Schedule of Contributions (see instructions)?  2 X  3 Did the organization engage in direct or inderted political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part II  4 Section 30 (16(3) organizations. Did the organization engage in biobying activities, or have a section 501(b)  election in effect during the tax year? If "Yes," complete Schedule C, Part II  5 Is the organization as section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar anomalism as defined in Reveruse Procedure 58-19? If "Yes," complete Schedule C, Part III  6 Did the organization manitaria may donor advised funds or any similar funds or accounts to within donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts? III "Yes," complete Schedule D, Part II  7 Did the organization membran on tolid a conservation essement, including essements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III  8 Did the organization membran or locidicions of works of art, historical treasures, or other similar assess? If "Yes," complete Schedule D, Part III  9 Did the organization manitaria or the second or an amount in Part X, line 21, for escrivo or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management gredit repair, or debt negotiation services If "Yes," complete Schedule D, Part III  10 Did the organization services If "Yes," complete Schedule D, Part III  11 If the organization services are an amount in Part X, line 21, for escrive or custodial account liability, serve as a custodian for amounts not listed in Part X, ine 10 part III (III) and I	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? "Yese" complete Schedule C. Part II 4  4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) 4  5 Is the organization asection 501(c)(4) 501(c)(5) or 501(c)(5) organization that receives membership dues, assessments or similar amounts as defined in Revenue Proceeding 6-12 of 11 Yese" complete Schedule C. Part II 5  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? II Yese, complete Schedule D. Part II 7  7 Did the organization receive or hold conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? II Yese, complete Schedule D. Part II 7  8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If Yese, complete Schedule D. Part II 7  9 Did the organization report an amount in Part X. line 21 for secrow or custodial account flating, serve as a custodian for amounts on its side in Part X. or provide credit counseling, debt management, credit repair, or debt negotation services? If Yese, complete Schedule D. Part IV 9  10 Did the organization disease, or may or the following questions is Yese; then complete Schedule D. Part IV 9  11 If the organization is answer to through a related organization, hold assets in temporarily restribed endowments, permanent endowments, or quasi-endowments? If Yese, complete Schedule D. Part IV 10  12 Did the organization sharper for through a related organization, hold assets in temporarily restribed endowments, permanent endowments, or quasi-endowments? If Yese, complete Schedule D. Part X 11  13 Did the organization sharper for through a related organization hold assets reported in Part X, line 107				X	
A Section 501(53) organizations. Did the organization engage in lobbying activities, or have a section 501(ft) election in effect during the tax year? If "Yes," complete Schedule C, Part III 4 X is 1s the organization a section 501(f4), 501(55), or 501(55) or 501(	2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
4 X Section 501(c)(3) organizations. Did the organization engage in lotbying activities, or have a section 501(t)) 4 X S 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 89-19? if "Yes." complete Schedule C, Part III 5 X S Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts? if "Yes." complete Schedule D, Part I 7 Did the organization receive or hold a conservation or existent of amounts in such funds or accounts? if "Yes." complete Schedule D, Part I 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? if "Yes," complete Schedule D, Part II 9 Did the organization maintain collections of works of art, historical treasures, or other similar assets? if "Yes," complete Schedule D, Part II 9 Did the organization maintain collections of works of art, historical treasures, or other similar assets? if "Yes," complete Schedule D, Part II 9 Did the organization directly of through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? if "Yes," complete Schedule D, Part V 10 Did the organization services or or any of the following questions is "Yes," then complete Schedule D, Part V 11 II II V 11 V 11 V 11 V 11 V 11 V	3				
election in effect during the tax year? If "Yes," complete Schedule C, Part II   5   1s the organization a section Soi (C)(4), 50 (C(6)), or 50 (C(6)) or gonization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-199 if "Yes," complete Schedule C, Part III   5   X   Did the organization microse with an end proceed vises funds or any similar funds or accounts for which domains have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I   6   X   Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II   7   X   X   Did the organization memorial collections of works of art, historical researce, or environment, lastoric land areas, or historic structures? If "Yes," complete Schedule D, Part II   8   X   X   Did the organization report an amount in Part X. line 21, for escrow or custodial account fashiny, serve as a custodian for amounts not listed in Part X: or provide credit courseling, debt management, predit repart, or debt negotiation services? If "Yes," complete Schedule D, Part IV   9   X   Did the organization, directly or through a related organization, hold assets in temporarily restributed endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V   10   X   X   X   X   X   X   X   X   X			3		X
5 Is the organization a section 501 (c)(4), 501 (c)(5), or 501 (c)(5) or	4				
assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 5   X   6		=	4		X
5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I   7	5				
have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If  "Yes," complete Schedule D, Part I  7			5		X
"Yes," complete Schedule D, Part I  Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III  Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III  Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV  Did the organization from the stated organization, hold assets in temborarity restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part IV  If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part V, IV, IV, IV, IV, IV, X, or X as applicable.  Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V, IV, IV, IV, IV, X, or X as applicable.  Did the organization report an amount for investments—other securities in Part X, line 10? If "Yes," complete Schedule D, Part V, IV, X, X	6	·			
the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III 7, X  8 Did the organization maintain collections of works of art, historical resources, or other similar assets? If "Yes," complete Schedule D, Part III 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, provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 9  Did the organization, directly or through a related organization, hold assets in templerarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10  If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part V 11  If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part V 12  If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V 11  Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11  Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11  Did the organization report an amount for other assets in Part X, line 15? If "Yes," complete Schedule D, Part VIII 11  Did the organization report an amount for other assets in Part X, line 15? If "Yes," complete Schedule D, Part X VIII 11  Did the organization report an amount for other assets in Part X, line 15? If "Yes," complete Schedule D, Part X VIII 11  Did the organization report an amount for other assets in Part X, line 15? If "Yes," complete Schedule D, Part X VIII 11  Did the organization report an amount for other asset					
the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 8 X Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 8 X Y 10 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 9 X Y 10 Did the organization discipling or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 X Y 11, VIII, KV, or X as applicable.  a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V 11 X 11 X X 11 X 11 X X 11 X 11 X 11			6		Х
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? #"Yes,"  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? #"Yes," complete Schedule D, Part IV 9 X  10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, or quasi-endowments; or "Part IV 10 D, Part IV 10 X  11 If the organization's answer to any of the following questions is "Yes," then domplete Schedule D, Part V 10 X  12 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? #"Yes," complete Schedule D, Part V 11 D D D the organization report an amount for investments—other securities in Part X, line 10? #"Yes," complete Schedule D, Part V 11 D D D D D D D D D D D D D D D D D	7				
complete Schedule D, Part III  9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodial not amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV  10 Did the organization diversity or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part IV  11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part IV, VIII, VIII, IX, or X as applicable.  12 Id the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VIII  13 Id the organization report an amount for investments—other secunities in Part X, line 10? If "Yes," complete Schedule D, Part VIII  14 Did the organization report an amount for investments—other secunities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X VIII  15 Did the organization report an amount for other assets in Part X, line 16? If "Yes," complete Schedule D, Part X VIII  16 Did the organization report an amount for other assets in Part X, line 16? If "Yes," complete Schedule D, Part X VIII  16 Did the organization in Separate Independent aduled financial statements for the tax year include a footnote that addresses the organization in Separate Independent aduled financial statements for the tax year? If "Yes," complete Schedule D, Part X VIII X  17 Did the organization asset year of the Independent aduled financial statements for the tax year? If Yes," complete Schedule D, Part X VIII X  18 Did the organization as school described in section 170(b)(1)(k)(ii)? If "Yes," complete Schedule D, Part X VIII X  19 Did the organization asset on the Independent aduled financial statements for the tax year? If Yes," co			7		Х
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV  10 Did the organization, directly or through a related organization, hold assets in temborarily report to the development of the complete Schedule D, Part V  11 If the organization sanswer to any of the following questions is "Yes," then complete Schedule D, Part V I  12 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V I  13 Did the organization report an amount for investments—other securities in Part X, line 10? If "Yes," complete Schedule D, Part V II  14 Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part V II  15 Did the organization report an amount for investments—organ related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part V II  16 Did the organization report an amount for other assets in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part V II  16 Did the organization report an amount for other liabilities in Part X, line 15 that is 5% or more of list total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X II  16 Did the organization's separate or consellated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain fax positions under FIN 48 (ASC 740) If "Yes," complete Schedule D, Part X III II  17 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X II and X II II  18 Did the organization mainta	8				
custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV  10 Did the organization directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part VI  11 If the organization report an amount for load, buildings, and equipment in Part X, line 10? If "Yes," or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI  11	_	· · · · · · · · · · · · · · · · · · ·	8		Х
debt negotiation services? If "Yes," complete Schedule D, Part IV  10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V  11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part VI, VII, VIII, K, or X as applicable.  2 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI  3 Did the organization report an amount for investments—other secunities in Part X, line 10? If "Yes," or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  4 Did the organization report an amount for investments—other secunities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  4 Did the organization report an amount for investments—program related in Part X, line 16? If "Yes," complete Schedule D, Part VIII  5 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  5 Did the organization report an amount for other labilities in Part X, line 15 that is 5% or more of its total assets the organization in Part X, line 16? If "Yes," complete Schedule D, Part X III  6 Did the organization is Bability for uncertain ax positions under Fill 48 (ASC 740)? If "Yes," complete Schedule D, Part X III  7 Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X III AM X IIII  8 Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X II and X IIII  9 Did the organization maintain an office, employees, or agents outside of the United States or aggregate for any foreign i	9				
10 Did the organization, directly or through a related organization, nold assets in temporarily restrated endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 X 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part VI, VIII, IV, IV, IV, IV, IV, IV, IV, I			_		
endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V, II the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part VI, VII, VIII, IX, or X as applicable.  a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a X  b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b X  c Did the organization report an amount for investments—other securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11b X  d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11b X  e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11b X  11d X  11d X  12a Did the organization separate organized interval assets in the tax year include a footnote that addresses the organization's liability for uncertain tax positions under RIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f X  12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X I Am A XII 12b X  b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X I Am A XII 12b X  12a Did the organization answered "No" or mer 12a, then completing Schedule D, Part X I and XII 12b X  13 Is the organization included in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E, Parts II and IV 12b X  15 Did the organization report more than 150,000 or more? If "Yes," complete Schedule F, Parts III and IV 15b X  16 Did the organization report			9		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.  2 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI  2 Did the organization report an amount for investments—other secunities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  3 Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  3 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X VIII  4 Did the organization report an amount for other labilities in Part X, line 25? If "Yes," complete Schedule D, Part X 1114  5 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 Filh 48 (ASC 740)? If "Yes," complete Schedule D, Part X 1114  12 Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X I and XII Is a prize X I and XII Is optional 12b X 13 Is the organization answered "No to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X 14a Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule E, Parts XI and XII is optional 12b X 14a Did the organization answered "No to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X 15 Did the organization answered "No to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X 15 Did the organization on one 12b X 15 Did the organization report on Part IX, column (A),	10				
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If "Yes," complete Schedule G, Part III  20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  20b  21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II  X	19				
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21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	20a	Did the expenientian energic and or more beginted facilities? If "Ver" complete Cabadyla II	20a		X
domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
	21				
		domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	000	

