Form **990-EZ**

Department of the Treasury

Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-1150

2011

Open to Public Inspection

Α	For th	ne 2011 calen	idar year, or tax year beginning , and ending	_	
В	1	if applicable:	C Name of organization	D Employ	er identification number
	Addres	s change	US Masters Swimming Inc. Illinois Masters Swimming Association		31-1131705
	Name	change	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite	E Telepho	
	Initial re	eturn	The most discovery in the sound of the sound	c.opc	
	Termin	ated	800 Oak Street		217-446-5380
	Amend	led return	City or town state or country ZIP + 4	F Group	Exemption
	Applica	ation pending	Danville IL 61832	Numbe	·
_				<u> </u>	X if the organization is
		nting Method:		_	
'			www.ilmsa.com/		ed to attach Schedule B , 990-EZ, or 990-PF).
J	Tax-exe	empt status (che	eck only one) — X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527	(1 01111 000	, 550 LZ, 61 550 1 1).
K	Check		organization is not a section 509(a)(3) supporting organization or a section 527 organization	_	
			000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) ma looses to file a return, be sure to file a complete return.	ay be requir	ed (see instructions). But
_				aaata	
L			d 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total a		ф <u> </u>
В			mn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ e, Expenses, and Changes in Net Assets or Fund Balances (see the instance)		
	art I		the organization used Schedule O to respond to any question in this Part I		
	1		ns, gifts, grants, and similar amounts received		
	2	-	ervice revenue including government fees and contracts		· ·
	3		ip dues and assessments		<u> </u>
	4		t income		2,852
	5a			27,291	
	b			28,037	740
	С		ss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5	c -746
	6	-	nd fundraising events		
<u>o</u>	а		me from gaming (attach Schedule G if greater than		
ă	L .				
Revenue	b		me from fundraising events (not including \$of contributions		
Ř			aising events reported on line 1) (attach Schedule G if the ch gross income and contributions exceeds \$15,000) 6b		
			th gross income and contributions exceeds \$15,000)		
	C		e or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract		
	d			. 60	d 0
	72	,	s of inventory, less returns and allowances	. 0	u 0
	b		of goods sold		
	C		it or (loss) from sales of inventory (Subtract line 7b from line 7a)	70	c 0
	8	•	nue (describe in Schedule O)		
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		
	10		I similar amounts paid (list in Schedule O)		
	11		aid to or for members		
S			ther compensation, and employee benefits		
JSE	13		al fees and other payments to independent contractors		
Expenses	14		/, rent, utilities, and maintenance		
Ä	15		ublications, postage, and shipping		
	16		enses (describe in Schedule O)		
	17		enses. Add lines 10 through 16		
S	18		(deficit) for the year (Subtract line 17 from line 9)		
set	19		or fund balances at beginning of year (from line 27, column (A)) (must agree with		
As			r figure reported on prior year's return)	19	90,979
Net Assets	20		nges in net assets or fund balances (explain in Schedule O)		0
ž	21		or fund balances at end of year. Combine lines 18 through 20	▶ 2	

