

Independent Accountant's Report on Applying Agreed-upon Procedures

To North Texas Swimming, Inc. LSC and USA Swimming

We have performed the procedures enumerated below, which were agreed to by North Texas Swimming, Inc. LSC (LSC) and USA Swimming (collectively, the "specified parties"), solely to assist you with respect to the financial reports and financial records of LSC as of and for the year ended December 31, 2020 for the submission of information to USA Swimming in accordance with the Affiliation Agreement. LSC's management is responsible for the financial reports and financial records. The sufficiency of these procedures is solely the responsibility of those parties specified in the report. Consequently, we make no representation regarding the sufficiency of the procedures described below, either for the purpose for which this report has been requested or for any other purpose.

Our procedures and findings are as follows:

1. Obtain the USA Swimming-provided Agreed Upon Procedures Inquiry Checklist completed by the LSC representative. The completed checklist is included as Attachment A.
2. Prepare a year-over-year comparison of the balance sheet line items based on financial statements provided by the LSC representative as of December 31, 2020 and 2019. For any variances over 10 percent, inquire of the LSC representative the reason for the variance. An explanation for variances is included as Attachment B.
3. Prepare a year-over-year and actual-to-budget comparison for income statement line items based on financial statements provided by the LSC representative for the fiscal years ended December 31, 2020 and 2019. For any variances over 10 percent, inquire of the LSC representative the reason for the variance. Explanations for variances are included as Attachment C.
4. Obtain from the LSC representative a list of all vendor invoices paid during the fiscal year ended December 31, 2020. Randomly select 10 vendor invoices and obtain invoices and canceled checks. Agree amount and payee per invoices to canceled checks. Inspect invoice for signature or initials indicating approval for payment. Differences noted are listed below:
 - Per LSC's policies and procedures, documentation of expenses is required prior to reimbursement for one-time expenditures, primarily for travel and meet expenses. Travel expense reimbursement must be accompanied by a travel expense form, signed by two parties. For recurring expenses, board approval is given at the time of initiation of such recurring expenses, either as a stand-alone approval or approval by the House of Delegates' annual budget approval; thus, approvals were not in all cases apparent on the face of the selected invoices but were approved through the annual budget approval process.
5. Obtain bank and investment reconciliations as of December 31, 2020 prepared by the LSC representative. Agree bank/investment balance per the reconciliation to the bank/investment statement. Agree book balance per the reconciliation to the general ledger balance at year end, as provided by management. Differences noted are listed below:
 - There is one money market account to which the organization currently does not have access. It was left inactive for an extended period prior to 2020 such that the bank closed it and marked it as abandoned. The organization is in the process of regaining access to the account and restoring ownership. As such, the balance presented in the financials is the last known balance, likely from 2017.

To North Texas Swimming, Inc. LSC and USA Swimming

- There is a difference between the bank reconciliation and the balance sheet. The balance sheet is understated by \$619.00.
6. Obtain a list of cash disbursements by vendor for the 2020 calendar year from the LSC representative. For each vendor that was paid more than \$600 for the 2020 calendar year per the list, obtain a copy of the vendor's 1099s. Vendor payments over \$600 and 1099 status are listed in Attachment D.
- In three instances, the organization did not file 1099 forms, as required.
7. If LSC pays wages, obtain a reconciliation of IRS Form 941 to general ledger as of December 31, 2020 prepared by the LSC representative. Obtain a listing of amounts paid for the 2020 calendar year by employee. Obtain copies of W-2s issued for the year. For each employee per the listing who was paid over \$600, agree employee name and amount paid per the listing to the W-2. Any exceptions noted are listed below:
- No wages were paid in 2020 per the LSC-prepared income statement and discussion with the LSC representative.
8. Obtain and attach the most recently filed 990. IRS Form 990 is included as Attachment E.
9. Obtain and attach the year-end internally prepared financial statements. Financial statements are included as Attachment F.

This agreed-upon procedures engagement was conducted in accordance with attestation standards established by the American Institute of Certified Public Accountants. We were not engaged to, and did not, conduct an examination or review, the objective of which would be the expression of an opinion or conclusion, respectively, on LSC's financial reports. Accordingly, we do not express such an opinion or conclusion. Had we performed additional procedures, other matters might have come to our attention that would have been reported to you.

This report is intended solely for the information and use of North Texas Swimming, Inc. and USA Swimming and is not intended to be and should not be used by anyone other than those specified parties.

Plante & Morse, PLLC

Denver, Colorado
November 22, 2021

LSC Agreed Upon Procedures Inquiry Checklist

LSC Name: North Texas Swimming

Completed By (Name & Email Address): Nathan Gloier (nathan.gloier@ntswim.org)

Date Completed: 10/9/2021

For Period Ending: 12/31/2020

General Company Information

EIN: 31-1012789

Accrual or Cash Method of Accounting: Accrual

Name of General Chair: Suzanne Dangelmaier

Name of Treasurer: Traci Johnson (in role until 9/9/2021)

Others Involved in Accounting Functions: None

Name & Email Address of person who maintains books and records:

Traci Johnson maintained the books and records until 9/9/2021. Since she is no longer with North Texas Swimming, Nathan Gloier or Barbara Roselli may be contacted as the custodian of the records and books at nathan.gloier@ntswim.org or barbara.roselli@ntswim.org.