	art IV Checklist of Required Schedules (continued)		I	
22	Did the experimetion report more than 05 000 of experts or other assistance to exfer demostic individuals on		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22		х
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
23	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		х
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</i>			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b				
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			v
27	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	<b>~</b> 1		4.
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	20		v
22	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III,</i>	33		
04	or IV, and Part V, line 1	34		х
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)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		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? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O.	38	X	
Р	art V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		Yes	NIC
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 2		1 62	No
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  1a 2  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		
		_	000	

Form 990 (2018) UNITED STATES SWIMMING INC. - OHIO \*\*-\*\*\*6588

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

Statements, filed for the calendar year ending with or within the year covered by this return  Statements, filed for the calendar year ending with or within the year covered by this return  By I at least on as is reported on line 22, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1s and 2s is greater than 250, you may be required to e-file (see instructions)  3		Statements Regarding Strict Into I mings and Tax Semplianes (88)	minac	,		.,	
statements, filed for the calendar year ending with or within the year covered by this return    2a   2	20	Fator the number of appleaces reported on Farm M. 2. Transmittel of Mass and Tay	1 1			Yes	NO
Note: If the sum of lines 1 and 2 is greater than 250, you may be required to e-five (see instructions)	Zā		20	2			
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-Me (see instructions)  3a	h				2h	v	
38   Different production have unrelated business gross income of \$1.000 or more during the year?  49   Alary 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, sectivities account, or other financial accounts (a financial account) for fireign country (such as a bank account, sectivities account, or other financial Accounts (FBAR).  50   If "Yes", criter the name of the foreign country.  51   Was the organization apply to a prohibited tax shelter transaction at any time during the tax year?  52   Sea	D			of	20	Λ	
b If "Yes," insa it flield a Form 900-T for this year? If "Wo" to line 3b, provide an explanation in Schedule O  A any time during the calendary year, did the organization have an inferent 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)?  A If "Yes," enter the name of the foreign country. See instructions for filing requirements for FiniCEN Form 114, Report of Foreign Bank and Financial accounts (FBAR).  See instructions for filing requirements for FiniCEN Form 114, Report of Foreign Bank and Financial accounts (FBAR).  See instructions for filing requirements for FiniCEN Form 114, Report of Foreign Bank and Financial accounts (FBAR).  See instructions for filing requirements for FiniCEN Form 114, Report of Foreign Bank and Financial accounts (FBAR).  See instructions for filing requirements for FiniCEN Form 114, Report of Foreign Bank and Financial accounts (FBAR).  See instructions for filing requirements for FiniCEN Form 114, Report of Foreign Bank and Financial accounts (FBAR).  See instructions for filing requirements for FiniCEN Form 114, Report of Foreign Bank and Financial accounts (FBAR).  See instructions for filing requirements for form 8896-17.  So Does the organization include with every solicitation an express statement that such contributions or offits were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).  Did the organization include with every solicitation an express statement that such contributions or offits were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution of violation and services provided to the payor?  To provide the organization receive any funds, directly or indirectly, to pay be mumins on a personal benefit contract?  Fore if the organization received any funds, directly or indirectly, to p	32		lioris)		32		x
4a Al 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, or other financial accountry?  4a X  b if "Yes," enter the name of the foreign country. ►  5a Was the organization approximation approximation by the foreign country. ►  5b Was the organization approximation approximation that it was or is a party to a prohibited tax shetter transaction?  5b X  c if "Yes" to line 5a or 5b, did the organization file Form 888-7?  6a Dose the organization have annual gross receipts that are normally greater than \$100,000, and did the organization include with every solicitation an express statement that such cognitions of gifts were not tax deductible?  7 Organizations oblical any contributions that tween or tax deductible as charitable contributions?  6a X  7 Organizations receive a payment in excess of \$75 made partly as a contribution and pathy for goods and services provided to the payor?  7 Organizations that may receive deductible contributions under section 170(e).  8 Did the organization neceive a payment in excess of \$75 made partly as a contribution and pathy for goods and services provided to the payor?  7 Organization in the payor?  7 Organization section and payor in the section 170(e).  8 Did the organization neceive any funds, directly or indirectly, to pay teaminums on a personal benefit contract?  7 Organization received a contribution of qualified intelectual proberty, of the broganization file Form 8899 as required?  8 Did the organization received a contribution of qualified intelectual proberty, of the broganization file Form 1098-C7  9 Sponsoring organization has a maintaining donor advisor or related person?  9 Sponsoring organization make a substitution sunder section 49667  9 Sponsoring organization has a contribution of cars, bods, analyses, or their vehicles, did the organization file a Form 1098-C7  9 Sponsoring organization make a distribution to depart of the broga	_		 Jula O				21
a financial account in a foreign country (such as a bank account, securifies account, or other financial account)?  See in fire 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?  5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yes" to line 5a or 5b, did the organization in the Form 8886-17  6a Does the organization solicit any contributions that it was or is a party to a prohibited tax shelter transaction?  6a X  5b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7b Organizations that may receive deductible contributions under section 170(c).  8b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  9c Organizations that may receive deductible contributions under section 170(c).  8b If "Yes," did the organization notify the donor of the value of the goods or seroless provided?  9c Did the organization receive a payment in excess of \$75 made partly as a contribution and patrly for goods and services provided in Payor?  9c Did the organization sell, exchange, or otherwise dispose of tangbile personal property for which it was required to the Form 8829?  9c Did the organization received a contribution of qualified intellectual property did the organization for Form 889 as required?  9c If the organization received a contribution of qualified intellectual property did the organization fore Form 889 as required?  9c If the organization received a contribution of cars, bods; singlanes, or other vehicles, did the organization file a Form 889 as required?  9c Sponsoring organization have excess business heldings at any time during the year?  9c Sponsoring org	_			thority over	30		