				(A	Beginning of year		(B) End of year
22	Cash, savings, and investments				92,457	22	104,474
23	Land and buildings					23	
24	Other assets (describe in Schedule O)					24	
25	Total assets				92,457	25	104,474
26	Total liabilities (describe in Schedule O)				1,478		979
27	Net assets or fund balances (line 27 of column				90,979	27	103,495
Pä	Statement of Program Service Accomp	,		,		(Rec	Expenses quired for section
	Check if the organization used Schedule		•		· · · · <u> </u>		c)(3) and 501(c)(4)
	at is the organization's primary exempt purpose?						nizations and section
	cribe the organization's program service accompli						7(a)(1) trusts; optional thers.)
	measured by expenses. In a clear and concise ma		rvices	provided, the numb	er of		,
	sons benefited, and other relevant information for a Athletic masters swimming competition, represen		etare				1
	swimming convention and related administration,			`Q			
	compete. All 2,100 swim and train	approximately 500 in	icilibei	S			
		ınt includes foreign g	rants. o	check here	• 🗀	28a	11,282
29	Publication of web site, quarterly newsletter & e-r					Zua	11,202
	2,100 members for communication and promotio						
	Swimming						
	(Grants \$) If this amou	ınt includes foreign g	rants, c	check here	▶	29a	214
30							
	(Grants \$) If this amou	ınt includes foreign g	rants, d	check here	▶ 🔲	30a	
31	Other program services (describe in Schedule O)						
	(Grants \$) If this amou	ınt includes foreign g	rants, c	check here	🕨 🔽	31a	
	Total program service expenses. (add lines 28					32	11,496
Pa	art IV List of Officers, Directors, Trustees, and						
	Check if the organization used Schedule C	to respond to any q	uestior	n in this Part IV			
		(b) Title and avera	age	(c) Reportable compensation	(d) Health benefit	ts	(e) Estimated amount of
	(a) Name and address	hours per week		(Forms W-2/1099-MISC	contributions to employee benefit pla	nne	other compensation
		devoted to position	on	(if not paid, enter -0)		, פווג	
	Dodson	Title Treasurer			and deferred compens		
		Title Troasarci			and deferred compens		
Chri	Linden Ave Wilmette IL 60091	Hr/WK	2.00	(
	is Colburn		ent)		
234	is Colburn S. West St Naperville IL 60540	Hr/WK Title Past Presid					
234 Hea	is Colburn S. West St Naperville IL 60540 hther Howland	Hr/WK Title Past Presid	ent 2.00	(
234 Hea 28 S	is Colburn S. West St Naperville IL 60540 hther Howland S Plumgrove Rd Schaumburg IL 60193	Hr/WK Title Past Presid Hr/WK Title President Hr/WK	ent	()		
234 Hea 28 S Barl	is Colburn S. West St Naperville IL 60540 hther Howland S Plumgrove Rd Schaumburg IL 60193 b Delanois	Hr/WK Title Past Presid Hr/WK Title President Hr/WK Title Director	ent 2.00 2.00	(
234 Hea 28 S Barl 800	is Colburn S. West St Naperville IL 60540 Ather Howland S Plumgrove Rd Schaumburg IL 60193 b Delanois Oak St Danville IL 61832	Hr/WK Title Past Presid Hr/WK Title President Hr/WK Title Director Hr/WK	ent 2.00	(
234 Hea 28 S Barl 800 Erik	is Colburn S. West St Naperville IL 60540 ather Howland S Plumgrove Rd Schaumburg IL 60193 b Delanois Oak St Danville IL 61832 Van Etten	Hr/WK Title Past Presid Hr/WK Title President Hr/WK Title Director Hr/WK Title Registrar	ent 2.00 2.00 2.00	(
234 Hea 28 5 Barl 800 Erik 302	is Colburn S. West St Naperville IL 60540 hther Howland S Plumgrove Rd Schaumburg IL 60193 b Delanois Oak St Danville IL 61832 Van Etten Ironwood CC Dr Bloomington IL 61761	Hr/WK Title Past Presid Hr/WK Title President Hr/WK Title Director Hr/WK Title Registrar Hr/WK	ent 2.00 2.00	(