Instructions: The purpose of this checklist is to supplement the agreed upon procedures engagement performed by an independent accountant. This form should be completed by an LSC representative and provided to the independent accountant to be submitted with the final agreed upon procedures deliverable.

As you complete this document, you will be asked to choose answers from drop down menus, check boxes, select dates and type text answers.

Policies & Procedures Manuals

An accounting manual should provide answers to questions, instruction to accounting personnel, and provide the means to apply consistent reporting of business transactions. The document must be useful and, more importantly, used. Therefore, it should be organized, complete, and consistent.

It should be available to all who need or think they need it. Certainly, the accounting staff needs the manual. Also, managers, and others who submit accounting data should have the manual available to them.

It should always be current. A plan or method for updating policies with changes, additions, or deletions to the document is a must.

- Does the LSC have written accounting policies and procedures established to describe the accounting system and ensure transactions are accounted for consistently (as described above)?

Work in Progress

Bank Accounts

- ☒ All accounts are on the books and financials.

- Are funds deposited in a bank with FDIC protection and on what date and by who was this verified?

All LSC Funds are deposited with Wells Fargo Bank, NA which is an FDIC insured institution. Verified by Nathan Gloier on 10/9/2021

- Has the balance in any account exceeded the protection limits at any time during the period being reviewed? Document any issues below:

The combined balances of the LSC as well as the individual account balances in the LSC checking and savings accounts exceed the FDIC insurance limit as of 10/9/2021.

- List all bank account numbers and corresponding general ledger account numbers:

Wells Fargo Checking: 0529648750 (QB GL ID 30 – “Checking – Wells Fargo”)
Wells Fargo Savings: 8147227352 (QB GL ID 31 - "Savings - Wells Fargo")
Wells Fargo Money Market: 62317147 (QB GL ID 32 - "Wells Fargo Advisors")

- ☒ All accounts are held in the name of the LSC (not an individual).

- Do volunteers or employees of the LSC possess debit cards for any bank accounts? If so, list names:

As of 10/9/2021, two board members (Suzanne Dangelmaier and Barbara Roselli) both possess debit cards and are signers on the accounts. An additional volunteer (Karen Rourke) possesses a deposit card which allows them to make periodic deposits of check items received by the LSC.

- Are all account signers authorized by the Board of Directors?

Yes

☒ The LSC is in compliance with stipulations regarding who can sign checks and/or authorize payments and there is a process for ensuring the bank is notified immediately of all changes to signers.

- Please list the names and titles of the current account signers:

Suzanne Dangelmaier – General Chair, Barbara Roselli – Admin Vice-Chair

- Describe the LSC's written cash control policies to include approval policies in place (authorization and documentation requirements before payment is made), check signers signing checks made payable to themselves or family members, signing of blank checks, the use of pre-numbered checks and their use in sequence, and the use of "Cash" as the payee on a check.

For one-time LSC expenditures (Travel categories and Meet Expense categories primarily) documentation of expenses is required prior to reimbursement. In the case of travel, there is a travel expense form that must be signed by two parties in order to be considered valid and the amounts are governed by the LSC travel policy in force for that season/year. For recurring expenses, board approval is given at the time of initiation of such recurring expenses (Contract Labor, Office Supplies, etc) either as a stand alone approval or approval in the context of the House of Delegates annual budget approval.

- Are these policies stated above strictly adhered to?

Yes

- Describe a time, when you might deviate from these cash control policies.

Certain small expenses and expenses paid via the LSC credit card (issued to Bob Lang, the Equipment Chair) are paid ad-hoc and receipts are kept/noted. These are all small and fit within pre-established budget parameters as approved by the Board and the House of Delegates.

- Does the LSC use bill pay or other online payment methods?

Yes

- If yes, describe the approval policies for these transactions.

In certain limited circumstances, primarily with recurring expenses or planned events, one of the LSC debit cards or bank transfer may be used to pay an expense directly for previously planned/budgeted expenses.

- Explain the process for voiding and cancelling of checks.

Voided or canceled checks are noted as such in Quickbooks as well as the checks are destroyed.

☒ Blank checks are never signed.

☐ Payments are processed by someone other than the authorizing individual.

This box is not checked, as the prior Treasurer did not enforce separation of duties. We have repeatedly noted this in prior internal audits and the LSC has since turned over Treasurers so that we can implement a proper separation of duties with respect to processing and authorization.