b If "Yes," either the name of the foreign country. ▶ See instructions for filling requirements for FindCRF form 114, Report of Foreign Bank and Financial Accounts (FBAR).  54 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  55 Was the organization a party to a prohibited tax shelter transaction?  56 If "Yes" foll the fore 3 or 50, did the organization that it was or is a party to a prohibited tax shelter transaction?  56 JX  57 Organization have annual gross receipts that are normally greater than \$100,000, and did the organization include with every solicitation an express statement that such copributions or gifts were not tax deductible contributions and the organization include with every solicitation an express statement that such copributions or gifts were not tax deductible?  57 Organizations that may receive deductible contributions under section 170(c).  58 b If "Yes," did the organization nettly the donor of the value of the goods or services provided?  59 b If "Yes," did the organization nettly the donor of the value of the goods or services provided?  50 b If the organization shall may receive a deductible contributions under section 170(c).  50 b If "Yes," did the organization nettly the donor of the value of the goods or services provided?  50 b If "Yes," did the organization nettly the donor of the value of the goods or services provided?  50 b If the organization shall receive a contribution of the paper.  51 b If "Yes," did the organization receive any funds, directly or indirectly, to pay remume on a genome benefit contract?  50 b If the organization there evere any funds, directly or indirectly, to pay remume on a genome benefit contract?  51 b If the organization received a contribution of cars, bods, surplanes, or other vehicles, did the organization file a Form 1098-C?  51 Sponsoring organization have excess business heldings at any time during the year?  52 Sponsoring organization have excess business heldings at any time during the y	ти				4a		x
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR),  8 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  8 If "Yes" to line 5a or 5b, did the organization the lit was or is a party to a prohibited tax shelter transaction?  8 Does the organization annual gross receighs that are normally greater than \$100,000, and did the organization include with every solicitation an express statement that such coatributions or giffs were not tax deductible?  9 Organization solicit any contributions that were not tax deductible as charitable contributions?  9 Organization shelt may receive deductible contributions under section 170(c).  10 Did the organization notify the donor of the value of the goods or services provided?  10 If "Yes," indicate the number of Forms 6282 filed during the year  10 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to life Form 8282.  10 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  11 Did the organization neceived a contribution of cast, boats, and pay premiums on a personal benefit contract?  12 Did the organization neceived a contribution of cast, boats, and pays.  13 Department of the organization neceived a contribution of cast, boats, and pays.  14 If the organization neceived a contribution of cast, boats, and passes, or there were contracted.  15 Did the organization meantaining donor advised funds. Did u conor advised fund maintained by the sponsoring organization make any taxable distributions under section 4968?  15 Sponsoring organizations make any taxable distributions under section 4968?  16 Did the sponsoring organization make any taxable distributions under section 4968?  17 Did the organization self-cert the amount of track-exempt interest received or accrued during the year?  18 Section 501(c)(7) organizations. Finer.  19 Did the sponso	b		ioiai a		10		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes" to line Se or 5b, did the organization file Form 8880-17 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that there end tax deductible as charitable contributions? 6a X 6 If "Yes", did the organization include with every solicitation an express statement that such coatributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). 6c Did the organization receive a payment in excess of \$76 made partly as a contribution and partly for goods and services provided to the payor? 7c Organization receive a payment in excess of \$76 made partly as a contribution and partly for goods and services provided to the payor? 7d If "Yes," indicate the number of Forms 8282 filed during the year property for which it was required to file Form 8282? 1f "Yes," indicate the number of Forms 8282 filed during the year 1 File Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? 7 Filed the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 Filed the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 Filed the organization make entry acusted guided intellectual property, off the organization file a Form 1098-C? 8 Sponsoring organizations make a visible of the payment of the organization file a Form 1098-C? 8 Sponsoring organization make entry studied filendelical property, off the organization file a Form 1098-C? 9 Sponsoring organization make entry studied filendelical property, off the organization filendelical property off the programization filendelical property off the program	-	* *************************************	ial Ac	counts (FBAR).			
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  6	5a			(* =	5a		Х
c If "Yes" to line 5 an or 5b, did the organization file Form 888-T?  8 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?  8 Test 3 did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  8 Organizations that may receive deductible contributions under section 170(c).  9 Did the organization receive a payment in excess of \$75 made partly as a contribution and pastly for goods and services provided to the payor?  9 Did the organization notify the donor of the value of the goods or services provided?  10 Did the organization notify the donor of the value of the goods or services provided?  10 Did the organization notify the donor of the value of the goods or services provided?  10 Did the organization notify the donor of the value of the goods or services provided?  10 Did the organization notify the donor of the value of the goods or services provided?  10 Did the organization notify the donor of the value of the goods or services provided?  11 Test 3 Did the organization notify the donor of the value of the goods or services provided?  12 Did the organization notify the donor of the value of the goods or services provided?  13 Did the organization or neceive any funds, directly or indirectly, or pay premiums on a thersonal benefit contract?  14 Did the organization notifies the number of prome \$282 filed during the year  15 Did the organization notifies a contribution of qualified intellectual privatery to a personal benefit contract?  16 Did the organization received a contribution of cars, boats, analyses, or other vehicles, did the organization file Form 1098-C?  17 Did the organization neceived a contribution of cars, boats, analyses, or other vehicles, did the organization file a Form 1098-C?  17 Did the organization neceived a contribution of cars, boats, analyses, or other vehicles,	_			on?			
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a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b 11 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 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 c Enter the amount of reserves on hand 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? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 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 16 "Yes," see instructions and file Form 4720, Schedule N. 18 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?					9b		
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Section 501(c)(12) organizations. Enters  Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?  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  c Enter the amount of reserves on hand  Did the organization receive any payments for indoor tanning services during the tax year?  14a X  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  15 X  If "Yes," see instructions and file Form 4720, Schedule N.	_						
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b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a			041?	12a		
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excess parachute payment(s) during the year?  If "Yes," see instructions and file Form 4720, Schedule N.  Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  15  X  X	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Sche			14b		
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	15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in rem	unerat	ion or			
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  16 X		excess parachute payment(s) during the year?			15		X
		If "Yes," see instructions and file Form 4720, Schedule N.					
If "Yes," complete Form 4720, Schedule O.	16	Is the organization an educational institution subject to the section 4968 excise tax on net investment of the section 4968 excise tax on net investment.	nent in	come?	16		X
		If "Yes," complete Form 4720, Schedule O.					