234 Hea 28 5 Barl 800 Erik 302 Fred	is Colburn S. West St Naperville IL 60540 Ather Howland S Plumgrove Rd Schaumburg IL 60193 D Delanois Oak St Danville IL 61832 Van Etten Ironwood CC Dr Bloomington IL 61761 d Pigott	Hr/WK Title Past Presid Hr/WK Title President Hr/WK Title Director Hr/WK Title Registrar Hr/WK Title Director	ent 2.00 2.00 2.00 5.00	(
234 Hea 28 S Barl 800 Erik 302 Fred 329	is Colburn S. West St Naperville IL 60540 wither Howland S Plumgrove Rd Schaumburg IL 60193 b Delanois Oak St Danville IL 61832 Van Etten Ironwood CC Dr Bloomington IL 61761 d Pigott Brookside Circle Wheaton IL 60187	Hr/WK Title Past Presid Hr/WK Title President Hr/WK Title Director Hr/WK Title Registrar Hr/WK Title Director Hr/WK Hr/WK Hr/WK	ent 2.00 2.00 2.00	(
234 Hea 28 5 Barl 800 Erik 302 Fred 329 Geo	is Colburn S. West St Naperville IL 60540 wither Howland S Plumgrove Rd Schaumburg IL 60193 b Delanois Oak St Danville IL 61832 Van Etten Ironwood CC Dr Bloomington IL 61761 d Pigott Brookside Circle Wheaton IL 60187 orge Montanaro	Hr/WK Title Past Presid Hr/WK Title President Hr/WK Title Director Hr/WK Title Registrar Hr/WK Title Director Hr/WK Title Director Hr/WK Title Director Hr/WK Title Director	2.00 2.00 2.00 5.00 2.00				
234 Hea 28 S Barl 800 Erik 302 Fred 329 Ged 140	is Colburn S. West St Naperville IL 60540 Ather Howland S Plumgrove Rd Schaumburg IL 60193 D Delanois Oak St Danville IL 61832 Van Etten Ironwood CC Dr Bloomington IL 61761 D Pigott Brookside Circle Wheaton IL 60187 Drige Montanaro 3 Greenleaf Str Evanston IL 60202	Hr/WK Title Past Presid Hr/WK Title President Hr/WK Title Director Hr/WK Title Registrar Hr/WK Title Director Hr/WK Title Director Hr/WK Title Director Hr/WK Title Director	ent 2.00 2.00 2.00 5.00				
234 Hea 28 5 Barl 800 Erik 302 Fred 329 Geo 140 Mar	is Colburn S. West St Naperville IL 60540 wither Howland S Plumgrove Rd Schaumburg IL 60193 b Delanois Oak St Danville IL 61832 Van Etten Ironwood CC Dr Bloomington IL 61761 d Pigott Brookside Circle Wheaton IL 60187 orge Montanaro 3 Greenleaf Str Evanston IL 60202 k Mattson	Hr/WK Title Past Presid Hr/WK Title President Hr/WK Title Director Hr/WK Title Registrar Hr/WK Title Director	2.00 2.00 2.00 5.00 2.00				
234 Hea 28 \$ Barl 800 Erik 302 Frec 329 Gec 140 Mar 168	is Colburn S. West St Naperville IL 60540 Ather Howland S Plumgrove Rd Schaumburg IL 60193 D Delanois Oak St Danville IL 61832 Van Etten Ironwood CC Dr Bloomington IL 61761 d Pigott Brookside Circle Wheaton IL 60187 orge Montanaro 3 Greenleaf Str Evanston IL 60202 k Mattson 4 Brookdale Rd # 13 Naperville IL 60563	Hr/WK Title Past Presid Hr/WK Title President Hr/WK Title Director Hr/WK Title Registrar Hr/WK Title Director	2.00 2.00 2.00 5.00 2.00				
234 Hea 28 \$ Bart 800 Erik 302 Frec 329 Gec 140 Mar 168 John	is Colburn S. West St Naperville IL 60540 wither Howland S Plumgrove Rd Schaumburg IL 60193 b Delanois Oak St Danville IL 61832 Van Etten Ironwood CC Dr Bloomington IL 61761 d Pigott Brookside Circle Wheaton IL 60187 orge Montanaro 3 Greenleaf Str Evanston IL 60202 k Mattson 4 Brookdale Rd # 13 Naperville IL 60563 n Traynor	Hr/WK Title Past Presid Hr/WK Title President Hr/WK Title Director Hr/WK Title Registrar Hr/WK Title Director	2.00 2.00 5.00 2.00 1.00				
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234 Hea 28 \$ Barl 800 Erik 302 Fred 329 Gec 140 Mar 168 Johi 815 Lau	is Colburn S. West St Naperville IL 60540 wither Howland S Plumgrove Rd Schaumburg IL 60193 b Delanois Oak St Danville IL 61832 Van Etten Ironwood CC Dr Bloomington IL 61761 d Pigott Brookside Circle Wheaton IL 60187 orge Montanaro 3 Greenleaf Str Evanston IL 60202 k Mattson 4 Brookdale Rd # 13 Naperville IL 60563 n Traynor Linden Ave Wilmette IL 60091 rel Liberty	Hr/WK Title Past Presid Hr/WK Title President Hr/WK Title Director Hr/WK Title Registrar Hr/WK Title Director	2.00 2.00 5.00 2.00 1.00				