Attachment B - Balance Sheet Variance

Description	2020	2019	\$ Change	% Change	Explanation Provided by LSC
Checking/Savings	549,048	581,325	(32,277)	-6%	
Accounts Receivable	-	-	-	0%	
Accounts Payable	36,918	37,387	(469)	-1%	
Net Assets	512,130	543,938	(31,808)	-6%	

Attachment C - Income Statement Variance - Year over Year

Description	2020	2019	\$ Change	% Change	Explanation Provided by LSC
Income					
Meet Surcharges	54,651	75,952	-21,301	-28%	Significantly fewer meets held due to COVID-19
Miscellaneous Income	700	1,395	-695	-50%	Lower fine income from lower volume of meets due to COVID-19
Rents - Equipment	1,800	4,800	-3,000	-63%	Significantly fewer meets held due to COVID-19
Sanction Fees	1,750	1,375	375	27%	Significantly fewer meets held due to COVID-19
TNT - Zones team	0	26,317	-26,317	-100%	Budgeted events cancelled due to COVID-19
USA Registration Fees	127,107	146,290	-19,183	-13%	Registrations down YoY due to COVID-19 facility closures, shortages of available pool facilities
Total Income	186,008	256,129			
Expenses					
Bank Charges	51	37	14	37%	Bank charges from LSC Credit Card related fees not actively managed
Contract Labor	36,000	36,000	0	0%	
Convention - USAS	0	18,447	-18,447	-100%	In-person activities curtailed due to COVID-19
Diversity and Inclusion	436	4,239	-3,803	-90%	In-person activities curtailed due to COVID-19
Dues & Subscriptions	50	50	0	0%	
Evaluator Fees	2,322	4,232	-1,910	-45%	Significantly fewer meets held due to COVID-19
Office Expenses	1,305	1,998	-693	-35%	Office expenses curtailed due to COVID-19
Other program expense	0	11,660	-11,660	-100%	One time Other program expense in 2019 did not recur.
Repair & Maintenance	106	6,040	-5,934	-98%	LSC equipment rental activities curtailed due to COVID-19, leading to lower than anticipated repairs
Scholarships Awarded	2,000	2,000	0	0%	
Supplies	0	19	-19	-100%	Category no longer used in 2020, now classified by type (eg, Office Supplies, Repair and Maintenance, etc)
Swim Camps Exp	0	5,205	-5,205	-100%	In-person activities curtailed due to COVID-19
Taxes & Licenses	0	245	-245	-100%	Trailer/vehicle licensing suspended in TX due to COVID-19
Telephone & Internet	748	1,253	-505	-40%	Telephone & Internet expenses curtailed due to COVID-19
TNT Allstars Meet exp	0	10,125	-10,125	-100%	In-person activities curtailed due to COVID-19
TNT Zones Team Exp	775	49,632	-48,857	-98%	In-person activities curtailed due to COVID-19
Training & Supplies - Coaches	54	32	22	68%	In-person activities curtailed due to COVID-19
Training & Supplies - Officials	1,428	3,942	-2,514	-64%	In-person activities curtailed due to COVID-19
Travel - Athlete Reimbursmt	45,623	104,043	-58,420	-56%	Travel curtailed due to COVID-19
Travel - LSC Officers	747	4,084	-3,338	-82%	Travel curtailed due to COVID-20
Total Expense	217,276	263,283			
Other Income					
Interest Income	99	241	-141	-59%	Interest rate offered by bank decreased year over year
Other Income - Bill Nixon Scholshp	0	5,300	-5,300	-100%	Bill Nixon Scholarship income booked in 2019, similar scholarship income not booked in 2020 due to COVID-19, though scholarships expenses were paid (see expenses).
Total Other Income	99	5,541			
Other Expenses					
Miscellaneous Exp	656	32	624	1949%	Bereavement expenses (flowers) for multiple long time LSC volunteers
Total Other Expenses	656	32			
Net Income	-31,825	-1,645			

Attachment C (continued) - Income Statement Variance - Budget to Actual

BUDGET	ACTUAL	\$ VARIANCE	% VARIANCE	Category	Explanation Provided by LSC
Income:					
95,000	54,651	40,349	42%	Meet Surcharges	Significantly fewer meets held due to COVID-19
-	700	(700)	0%	Miscellaneous Income	Sanction/Meet fine income not budgeted
5,500	1,800	3,700	67%	Rents - Equipment	Significantly fewer meets held due to COVID-19
2,500	1,750	750	30%	Sanction Fees	Significantly fewer meets held due to COVID-19
15,000	-	15,000	100%	TNT - All Star Meet	Budgeted events cancelled due to COVID-19
30,000	-	30,000	100%	TNT - Open Water Meet	Budgeted events cancelled due to COVID-19
16,000	-	16,000	100%	TNT - Zones team	Budgeted events cancelled due to COVID-19
156,200	127,107	29,093	19%	USA Registration Fees	Registrations down YoY due to COVID-19 facility closures, shortages of available pool facilities
Expenses:					
-	51	(51)	0%	Bank Charges	Un-budgeted bank fees
500	-	500	100%	Coaches' Rep	In-person activities curtailed due to COVID-19
30,000	36,000	(6,000)	-20%	Contract Labor	Un-budgeted increase in contractor fees
12,000	-	12,000	100%	Convention - USAS	In-person activities curtailed due to COVID-19
5,000	436	4,564	91%	Diversity and Inclusion	In-person activities curtailed due to COVID-19
100	50	50	50%	Dues & Subscriptions	Overbudgeted in this category (Zones fees always \$50 annually)
3,000	2,322	678	23%	Evaluator Fees	Significantly fewer meets held due to COVID-19
1,200	947	253	21%	Insurance	Overbudgeted in this category due to declining value of insured property
-	2,125	(2,125)	0%	Legal Fees	Un-budgeted legal fees
1,500	239	1,261	84%	Meetings Exp	In-person activities curtailed due to COVID-19
19,675	1,305	18,370	93%	Office Expenses	Significantly lower Office Expenses due to cancelation of plans to acquire LSC offices
250	-	250	100%	Other program expense	LSC activities curtailed due to COVID-19
-	122,320	(122,320)	0%	Refunds	COVID-19 Refunds to Clubs to promote solvency
2,500	106	2,394	96%	Repair & Maintenance	LSC equipment rental activities curtailed due to COVID-19, leading to lower than anticipated repairs
-	2,000	(2,000)	0%	Scholarships Awarded	Bill Nixon Memorial Scholarship (x2)
25	-	25	100%	Supplies	LSC activities curtailed due to COVID-19
3,000	-	3,000	100%	Swim Camps Exp	In-person activities curtailed due to COVID-19
250	-	250	100%	Taxes & Licenses	Trailer/vehicle licensing suspended in TX due to COVID-19
1,100	748	352	32%	Telephone & Internet	LSC activities curtailed due to COVID-19
15,000	-	15,000	100%	TNT Allstars Meet exp	Budgeted events cancelled due to COVID-19
45,000	-	45,000	100%	TNT Open Water Meet	Budgeted events cancelled due to COVID-19
44,000	775	43,225	98%	TNT Zones Team Exp	Budgeted events cancelled due to COVID-19
8,000	54	7,946	99%	Training & Supplies - Coaches	LSC activities curtailed due to COVID-19
8,000	1,428	6,572	82%	Training & Supplies - Officials	LSC activities curtailed due to COVID-19
115,500	45,623	69,877	60%	Travel - Athlete Reimbursmt	Travel down due to COVID-19
4,000	747	3,253	81%	Travel - LSC Officers	Travel down due to COVID-19
600	-	600	100%	Website	Planned website upgrade deferred