DAA

Part VI

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

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

Sec	tion A. Governing Body and Management					
		1 - 1	18		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	17			
	If there are material differences in voting rights among members of the governing body, or					
	if the governing body delegated broad authority to an executive committee or similar					
	committee, explain in Schedule O.	4.	17			
b	Enter the number of voting members included in line 1a, above, who are independent	1b	17			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			_	7.7	
_	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					37
_	supervision of officers, directors, or 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					37
	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,					37
_	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	ie year	by the follow		7.7	
а	The governing body?			8a	<u>X</u>	
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			_		37
<u> </u>	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9	/ -	X
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the	inter	nai Reven	ue C		<u>'</u>
40.	Did the agreeination have level about an horsehor as affiliates?			40.	Yes	
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,			40h		
44-	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	filima 4	ha farmo	10b	v	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	Tiling t	ne form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			40-	X	
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could giv	e rise	to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes,"</i>			425	х	
40	describe in Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13		Х
14	Did the organization have a written document retention and destruction policy?			14		Λ
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 decis			4		v
a	The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization			15a		X
b	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			15b		Λ
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement					
Ioa	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			Ioa		-22
D	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the					
	organization's exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure	<u> </u>		100		ļ
17	List the states with which a copy of this Form 990 is required to be filed ▶ OH					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-	T (Sec	ion 501(c)			
10	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	. ,060				
	Own website Another's website  Upon request Other (explain in Schedule O)					
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of	interes	t nolicy and			
19	financial statements available to the public during the tax year.		i poncy, and			
20	State the name, address, and telephone number of the person who possesses the organization's books and	record	s <b>&gt;</b>			
	RISTI PRINCELL 5020-B COLLEGE CORNER PIKE		. ·			
	KFORD OH 450	56	513	-52	3 - 6	658

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

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

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

- **1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

 $|\mathbf{X}|$  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	Average Position (do not check more than one box, unless person is both an officer and a director/trustee)		(D) Reportable compensation from the compensation	Reportable Reportable compensation from related organization (W-2/1099-MISC)				
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Former Highest compensated employee	(W-2/1099-MISC)	(W-211099-INIGC)	from the organization and related organizations
(1)DAVID BACK									
GENERAL CHAIR	2.00	х		x			0	0	0
(2) MIKE YEAGER									
· · · · · · · · · · · · · · · · · · ·	2.00								
ADMIN VICE CHAIR	0.00	Х		X	4		0	0	0
(3) NORMAN WRIGHT	2.00_								
SENIOR VICE CHAIR	0.00	X		x			0	0	0
(4) CHAD REHKAMP									
	2.00				_				
AGE GROUP VICE CHAIR	0.00	X		Х			0	0	0
(5) MARK JOHNSON	0.00								
SECRETARY	2.00 0.00	x		х			0	0	0
(6) JOE WALLER	0.00	Λ		Λ			0	0	0
(0) OCH WALLER	2.00								
TREASURER	0.00	х		х			0	0	0
(7) PAM BIRNBRICH									
	2.00								
OFFICIALS CHAIR	0.00	X		X			0	0	0
(8) TODD BILLHIMER									
	2.00							•	
TECH PLAN CHAIR	0.00	Х		X			0	0	0
(9) JOHN PRISTASH	2.00								
OPER RISK COORD	0.00	х		x			0	0	0
(10) KRIS MOELLENBER		21		21					
(**,***********************************	2.00								
COACHES CHAIR	0.00	X					0	0	0
(11) KATRINA KANZARI									
	2.00								
SR ATH CHAIR	0.00	X					0	0	0 000

Part VII Section A. Officer	rs, Directors, T	rust	ees,	Key	r Em	ploy	yees	s, and Highest Compens	ated Employees (contin	ued)	
(A) Name and title	(B) Average hours per week (list any	bo	x, unle	Pos check ess pe	erson	than is both	h an	(D) Reportable compensation from the	(E)  Reportable compensation from related organizations	(F) Estimated amount of other compensation	
	hours for related organizations below dotted line)	or director	1	Officer	Key employee	Highest compensated employee		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations	
(12) BRAYDON KIME	2.00										
SR ATH VICE CHAIR (13) JACK BANKS	2.00	X						0	0		0
JR ATH REP (14) ANISSA KANZA	0.00	X						0	0		0
(14) ANISSA KANZA	2.00 0.00	x						0	0		0
(15) JIM PETERFIS								Ž			
DISAB SWIM CHAIR (16) TERRY ANCHRU		X						0	0		0
DIVERSITY/INCLUSION (17) CHRISTY HOLM	2.00 0.00	X		C L	FF	LE	20	0	0		0
SAFE SPORT CHAIR	2.00	X		51.				0	0		0
		•									
1b Sub-total		I So	ctio								
d Total (add lines 1b and 1c)							<u> </u>				
2 Total number of individuals ( reportable compensation fro	including but no m the organizat	ot lim ion 🄰	ited ▶0	to th	ose	liste	d ab	pove) who received more	than \$100,000 of		
3 Did the organization list any employee on line 1a? If "Yes									ensated	Yes 3	No X
4 For any individual listed on li organization and related org	ine 1a, is the su anizations great	m of ter th	repo	ortab 3150	ole c ,000	omp )? <i>If</i>	ensa "Yes	ation and other compensa s," complete Schedule J fo		4	Х
5 Did any person listed on line for services rendered to the		ccru	е со	mpe	nsa	tion t	from	any unrelated organization	on or individual	5	X
Section B. Independent Contrac	tors							•			
Complete this table for your compensation from the orga	nization. Report	npen t con	sate npen	d ind	depe	ende or the	nt co	endar year ending with or	within the organization's		
Name and	(A) d business address							Descrip	(B) otion of services	(C) Compensa	ition
O Title I Color	Lead to the							0 P. (			
2 Total number of independen	t contractors (in	clud	ing b	out no	ot lir	nited	to t	those listed above) who	0		

				(A) Total revenue	(B) Related or	(C) Unrelated	(D) Revenue
					exempt function	business revenue	excluded from tax under sections
9 12	Federated campaigns	1a			revenue		512-514
֓֞֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	Membership dues	1b					
<b>[</b> ]	Fundraising events	1c					
<u> </u>	Related organizations	1d					
] }	Government grants (contributions)	1e					
<u> </u>	f All other contributions, gifts, grants,	10					
<u>=</u>	and similar amounts not included above	1f					
5 ,	Noncash contributions included in lines 1	12 1f: \$					
auc	Total. Add lines 1a–1f		· · · · · · · · · · · · · · · · · · ·				
	Totali Add Info Ta Ti		Busn. Code				
2 2	SANCTIONS & MEET R	EVENUE	713990	198,667	198,667		
_k	*		713990	118,914	118,914		
and Other Similar Amounts			713990	50,888	50,888		
`	OTHER PROGRAM SERV	TCE REVENUE		14,460	14,460		
			713990	264	264		
	f All other program service rev			-			
	Total. Add lines 2a–2f		<b>•</b>	383,193			
3							
				19,259			19,259
4	Income from investment of ta						-
5	Royalties	•					
	(i) Real		Personal				
68	Gross rents						
b	Less: rental exps.				<b>S</b> *		
					•		
d							
7a	Gross amount from (i) Securities	s (ii	) Other				
	sales of assets other than inventory						
b	Less: cost or other		77				
	basis & sales exps.						
0	Gain or (loss)						
	Net gain or (loss)						
8a	Gross income from fundraising ev						
	(not including \$						
5	of contributions reported on line 1	c).					
	See Part IV, line 18	а					
	Less: direct expenses						
)   0	Net income or (loss) from fur		s <b>&gt;</b>				
	Gross income from gaming activit						
	See Part IV, line 19	а					
b	Less: direct expenses						
	: Net income or (loss) from ga						
	a Gross sales of inventory, les						
	returns and alloweness	а					
b	Less: cost of goods sold	h					
	: Net income or (loss) from sal					••••••••••••	
	Miscellaneous Revenue		Busn. Code				
118	a						
b							
0							
d	·						
e	T-4-1 Add Brass 44- 44-		<b>•</b>				
12	***			402.452	383.193	0	19.259