Attachment D - Form 1099 Status for Vendors Paid > \$600

Vendor	Amount Paid	1099 Prepared?	LSC Explanation for Why 1099 Not Required
Audrey Cormack	\$ 935	No	Not a vendor, this individual is a parent of a member athlete and the expense is for travel expense reimbursement.
Brian Dangelmaier	\$ 935	No	Not a vendor, this individual is a parent of a member athlete and the expense is for travel expense reimbursement.
Chantel Topolewski	\$ 1,084	No	Not a vendor, this individual is a parent of a member athlete and the expense is for travel expense reimbursement.
Christine Sanchez	\$ 935	No	Not a vendor, this individual is a parent of a member athlete and the expense is for travel expense reimbursement.
COR Swim Team	\$ 5,797	No	COVID-19 relief refunds of fees collected by LSC back to Club
Hunton Andrews Kurth LLP	\$ 2,125	No	should have had a 1099 filed
Intuit	\$ 672	No	Corporation - 1099 not required
Jason Walter	\$ 1,084	No	Not a vendor, this individual is a parent of a member athlete and the expense is for travel expense reimbursement.
Jing Carpenter	\$ 1,084	No	Not a vendor, this individual is a parent of a member athlete and the expense is for travel expense reimbursement.
Karen Rourke	\$ 36,918	No	should have had a 1099 filed
Kathleen Reddin	\$ 788	No	Not a vendor, this individual is a parent of a member athlete and the expense is for travel expense reimbursement.
Kathleen Vetkoetter	\$ 935	No	Not a vendor, this individual is a parent of a member athlete and the expense is for travel expense reimbursement.
Kristin Duren	\$ 1,084	No	Not a vendor, this individual is a parent of a member athlete and the expense is for travel expense reimbursement.
Kristy Edmund	\$ 1,084	No	Not a vendor, this individual is a parent of a member athlete and the expense is for travel expense reimbursement.
Mid-Cities Arlington Swimming	\$ 6,880	No	COVID-19 relief refunds of fees collected by LSC back to Club
NTN Parent Club	\$ 6,360	No	COVID-19 relief refunds of fees collected by LSC back to Club
Phil Lakota	\$ 920	No	Not a vendor, this individual is a parent of a member athlete and the expense is for travel expense reimbursement.
Risk Management Services, Inc.	\$ 947	No	Not a vendor, this individual is a parent of a member athlete and the expense is for travel expense reimbursement.
Roadrunner Charters	\$ 2,375	No	should have had a 1099 filed
Rockwall ISD	\$ 5,820	No	COVID-19 relief refunds of fees collected by LSC back to Club

Attachment E - IRS Form 990

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

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

OMB No. 1545-0047

2020**Open to Public
Inspection**

A For the 2020 calendar year, or tax year beginning , and ending			
B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Final return/terminated ☐ Amended return ☐ Application pending	C Name of organization NORTH TEXAS SWIMMING, INC.		D Employer identification number
	Doing business as		31-1012789
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite		E Telephone number
	PO BOX 93312		(817) 424-2321
	City or town State ZIP code		
	SOUTHLAKE TX 76092		
Foreign country name Foreign province/state/county Foreign postal code		G Gross receipts \$ 63,787	
F Name and address of principal officer:			
SUZANNE DANGELMAIER PO BOX 93312, SOUTHLAKE, TX 76092			
I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527		H(a) Is this a group return for subordinates? ☐ Yes ☒ No H(b) Are all subordinates included? ☐ Yes ☐ No If "No," attach a list. See instructions H(c) Group exemption number ▶ 5367	
J Website: ▶ www.ntswim.org			
K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶		L Year of formation: 1982	M State of legal domicile: TX