Part IX Statement of Functional Expenses

	Check if Schedule O contains a res	·			X_
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
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	73,924	57, <u>124</u>	16,800	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits		Y		
10	Payroll taxes	6,637	5,137	1,500	
11	Fees for services (non-employees):				
а	Management				
b					
С	Accounting	8,415		8,415	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 1	7			
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)				
12	•		<b>Y</b>		
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	10.171			
17	Travel	42,451	42,451		
18	Payments of travel or entertainment expense	S			
	for any federal, state, or local public officials		22.122		
19	Conferences, conventions, and meetings	33,100	33,100		
20	Interest	1,202		1,202	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .				
23	Insurance				
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)	<b>5</b> 0 660	<b>5</b> 0 660		
а	CHAMPIONSHIP FACILITIES	73,669	73,669		
b	ZONE TEAM	56,503	56,503	22 252	
С	SUPPLIES	36,052	13,094	22,958	
d	AWARDS	18,703	18,703	2 652	
е	All other expenses	53,277	49,604	3,673	
25	Total functional expenses. Add lines 1 through 24e	403,933	349,385	54,548	0
26	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here if				

Pa	art 2	X Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
		(A) Beginning of ye	ear		(B) End of year
	1	Cash—non-interest bearing -1,	423	1	-1,023
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
ts		organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
Ä	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities 357,	983	11	356,102
	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		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34) 356,	560	16	355,079
	17	Accounts payable and accrued expenses		17	-
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Se	22	Loans and other payables to current and former officers, directors,			
IIti		trustees, key employees, highest compensated employees, and			
Liabilities		disqualified persons. Complete Part II of Schedule L		22	
Ξ	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		25	
	26	Total liabilities. Add lines 17 through 25	0	26	0
S		Organizations that follow SFAS 117 (ASC 958), check here ▶X and			
JCe		complete lines 27 through 29, and lines 33 and 34.			
alar	27	Unrestricted net assets 356,	560	27	355,079
J B	28	Temporarily restricted net assets		28	
Net Assets or Fund Balances	29	Permanently restricted net assets		29	
řΕ		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and			
S O		complete lines 30 through 34.			
set	30	Capital stock or trust principal, or current funds		30	
As	31			31	
Vet	32			32	
_	33	Total net assets or fund balances 356,			355,079
	34	Total liabilities and net assets/fund balances	560	34	355 <b>,</b> 079

Pa	ert XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>		<u></u>	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4 (	)2 <b>,</b> 4	452
2	Total expenses (must equal Part IX, column (A), line 25)	2			933
3	Revenue less expenses. Subtract line 2 from line 1	3			<u>481</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3.5	56 <b>,</b> !	<u> 560</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	3 :	55,	<u>079</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>		<u></u>	. Ц
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	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:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	<u> </u>	3b		
			Forr	n 990	(2018)

### **SCHEDULE A**

(Form 990 or 990-EZ)

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

**Public Charity Status and Public Support** 

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

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

Inspection

Name of the organization Employer identification number \*\*-\*\*\*6588 UNITED STATES SWIMMING INC. - OHIO **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). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 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.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes 12 of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of listed in your governing organization (described on lines 1-10 support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E)

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the 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						
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(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	<b>Total support.</b> Add lines 7 through 10						
12	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for th	e organization's	first, second, third	, fourth, or fifth ta	x year as a sectio	n 501(c)(3)	
	organization, check this box and stop he						▶
Sec	tion C. Computation of Public						
14	Public support percentage for 2018 (line	6, column (f) divi	ded by line 11, co	lumn (f))		14	%
15	Public support percentage from 2017 Sc 33 1/3% support test—2018. If the organization of the support test is a support test in the support test in	hedule A, Part II,	line 14			15	%
16a					4 is 33 1/3% or m	ore, check this	
	box and <b>stop here</b> . The organization qua						▶ ∐
b	<b>33 1/3% support test—2017.</b> If the orgathis box and <b>stop here.</b> The organization				line 15 is 33 1/3%	or more, check	▶ □
172	10%-facts-and-circumstances test—20						
11 a	10% or more, and if the organization me	ets the "facts-and	d-circumstances" t	est, check this bo	ox and <b>stop here</b> .	Explain in	
	Part VI how the organization meets the "	facts-and-circum	stances" test. The	organization qua	alifies as a publicly	supported	. □
b	10%-facts-and-circumstances test—20	_					
	15 is 10% or more, and if the organization				-		
	Explain in Part VI how the organization n	neets the "facts-a	ind-circumstances	s" test. The organ	ization qualifies as	s a publicly	
	supported organization						▶ □
18	<b>Private foundation.</b> If the organization of	lid not check a bo	ox on line 13, 16a	, 16b, 17a, or 17b	o, check this box a	ind see	
	instructions	· · · · · · · · · · · · · · · · · · ·		<u></u>			▶ □

Page 3

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.)

_	4' A D I II O 4	- 1		,,,		,	
	tion A. Public Support	1 () 55()			( 1) 22 ( 7		
	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	( <b>c</b> ) 2016	(d) 2017	<b>(e)</b> 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")			1,059			1,059
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	278,155	365,909	339,716	385,205	383,193	1,752,178
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	<b>Total.</b> Add lines 1 through 5	278,155	365,909	340,775	385,205	383,193	1,753,237
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						
	Add lines 7a and 7b						
8	<b>Public support.</b> (Subtract line 7c from		_	X			
500	tion B. Total Support						1,753,237
Cale	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	<b>(e)</b> 2018	(f) Total
9	Amounts from line 6	278, <b>155</b>	365,909		385,205	383,193	1,753,237
	Gross income from interest, dividends, payments received on securities loans, rents,	270723	3,000	310,773	3037203	303,133	1,133,131
	royalties, and income from similar sources .	9,550	12,740	11,379	15,072	19,259	68,000
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	9,550	12,740	11,379	15,072	19,259	68,000
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	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)	287,705	378,649	352,154	400,277	402,452	1,821,237
14	First five years. If the Form 990 is for the	ne organization's fi	irst, second, third		year as a section	1 501(c)(3)	
	organization, check this box and stop he						
Sec	tion C. Computation of Public						
15	Public support percentage for 2018 (line						96.27 %
16	Public support percentage from 2017 Sc					16	97.54%
	tion D. Computation of Investm					11	
17 40	Investment income percentage for 2018			e 13, column (f))			4 %
18 10a	Investment income percentage from 2013 33 1/3% support tests—2018. If the org				 15 is more than 33		2 %
19a	17 is not more than 33 1/3%, check this	box and stop her	e. The organization	on qualifies as a p	oublicly supported	organization	<b>&gt;</b> X
b	33 1/3% support tests—2017. If the org	=					
20	line 18 is not more than 33 1/3%, check	-	_	-		-	
20	<b>Private foundation.</b> If the organization	aid not check a bo	x on line 14, 19a,	or 190, check thi	s box and see ins	tructions	🕨 🔝