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: To serve the swimming community through administering competition, instruction and training of individuals to develop and improve their capabilities in the sport of swimming.		
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	59
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	59
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	300
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	146,290	4,787
	9 Program service revenue (Part VIII, line 2g)	105,296	58,901
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	241	99
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	251,827	63,787
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,000
14 Benefits paid to or for members (Part IX, column (A), line 4)		0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		0	0
16a Professional fundraising fees (Part IX, column (A), line 11e)		0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0			
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		261,315	93,612
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		263,315	95,612
19 Revenue less expenses. Subtract line 18 from line 12		-11,488	-31,825
Net Assets or Fund Balances			Prior Year
	20 Total assets (Part X, line 16)	725,576	693,299
	21 Total liabilities (Part X, line 26)	37,387	36,935
	22 Net assets or fund balances. Subtract line 21 from line 20	688,189	656,364

Part II Signature Block

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

Sign Here	Signature of officer		Date		
	BARBARA ROSELLI		10/9/2021		
	Type or print name and title ADMINISTRATIVE VICE CHAIR				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
	Traci D Johnson	Traci D Johnson	10/9/2021		P00341930
	Firm's name ▶ Traci D Johnson, CPA, PLLC		Firm's EIN ▶ 46-4204417		
	Firm's address ▶ 365 Miron Drive, Suite D, Southlake, TX 76092		Phone no. 817-424-2321		

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2020)

HTA

Part III**Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III. ☐

- 1** Briefly describe the organization's mission:
To serve the swimming community through administering competition, instruction and training of individuals to develop and improve their capabilities in the sport of swimming.
- 2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
If "Yes," describe these new services on Schedule O.
- 3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
If "Yes," describe these changes on Schedule O.
- 4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
- 4a** (Code:) (Expenses \$ 54,436 including grants of \$ 2,000) (Revenue \$ 122,787)
Competitive swim meets, camps, training and education for over 7,000 swimmers, coaches, supporters and volunteers.
- 4b** (Code:) (Expenses \$ including grants of \$) (Revenue \$)
- 4c** (Code:) (Expenses \$ including grants of \$) (Revenue \$)
- 4d** Other program services (Describe on Schedule O.)
(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)
- 4e** Total program service expenses ▶ 54,436

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

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

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

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

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

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. ☒ **X**

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	59	
1b Enter the number of voting members included on line 1a, above, who are independent.	59	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6 Did the organization have members or stockholders?		X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.		X

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?		X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13.	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	X	
13 Did the organization have a written whistleblower policy?	X	
14 Did the organization have a written document retention and destruction policy?	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official.		X
b Other officers or key employees of the organization.		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?		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?		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed. **TX**

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

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records. **BARBARA ROSELLI** (972) 398-7946
 2925 W 15TH STR, PLANO, TX 75075-7632

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII. ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SUZANNE DANGELMAIER GENERAL CHAIR	10.00 0.00	X		X				0	0	0
(2) BARBARA ROSELLI ADMIN VICE CHAIR	10.00 0.00	X		X				0	0	0
(3) LAURA RING SECRETARY	5.00 0.00	X		X				0	0	0
(4) CODY HUCKABAY SR VICE CHAIR	5.00 0.00	X		X				0	0	0
(5) BRANDON JONES AGE GROUP VICE CHAIR	5.00 0.00	X		X				0	0	0
(6) NATHAN GLOIER FINANCIE VICE CHAIR	5.00 0.00	X		X				0	0	0
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Subtotal								0	0	0
c Total from continuation sheets to Part VII, Section A								0	0	0
d Total (add lines 1b and 1c)								0	0	0

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
		0
		0
		0
		0
		0

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII. ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a	0			
	b	Membership dues	1b	4,787			
	c	Fundraising events	1c	0			
	d	Related organizations	1d	0			
	e	Government grants (contributions)	1e	0			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	0			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 0			
	h	Total. Add lines 1a-1f		4,787			
Program Service Revenue				Business Code			
	2a	Meet entry and fees	711210	58,901	58,901		
	b			0			
	c			0			
	d			0			
	e			0			
	f	All other program service revenue		0			
	g	Total. Add lines 2a-2f		58,901			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		99	99		
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		0			
	6a	Gross rents	(i) Real (ii) Personal				
	b	Less: rental expenses					
	c	Rental income or (loss)		0	0		
	d	Net rental income or (loss)		0			
	7a	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other		0	0	
	b	Less: cost or other basis and sales expenses		0	0		
	c	Gain or (loss)		0	0		
	d	Net gain or (loss)		0			
	8a	Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c). See Part IV, line 18		0			
	b	Less: direct expenses		0			
	c	Net income or (loss) from fundraising events		0			
	9a	Gross income from gaming activities. See Part IV, line 19		0			
	b	Less: direct expenses		0			
	c	Net income or (loss) from gaming activities		0			
	10a	Gross sales of inventory, less returns and allowances		0			
b	Less: cost of goods sold		0				
c	Net income or (loss) from sales of inventory		0				
Miscellaneous Revenue				Business Code			
	11a			0			
	b			0			
	c			0			
	d	All other revenue		0			
	e	Total. Add lines 11a-11d		0			
12	Total revenue. See instructions		63,787	59,000	0	0	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations domestic governments. See Part IV, line 21	0			
2	Grants and other assistance to domestic individuals. See Part IV, line 22	2,000	2,000		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	0		0	
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	0			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	0			
11	Fees for services (nonemployees):				
a	Management	36,000		36,000	
b	Legal	2,125		2,125	
c	Accounting	0			
d	Lobbying	0			
e	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	0			
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	0		0	
12	Advertising and promotion	0			
13	Office expenses	1,356		1,356	
14	Information technology	0			
15	Royalties	0			
16	Occupancy	748		748	
17	Travel	46,370	46,370		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	239	239		
20	Interest	0			
21	Payments to affiliates	50	50		
22	Depreciation, depletion, and amortization	0	0	0	0
23	Insurance	947			
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	MISCELLANEOUS PROGRAM EXP	656	656		
b	Program expense - meet expenses	3,097	3,097		
c	Equipment repairs and maintenance	106	106		
d	Program expense - Training and supplies	1,918	1,918		
e	All other expenses	0			
25	Total functional expenses. Add lines 1 through 24e	95,612	54,436	40,229	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)				

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	654,276	1	621,999
	2 Savings and temporary cash investments	0	2	
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	0	4	0
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	0	8	
	9 Prepaid expenses and deferred charges	0	9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 77,768		
	b Less: accumulated depreciation	10b 6,468	71,300	10c 71,300
	11 Investments—publicly traded securities	0	11	0
	12 Investments—other securities. See Part IV, line 11	0	12	0
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	0	15	0
16 Total assets. Add lines 1 through 15 (must equal line 33)	725,576	16	693,299	
Liabilities	17 Accounts payable and accrued expenses	37,387	17	36,935
	18 Grants payable	0	18	
	19 Deferred revenue	0	19	
	20 Tax-exempt bond liabilities	0	20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	22	
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D	0	25	0
	26 Total liabilities. Add lines 17 through 25	37,387	26	36,935
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here ☒ and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	688,189	27	656,364
	28 Net assets with donor restrictions	0	28	
	Organizations that do not follow FASB ASC 958, check here ☐ and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds	0	29	
	30 Paid-in or capital surplus, or land, building, or equipment fund	0	30	
	31 Retained earnings, endowment, accumulated income, or other funds	0	31	
	32 Total net assets or fund balances	688,189	32	656,364
33 Total liabilities and net assets/fund balances	725,576	33	693,299	

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	63,787
2	Total expenses (must equal Part IX, column (A), line 25)	2	95,612
3	Revenue less expenses. Subtract line 2 from line 1	3	-31,825
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	688,189
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 on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	656,364

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

	Yes	No
1 Accounting method used to prepare the Form 990: ☒ Cash ☐ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2a	X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2b	X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c	X
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	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 on Schedule O and describe any steps taken to undergo such audits	3b	

Depreciation and Amortization

(Including Information on Listed Property)

OMB No. 1545-0172

2020

Attachment
Sequence No. 179Department of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

Name(s) shown on return NORTH TEXAS SWIMMING, INC.	Business or activity to which this form relates 990	Identifying number 31-1012789
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Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	200,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	500,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	200,000
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	0
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	0
10	Carryover of disallowed deduction from line 13 of your 2019 Form 4562.	10	6,468
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	0
13	Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12	13	6,468

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Don't include listed property. See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2020	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		☐

Section B - Assets Placed in Service During 2020 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19 a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C - Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System

20 a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	0
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2020)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization

NORTH TEXAS SWIMMING, INC.

Employer identification number

31-1012789

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

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

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 ☒ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations 0
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total					0	0

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						0
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	0	0	0	0	0	0
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						0

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	0	0	0	0	0	0
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						0
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0
11 Total support. Add lines 7 through 10						0
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	0.00%
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	0.00%
16a 33 1/3% support test—2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization	☐	
b 33 1/3% support test—2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization	☐	
17a 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	☐	
b 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	☐	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	☐	

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	104,080	152,321	237,696	146,290	4,787	645,174
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	95,839	93,218	109,290	105,296	58,901	462,544
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 Total. Add lines 1 through 5	199,919	245,539	346,986	251,586	63,688	1,107,718
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
c Add lines 7a and 7b	0	0	0	0	0	0
8 Public support (Subtract line 7c from line 6.)						1,107,718

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6	199,919	245,539	346,986	251,586	63,688	1,107,718
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	361	929	2,374	241	99	4,004
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	361	929	2,374	241	99	4,004
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0
13 Total support. (Add lines 9, 10c, 11, and 12.)	200,280	246,468	349,360	251,827	63,787	1,111,722
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ☐						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	99.64%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	99.64%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	0.36%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	0.36%

- 19a 33 1/3% support tests—2020.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☒
- b 33 1/3% support tests—2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
1		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a ☐ The organization satisfied the Activities Test. Complete line 2 below.			
b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
2a			
b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? 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 lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .			
3a			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
3b			

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4	0	0
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	0	0