#### **Supporting Organizations** Part IV

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

#### Section A. All Supporting Organizations

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

	Yes	No
1		
2		
_		
3a		
Ja		
3b		
3c		
4a		
4b		
40		
4c		
5a		
Ja		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
10a		
iva		
406		
10b (Form 990	or gan	F7) 2040
נרטוווו ששנ	01 990-	EZ) 2018

	the At this so it so the at th	<del>500</del>		i agc <b>s</b>
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а				
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations			1
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	tion D. All Type III Supporting Organizations			
	) The state of the		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		. 00	
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
•	By reason of the relationship described in (2), did the organization's supported organizations have a			
3				
	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 <b>Part VI</b> the role the organization's			
Sact	supported organizations played in this regard. tion E. Type III Functionally-Integrated Supporting Organizations	3		
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instru	uctions)		
1		ictions).		
a				
b			1	
С	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see	HISHUCH	oris).	
2	Activities Test. Answer (a) and (b) below.	ſ	Yes	No
			163	140
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	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	2-		
L	that these activities constituted substantially all of its activities.	2a		
b				
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а		_		
	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b				
	of its supported organizations? If "Yes" describe in <b>Part VI</b> the role played by the organization in this regard	3h		l

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting (	Organ	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust o	n Nov.	20, 1970 (explain in Part	VI). See
instructions. All other Type III non-functionally integrated supporting organizations	must o	complete Sections A thro	ugh E.
Section A - Adjusted Net Income		(A) Prior Voor	(B) Current Year
Section A - Adjusted Net income		(A) Prior 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):			
Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other	,	_	
factors (explain in detail in <b>Part VI</b> ):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally integra	ated Ty	pe III supporting organiza	ation (see

Schedule A (Form 990 or 990-EZ) 2018

instructions).

Par	t V Type III Non-Functionally Integrated 509(a)(3)	) Supporting Organ	izations (continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt pur	poses		
2	Amounts paid to perform activity that directly furthers exempt purpos	ses of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of su	pported organizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organ	nization is responsive		
	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	Out the F. District the Allege Control of the Control	(i)	(ii)	(iii)
	Section E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
	Distributable assessment for 20040 from Continuo C. line C.		Pre-2018	Amount for 2018
1_	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required-explain in <b>Part VI</b> ). See			
	instructions.			
3	Excess distributions carryover, if any, to 2018	//		
а	From 2013		<b>T</b>	
b	From 2014			
С	From 2015			
d	From 2016			
<u>e</u>	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
<u>i</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	Y		
4	Distributions for 2018 from			
	Section D, line 7:			
	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in <b>Part VI</b> . See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
7	Part VI. See instructions.  Excess distributions carryover to 2019. Add lines 3j			
'	and 4c.			
8	Breakdown of line 7:			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

### 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.

2018
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Name of the organization Employer identification number UNITED STATES SWIMMING INC. - OHIO \*\*-\*\*\*6588 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 Total number at end of year Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) 3 Aggregate value at end of year 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? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space 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 ..... 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 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 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)? 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 SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X.

Pa	art III Organizations Maintaining	Collections	of Art, Historic	al Treasur	es, or Other S	Simila	ar Ass	ets (co	ontin	ued)
3	Using the organization's acquisition, accessicallection items (check all that apply):	on, and other reco	ords, check any of the	ne following th	nat are a significa	nt use	of its			
а	Public exhibition	d 🗌	Loan or exchange p	orograms						
b	Scholarly research	е	Other							
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and exp	lain how they furthe	r the organiza	ition's exempt pur	pose i	n Part			
	XIII.									
5	During the year, did the organization solicit of									1
Da	assets to be sold to raise funds rather than t		s part of the organiz	ration's collec	tion?			Ye	s _	No
F	Complete if the organization 990, Part X, line 21.		es" on Form 990	), Part IV, I	ine 9, or repor	ted a	n amo	ount on	For	n
1a	Is the organization an agent, trustee, custod	ian or other interm	ediary for contributi	ons or other a	assets not					
								Ye	s	No
b	If "Yes," explain the arrangement in Part XIII	and complete the	following table:							
								Amoun		
	Beginning balance				,	1c				
d	Additions during the year					1d				
e	Distributions during the year					1e				
7	Ending balance		in a O1 for a correct	todial or	t liability?	1f				N <sub>a</sub>
	If "Yes," explain the arrangement in Part XIII							Ye	_	No
	art V Endowment Funds.	. Check here ii the	e explanation has be	en provided (	JII F all Alli					
	Complete if the organization	n answered "Ye	es" on Form 990	) Part IV li	ine 10					
	Sempleto II the organization	(a) Current year	(b) Prior year	(c) Two year		ree year	s back	(e) Four	years I	oack
1a	Beginning of year balance									
	Contributions									
С	Net investment earnings, gains, and									
	losses									
d	Grants or scholarships									
	Other expenditures for facilities and									
	programs									
f	Administrative expenses									
g										
2	Provide the estimated percentage of the cur	-	nce (line 1g, colum	n (a)) held as:						
	Board designated or quasi-endowment	%								
	Permanent endowment > %	0/								
С	Temporarily restricted endowment ►  The percentages on lines 2a, 2b, and 2c sho	%								
32	Are there endowment funds not in the posse		vization that are held	l and adminis	tored for the					
Ja	organization by:	ssion of the organ	iization that are neit	and adminis	tered for the			Г	Yes	No
	(i) unrelated organizations							3a(i)		
	(ii) related organizations							3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiz	ations listed as re	guired on Schedule	R?						
4	Describe in Part XIII the intended uses of the									
Pa	art VI Land, Buildings, and Equi									
	Complete if the organization	answered "Ye	es" on Form 990	), Part IV, li	ine 11a. See F	orm	990, F	Part X,	line	10
	Description of property	(a) Cost or other b	pasis (b) Cost o	r other basis	(c) Accumulate	ed		(d) Book	value	
		(investment)	(0	ther)	depreciation					
1a	Land									
b	Buildings									
С	Leasehold improvements									
	Equipment									
	Other			" 10 )						
ı ota	I. Add lines 1a through 1e. (Column (d) must	equal Form 990, I	∽art X, column (B), l	ine 10c.)		🕨	•			

Part VII	Investments—Other	er Securities
5000 E000 • 1 50 50000 , 70 5 5000	IIIVESHIEHIS—OHI	ai decullies.

Part VII	Complete if the organization answer	red "Yes" on Form 990 Part IV	, line 11b. See Form 990, Part X, line 12.
	(a) Description of security or category	(b) Book value	(c) Method of valuation:
	(including name of security)		Cost or end-of-year market value
(1) Financial			
	eld equity interests		
(D)		·····	
(E) (F)			
('. )			
(1.1)			
	nn (b) must equal Form 990, Part X, col. (B) line		
Part VIII	Investments—Program Related.	7: 1	
		ed "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)	nn (b) must equal Form 990, Part X, col. (B) line	13)	
Part IX	Other Assets.	. 10.)	
		red "Yes" on Form 990. Part IV	, line 11d. See Form 990, Part X, line 15.
	· · · · · · · · · · · · · · · · · · ·	Description	(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	on (b) and the most Fermi 2000 Best V and (B) line	45)	<u> </u>
Part X	nn (b) must equal Form 990, Part X, col. (B) line Other Liabilities.	9 15.)	P
FailA		ed "Ves" on Form 990 Part IV	, line 11e or 11f. See Form 990, Part X,
	line 25.	ed Tes Offi Offi 990, Fait IV	, line The Or Thi. See Form 990, Fait A,
1.	(a) Description of liability	(b) Book value	
	income taxes		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	nn (b) must equal Form 990, Part X, col. (B) line		
2 Liability for	uncertain tay positions. In Part XIII, provide the	toxt of the feetnets to the graphization	on's financial statements that reports the