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d	0	0
e Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3	0	0
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	0	0
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0
6 Multiply line 5 by 0.035.	6	0	0
7 Recoveries of prior-year distributions	7	0	0
8 Minimum Asset Amount (add line 7 to line 6)	8	0	0

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		0
2 Enter 0.85 of line 1.	2		0
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		0
4 Enter greater of line 2 or line 3.	4		0
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		0

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

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

Section D - Distributions		Current Year	
1	Amounts paid to supported organizations to accomplish exempt purposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations		
4	Amounts paid to acquire exempt-use assets		
5	Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)		
6	Other distributions (describe in Part VI). See instructions.		
7	Total annual distributions. Add lines 1 through 6.		0
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.		
9	Distributable amount for 2020 from Section C, line 6		0
10	Line 8 amount divided by line 9 amount		0.000

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			0
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015	0		
b From 2016	0		
c From 2017	0		
d From 2018	0		
e From 2019	0		
f Total of lines 3a through 3e	0		
g Applied to underdistributions of prior years		0	
h Applied to 2020 distributable amount			0
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	0		
4 Distributions for 2020 from Section D, line 7: \$ 0			
a Applied to underdistributions of prior years		0	
b Applied to 2020 distributable amount			0
c Remainder. Subtract lines 4a and 4b from line 4.	0		
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.		0	
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			0
7 Excess distributions carryover to 2021. Add lines 3j and 4c.	0		
8 Breakdown of line 7:			
a Excess from 2016	0		
b Excess from 2017	0		
c Excess from 2018	0		
d Excess from 2019	0		
e Excess from 2020	0		

Part VI

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

NORTH TEXAS SWIMMING, INC.

Employer identification number

31-1012789

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		☐ Yes ☐ No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		☐ Yes ☐ No

Part II Conservation Easements.

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

1 Purpose(s) of conservation easements held by the organization (check all that apply). ☐ Preservation of land for public use (for example, recreation or education) ☐ Protection of natural habitat ☐ Preservation of open space ☐ Preservation of a historically important land area ☐ Preservation of a certified historic structure	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶	
4 Number of states where property subject to conservation easement is located ▶	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	☐ Yes ☐ No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	☐ Yes ☐ No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

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

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

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

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

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

- a** ☐ Public exhibition **d** ☐ Loan or exchange program
b ☐ Scholarly research **e** ☐ Other _____
c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

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

	Amount
c Beginning balance	1c 0
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f 0

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

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	0	0	0	0	0
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	0	0	0	0	0

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

- a** Board designated or quasi-endowment ☐ %
b Permanent endowment ☐ %
c Term endowment ☐ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) Unrelated organizations
(ii) Related organizations

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0	0		0
b Buildings	0	0	0	0
c Leasehold improvements	0	0	0	0
d Equipment	0	77,768	6,468	71,300
e Other	0	0	0	0

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 71,300

Part VII Investments—Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives	0	
(2) Closely held equity interests	0	
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	0	

Part VIII Investments—Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	0	

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	0

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	0

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

Part XI	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.
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Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	0
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	0

Part XII	Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
----------	---

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

1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	0
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	0

Part XIII **Supplemental Information.**

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

[illegible]

Part XIII Supplemental Information (continued)

[illegible]

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization

NORTH TEXAS SWIMMING, INC.

Employer identification number

31-1012789

Form 990, Part VI, Section B, Line 11B: EMAIL COPY OF THE RETURN PROVIDED TO THE BOARD MEMBERS

AS REQUESTED

Form 990, Part VI, Section B, Line 12C: BOARD OF DIRECTORS REVIEWS ALL CONTRACTS FOR CONFLICTS

OF INTEREST

Form 990, Part VI, Section C, Line 19: GOVERNING DOCUMENTS, WHICH INCLUDE CONFLICT OF INTEREST

POLICY AND WHISTLEBLOWER POLICY, ARE AVAILABLE ON WEBSITE OR UPON REQUEST. FINANCIAL

STATEMENTS ARE PRESENTED AND REVIEWED AT EACH MEETING.

Employer identification number

31-1012789

[illegible]