Pa	art XI Reconciliation of Revenue per Audited Financial	Statements With Re	venue per Returi	n.
	Complete if the organization answered "Yes" on Forr	n 990, Part IV, line 12	2a.	
1	Total revenue, gains, and other support per audited financial statements		1	402,452
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			402,452
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1			402,452
Pa	art XII Reconciliation of Expenses per Audited Financia			urn.
	Complete if the organization answered "Yes" on For	n 990, Part IV, line 12	2a.	
1			1	403,933
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b		2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			403,933
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		

#### Part XIII Supplemental Information.

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

c Add lines 4a and 4b

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 X - FIN 48 FOOTNOTE

ACCOUNTING STANDARDS REQUIRE MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE ORGANIZATION AND RECONGNIZE A TAX LIABILITY IF THE ORGANIZATION HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD FAIL TO BE SUSTAINED UPON EXAMINATION BY THE INTERNAL REVENUE SERVICE. THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAXES AND MANAGEMENT BELIEVES THE ORGANIZATION HAS NOT ENGAGED IN ANY ACTIVITIES THAT WOULD DISQUALIFY IT FROM TAX-EXEMPT STATUS OR INCUR A TAX OBLIGATION FOR THE YEARS ENDED AUGUST 31, 2019 AND 2018. THE ORGANIZATION BELIEVES THEIR ESTIMATES ARE APPROPRIATE BASED ON CURRENT FACTS AND CIRCUMSTANCES. THE ORGANIZATION IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS; HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS. THE ORGANIZATION

4c

403,933


Schedule D (Form 990) 2018

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

### Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047 **2018** 

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Name of the organization Employer identification number \*\*-\*\*\*6588 UNITED STATES SWIMMING INC. - OHIO FORM 990 - ORGANIZATION'S MISSION USA SWIMMING - OHIO IS COMMITTED TO INCREASING MULTICULTURAL, ETHNIC, AND SOCIOECONOMIC DIVERSITY AT ALL LEVELS OF THE SPORT TO ACHIEVE AND FOSTER AN INCLUSIVE SWIMMING ENVIRONMENT AS WELL AS PROMOTE SWIMMING FUNCTIONS THROUGHOUT OHIO. FORM 990, PART I, LINE 6 VOLUNTEERS INCLUDE COMMITTEE MEMBERS WHO DO NOT RECEIVE COMPENSATION FOR THEIR SERVICES. FORM 990, PART VI, LINE 2 - RELATED PARTY INFORMATION AMONG OFFICERS ANISSA KANZARI KATRINA KANZARI BOARD MEMBER BOARD MEMBER MOTHER-DAUGHTER FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 A DRAFT COPY OF THE FORM 990 IS PROVIDED TO EACH MEMBER OF THE EXECUTIVE BOARD OF THE GOVERNING BODY FOR THEIR REVIEW. ONCE ALL COMMENTS ARE RECEIVED AND ADDRESSED, FORM 990 IS FILED WITH THE IRS. FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY THE ORGANIZATION REQUIRES ITS BOARD MEMBERS TO ANNUAL SIGN A CONFLICT OF

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

INTEREST POLICY.

Employer identification number \*\*-\*\*\*6588 UNITED STATES SWIMMING INC. - OHIO DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON WRITTEN REQUEST FORM 990, PART IX, LINE 24E - OTHER EXPENSES DESCRIPTION TOT/PROG SERVICE MGT & GENERAL **OUTREACH** 17,778 RECOGNITION BANQUET EXPEN 13,678 0 CONTRACT LABOR 12,570 MISCELLANEOUS EXPENSE B,673 OPEN WATER PROGRAMS 3,027 BACKGROUND CHECKS 2,551 TOTAL PAGE 1 OF 1





### Treasurer's Report Ohio Swimming BOD November 2019 Meeting

**Ohio Swimming BOD** 

From: David Lloyd

Date:

December 17, 2019

Re:

OSI Treasurer's Report

- 1. Financials as of and for the three months ended November 30, 2019 (P3)
  - a. Net Inflows of \$7,811 Because of the timing of cash received for USA Swimming registrations versus payments due to USA Swimming, cash revenue was actually negative for the month of November by (\$8,905)
  - b. Outflows of \$60,939 (\$14,315 in November)
  - c. Net deficit for the three months ended November 30 of \$53,129
  - d. Expenses are generally coming in under budget at this point. We have borrowed \$99,752 on the line of credit to fund the float on registrations.

#### 2. Investments

a. Anticipating having a draft investment policy ready for review by the next board meeting.

#### 3. Other Matters

- a. An update on current A/R balances will be provided on Tuesday's call.
- b. Balance Sheet and Reserves: OSI continues to maintain a healthy balance sheet including sufficient reserves. Excess reserves continue at around \$3K as of November 30, 2019, based upon 75% of budgeted annual expenses for FY20.

Respectfully Submitted,

David Lloyd

**OSI Interim Treasurer** 

## **Ohio Swimming** Profit & Loss Budget vs. Actual September 2019 through August 2020

Sep '	19 - Aug 20	Budget	\$ Over Budget	% of Budget
come/Expense				
mberships/Dues(USA Swim)				
2019 Income Recieved in 2020	0.00	20,000.00	-20,000.00	0.0%
Club Membership Dues	4,000.00	13,755.00	-9,755.00	29.08%
Club Membership Dues Expense	-1,960.00	-4,970.00	3,010.00	39.44%
Flex Membership Expense	-1,350.00			
Flex Membership Income	2,340.00			
Non Athlete	25,328.00	63,750.00	-38,422.00	39.73%
Non Athlete Expense	-20,770.00	-51,000.00	30,230.00	40.73%
Outreach	190.00	400.00	-210.00	47.5%
Outreach Expense	-165.00	-400.00	235.00	41.25%
Premium Athlete	243,117.50	495,000.00	-251,882.50	49.12%
Premium Athlete Expense	-289,974.00	-396,000.00	106,026.00	73.23%
Seasonal Swimmers	1,661.00	26,600.00	-24,939.00	6.24%
Seasonal Swimmers Expense	-1,320.00	-21,000.00	19,680.00	6.29%
tal Memberships/Dues(USA Swim)	-38,902.50	146,135.00	-185,037.50	-26.62%
ner Income				
Approved/Meet Obsvervation Fees	200.00	1,900.00	-1,700.00	10.53%
Interest Income(Ckg/Saving)				
Dividends	37.29	200.00	-162.71	18.65%
Total Interest Income(Ckg/Saving)	37.29	200.00	-162.71	18.65%
Misc.	1,200.00	3,905.59	-2,705.59	30.73%
tal Other Income	1,437.29	6,005.59	-4,568.30	23.93%
nctions & Meet Revenue				
Entry Fees	14,969.00	95,000.00	-80,031.00	15.76%
Facility Fund	0.00	0.00	0.00	0.0%
Sanctions	1,835.00	3,800.00	-1,965.00	48.29%
Senior Circuit Entry Fees	0.00	6,300.00	-6,300.00	0.0%
Swimmers Surcharge	28,472.00	175,000.00	-146,528.00	16.27%
tal Sanctions & Meet Revenue	45,276.00	280,100.00	-234,824.00	16.16%
vings(From)				
Tfr from Olympic Travel Fund	0.00	28,000.00	-28,000.00	0.0%
tal Savings(From)	0.00	28,000.00	-28,000.00	0.0%
ncome	7,810.79	460,240.59	-452,429.80	1.7%
se	. 12	,	,	
perations				
	0.00	100.00	-100.00	0.0%
		500.00	-500.00	0.0%
			-100.00	0.0%
M C COMP PARAMETER 11 SECONDO COMPANION DE LA			-1,000.00	0.0%
			-6,400.00	42.86%
	.,000.00	,	-,	
	130.00	1.000.00	-870.00	13.0%
Administrative Review Board Administrative Vice Chairman Age Group Chairman Athlete Representative Camps/Clinics Coordinator Coach Representatives Coach Education/Training	0.00 0.00 0.00 0.00 4,800.00		-500.0 -100.0 -1,000.0 -6,400.0	0000

## **Ohio Swimming** Profit & Loss Budget vs. Actual September 2019 through August 2020

*			(a)	
	Sep '19 - Aug 20	Budget	\$ Over Budget	% of Budget
Coach of Yr Clinic, Scholorshp	750.00	4,000.00	-3,250.00	18.75%
Coach of Yr Plaques	0.00	400.00	-400.00	0.0%
Total Coach Representatives	880.00	5,400.00	-4,520.00	16.3%
Disability Swimming Coodinator	0.00	3,000.00	-3,000.00	0.0%
Donations	0.00	1,500.00	-1,500.00	0.0%
General Chairman	0.00	5,000.00	-5,000.00	0.0%
Interest Expense	552.47	720.00	-167.53	76.73%
LSC Conventions/Clinics/Dues				
Central Zone Dues	0.00	100.00	-100.00	0.0%
D&O Insurance	0.00	525.00	-525.00	0.0%
House of Delegates Meeting	210.00	1,975.00	-1,765.00	10.63%
USAS Convention	12,935.45	18,000.00	-5,064.55	71.86%
Workshops	2,822.84	1,957.00	865.84	144.24%
Total LSC Conventions/Clinics/Dues	15,968.29	22,557.00	-6,588.71	70.79%
Officials Chair				
Background Check	532.00	2,300.00	-1,768.00	23.13%
<b>Background Check Renewals</b>	288.00			
Official Dues (\$6.00)	-456.00	-1,800.00	1,344.00	25.33%
Officials Chair(Tshirts&Badges)	160.62	500.00	-339.38	32.12%
Officials Travel	500.00	15,200.00	-14,700.00	3.29%
Officials Travel Olympic Trials	0.00	3,000.00	-3,000.00	0.0%
Wkshops,Meetings,Recog,Training	491.60	3,000.00	-2,508.40	16.39%
Total Officials Chair	1,516.22	22,200.00	-20,683.78	6.83%
Outreach/Diversity				
CZ Diversity Select Camp	0.00	2,500.00	-2,500.00	0.0%
Diversity	432.40			
Diversity/Inclusion Clinic	0.00	2,000.00	-2,000.00	0.0%
Learn To Swim	0.00	2,000.00	-2,000.00	0.0%
Multi Cultural Camp	0.00	2,500.00	-2,500.00	0.0%
Outreach-Gear	6,189.66	12,000.00	-5,810.34	51.58%
Outreach Travel	0.00	11,000.00	-11,000.00	0.0%
Total Outreach/Diversity	6,622.06	32,000.00	-25,377.94	20.69%
Permanent Office				
Bank Charges	37.00	85.00	-48.00	43.53%
CC & Electronic Fees	199.89			
Office Expense	1,168.73	7,171.00	-6,002.27	16.3%
Payroll Expenses	1,223.91	98,907.59	-97,683.68	1.24%
Payroll Wages	17,058.48			
Subcontractor Work	2,150.00	20,000.00	-17,850.00	10.75%
Worker's Compensation	115.00	310.00	-195.00	37.1%
Permanent Office - Other	0.00	0.00	0.00	0.0%
Total Permanent Office	21,953.01	126,473.59	-104,520.58	17.36%
Safe Sport Coordinator	0.00	2,400.00	-2,400.00	0.0%
Safety Coordinator	0.00	600.00	-600.00	0.0%

## **Ohio Swimming** Profit & Loss Budget vs. Actual September 2019 through August 2020

y ·	Sep '19 - Aug 20	Budget	\$ Over Budget	% of Budget
Secretary	0.00	110.00	-110.00	0.0%
Senior Vice-Chairman	0.00	2,500.00	-2,500.00	0.0%
Treasurer				
Audit	6,115.00	6,000.00	115.00	101.92%
Tax Prep	0.00	2,900.00	-2,900.00	0.0%
Taxes	0.00	100.00	-100.00	0.0%
Total Treasurer	6,115.00	9,000.00	-2,885.00	67.94%
Total Operations	58,407.05	246,360.59	-187,953.54	23.71%
Recognition Banquet	0.00	9,420.00	-9,420.00	0.0%
Swimmer Support				
Awards				
Seniors	1,428.40			
Awards - Other	0.00	15,530.00	-15,530.00	0.0%
Total Awards	1,428.40	15,530.00	-14,101.60	9.2%
Championship Facility				
Copier Rental	0.00	0.00	0.00	0.0%
Open Water Championship	0.00	3,500.00	-3,500.00	0.0%
Championship Facility - Other	0.00	55,500.00	-55,500.00	0.0%
Total Championship Facility	0.00	59,000.00	-59,000.00	0.0%
Meets				
Distance Meets	0.00	5,000.00	-5,000.00	0.0%
Senior Circuit Meets	0.00	9,000.00	-9,000.00	0.0%
Total Meets	0.00	14,000.00	-14,000.00	0.0%
Open Water Programs				
Open Water-Awards	0.00	430.00	-430.00	0.0%
Open Water Camps	0.00	0.00	0.00	0.0%
Zone Team-Open Water	0.00	2,500.00	-2,500.00	0.0%
Total Open Water Programs	0.00	2,930.00	-2,930.00	0.0%
Senior Travel Fund				
Coach Travel	0.00	0.00	0.00	0.0%
Olympic Trials	0.00	28,000.00	-28,000.00	0.0%
Spring 2019 (pd 2020)	63.14	0.00	63.14	100.0%
Spring 2020 (pd 2020)	0.00	5,000.00	-5,000.00	0.0%
Summer 2019 (pd 2020)	0.00	45,000.00	-45,000.00	0.0%
Winter 2020 (pd 2020)	0.00	20,000.00	-20,000.00	0.0%
Senior Travel Fund - Other	0.00	0.00	0.00	0.0%
Total Senior Travel Fund	63.14	98,000.00	-97,936.86	0.06%
Zone Team				
Zone Team Expenses	1,040.90	15,000.00	-13,959.10	6.94%
Zone Team Income	0.00	0.00	0.00	0.0%
Total Zone Team	1,040.90	15,000.00	-13,959.10	6.94%
Total Swimmer Support	2,532.44	204,460.00	-201,927.56	1.24%
Total Expense	60,939.49	460,240.59	-399,301.10	13.24%
Net Ordinary Income	-53,128.70	0.00	-53,128.70	100.0%

12:36 PM 12/02/19 Cash Basis

# Ohio Swimming Profit & Loss Budget vs. Actual

September 2019 through August 2020

**Net Income** 

 Sep '19 - Aug 20
 Budget
 \$ Over Budget
 % of Budget

 -53,128.70
 0.00
 -53,128.70
 100.0%

12:45 PM 12/02/19 Cash Basis

# **Ohio Swimming Balance Sheet**

As of December 2, 2019

Dec 2, 19

#### **ASSETS**

**Current Assets** 

Checking/Savings

**Edward Jones** 

Total Other Current Assets

Total Current Assets

402,048.72 402,048.72

-0.08

LIABILITIES & EQUITY

Liabilities

**TOTAL ASSETS** 

**Current Liabilities** 

Other Current Liabilities

 Edward Jones Short Term Loan
 99,752.47

 Payroll Liabilities
 254.51

 Total Other Current Liabilities
 100,006.98

 Total Current Liabilities
 100,006.98

**Total Liabilities** 

 Equity
 220,316.78

 Opening Bal Equity
 220,316.78

 Retained Earnings
 134,853.66

 Net Income
 -53,128.70

 Total Equity
 302,041.74

TOTAL LIABILITIES & EQUITY

402,048.72

100,006.98