Attachment F - Internally Prepared Financial Statements

North Texas Swimming, Inc. Balance Sheet As of December 31, 2020

	Total			
	As of Dec 31, 2020	As of Dec 31, 2019 (PY)	Change	% Change
ASSETS				
Current Assets				
Bank Accounts				
Checking - Wells Fargo	137,373.70	169,749.85	-32,376.15	-19%
Savings - Wells Fargo	411,674.21	411,574.75	99.46	0%
Wells Fargo Advisors	72,950.91	72,950.91	0.00	0%
Total Bank Accounts	\$ 621,998.82	\$ 654,275.51	-\$ 32,276.69	-5%
Accounts Receivable				
Accounts Receivable	0.00	0.00	0.00	
Total Accounts Receivable	\$ 0.00	\$ 0.00	\$ 0.00	
Total Current Assets	\$ 621,998.82	\$ 654,275.51	-\$ 32,276.69	-5%
Fixed Assets				
Machinery & Equipment				
Depreciation	-6,468.00	-6,468.00	0.00	0%
Original Cost	77,768.00	77,768.00	0.00	0%
Total Machinery & Equipment	\$ 71,300.00	\$ 71,300.00	\$ 0.00	0%
Total Fixed Assets	\$ 71,300.00	\$ 71,300.00	\$ 0.00	0%
TOTAL ASSETS	\$ 693,298.82	\$ 725,575.51	-\$ 32,276.69	-4%
LIABILITIES AND EQUITY				
Liabilities				
Current Liabilities				
Accounts Payable				
Accounts Payable	36,918.09	37,386.94	-468.85	-1%
Total Accounts Payable	\$ 36,918.09	\$ 37,386.94	-\$ 468.85	-1%
Credit Cards				
Wells Fargo - B Lang	16.68	0.00	16.68	
Total Credit Cards	\$ 16.68	\$ 0.00	\$ 16.68	
Other Current Liabilities				
USA Swimming fees	0.00	0.00	0.00	
Total Other Current Liabilities	\$ 0.00	\$ 0.00	\$ 0.00	
Total Current Liabilities	\$ 36,934.77	\$ 37,386.94	-\$ 452.17	-1%
Total Liabilities	\$ 36,934.77	\$ 37,386.94	-\$ 452.17	-1%
Equity				
Fund Balance (Appropriated) - Bill Nixon Memorial Scholarship	2,776.16	2,776.16	0.00	0%
Fund Balance - Unrestricted	685,412.41	687,057.84	-1,645.43	0%
Opening Balance Equity	0.00	0.00	0.00	
Net Income	-31,824.52	-1,645.43	-30,179.09	1834%
Total Equity	\$ 656,364.05	\$ 688,188.57	-\$ 31,824.52	-5%
TOTAL LIABILITIES AND EQUITY	\$ 693,298.82	\$ 725,575.51	-\$ 32,276.69	-4%

North Texas Swimming, Inc.
Profit and Loss
January - December 2020

	Total				
	Jan - Dec 2020	Jan - Dec 2019 (PY)	Change	% Change	
Income					
Meet Surcharges	54,651.00	75,952.00	-21,301.00	-28%	
Miscellaneous Income	700.00	1,394.59	-694.59	-50%	
Rents - Equipment	1,800.00	4,800.00	-3,000.00	-63%	
Sanction Fees	1,750.00	1,375.00	375.00	27%	
TNT - Zones Team	0.00	26,317.00	-26,317.00	-100%	
USA Registration Fees	127,106.99	146,290.23	-19,183.24	-13%	
Total Income	\$ 186,007.99	\$ 256,128.82	-\$ 70,120.83	-27%	
Gross Profit	\$ 186,007.99	\$ 256,128.82	-\$ 70,120.83	-27%	
Expenses					
Bank Charges	51.00	37.21	13.79	37%	
Contract Labor	36,000.00	36,000.00	0.00	0%	
Convention - USAS	0.00	18,446.70	-18,446.70	-100%	
Diversity and Inclusion	435.80	4,239.00	-3,803.20	-90%	
Dues & Subscriptions	50.00	50.00	0.00	0%	
Evaluator Fees	2,321.63	4,231.74	-1,910.11	-45%	
Insurance	947.00	0.00	947.00		
Legal Fees	2,125.00	0.00	2,125.00		
Meetings Exp	239.48	0.00	239.48		
Office Expenses	1,305.19	1,998.20	-693.01	-35%	
Other program expense	0.00	11,659.99	-11,659.99	-100%	
Refunds	122,320.00	0.00	122,320.00		
Repair & Maintenance	106.20	6,040.24	-5,934.04	-98%	
Scholarships Awarded	2,000.00	2,000.00	0.00	0%	
Supplies	0.00	19.23	-19.23	-100%	
Swim Camps Exp	0.00	5,204.57	-5,204.57	-100%	
Taxes & Licenses	0.00	245.00	-245.00	-100%	
Telephone & Internet	748.03	1,252.59	-504.56	-40%	
TNT Allstars Meet exp	0.00	10,125.46	-10,125.46	-100%	
TNT Zones Team Exp	775.00	49,631.95	-48,856.95	-98%	
Training & Supplies - Coaches	53.84	31.97	21.87	68%	
Training & Supplies - Officials	1,428.00	3,941.72	-2,513.72	-64%	
Travel - Athlete Reimbursmt	45,623.32	104,042.92	-58,419.60	-56%	
Travel - LSC Officers	746.60	4,084.44	-3,337.84	-82%	
Total Expenses	\$ 217,276.09	\$ 263,282.93	-\$ 46,006.84	-17%	
Net Operating Income	-\$ 31,268.10	-\$ 7,154.11	-\$ 24,113.99	337%	
Other Income					
Interest Income	99.46	240.90	-141.44	-59%	
Other Income - Bill Nixon Scholshp	0.00	5,299.79	-5,299.79	-100%	
Total Other Income	\$ 99.46	\$ 5,540.69	-\$ 5,441.23	-98%	
Other Expenses					
Miscellaneous Exp	655.88	32.01	623.87	1949%	
Total Other Expenses	\$ 655.88	\$ 32.01	\$ 623.87	1949%	
Net Other Income	-\$ 556.42	\$ 5,508.68	-\$ 6,065.10	-110%	
Net Income	-\$ 31,824.52	-\$ 1,645.43	-\$ 30,179.09	1834%	