234 Hea 28 \$ Barl 800 Erik 302 Frec 329 Gec 140 Mar 168 Joh 815 Lau 312	is Colburn S. West St Naperville IL 60540 Ither Howland S Plumgrove Rd Schaumburg IL 60193 b Delanois Oak St Danville IL 61832 Van Etten Ironwood CC Dr Bloomington IL 61761 d Pigott Brookside Circle Wheaton IL 60187 orge Montanaro 3 Greenleaf Str Evanston IL 60202 k Mattson 4 Brookdale Rd # 13 Naperville IL 60563 n Traynor Linden Ave Wilmette IL 60091 rel Liberty Dawes St Libertyville IL 60048	Hr/WK Title Past Presid Hr/WK Title President Hr/WK Title Director Hr/WK Title Registrar Hr/WK Title Director	2.00 2.00 5.00 2.00 1.00				
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234 Hea 28 \$ Barls 800 Erik 302 Frec 329 Gec 140 Mar 168 John 815 Lau 312 Rich	is Colburn S. West St Naperville IL 60540 Ither Howland S Plumgrove Rd Schaumburg IL 60193 b Delanois Oak St Danville IL 61832 Van Etten Ironwood CC Dr Bloomington IL 61761 d Pigott Brookside Circle Wheaton IL 60187 orge Montanaro 3 Greenleaf Str Evanston IL 60202 k Mattson 4 Brookdale Rd # 13 Naperville IL 60563 n Traynor Linden Ave Wilmette IL 60091 rel Liberty Dawes St Libertyville IL 60048	Hr/WK Title Past Presid Hr/WK Title President Hr/WK Title Director Hr/WK Title Registrar Hr/WK Title Director	2.00 2.00 5.00 2.00 1.00				

	instructions for Part V.) Check if the organization used Schedule O to respond to any question in the	nis Pa	rt V .	
		<u> </u>	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			
24	detailed description of each activity in Schedule O	33		Χ
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		Χ
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business	34		
55 a	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		Х
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		X
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			-,-
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		Χ
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			
	during the year? If "Yes," complete applicable parts of Schedule N	36		Χ
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions.▶ 37a			
b	Did the organization file Form 1120-POL for this year?	37b		
38 a				
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		Х
	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9			
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
70 a	section 4911 ►; section 4912 ►; section 4955 ►			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			
-	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been			
	reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		Χ
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on			
	organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c			
	reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	4.0		V
44	transaction? If "Yes," complete Form 8886-T.	40e		Χ
41	List the states with which a copy of this return is filed.	0.47.0	-0.000	
42 a	The organization's books are in care of ▶ Phil Dodson Telephone no. ▶		56-696	<u> </u>
	Located at ► 815 Linden Ave City Wilmette ST IL ZIP + 4 ► 6009			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X
	If "Yes," enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
С	and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		Х
C	If "Yes," enter the name of the foreign country:	420		^
12	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here			
43				
	and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		Yes	Na
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		162	No
77 a	completed instead of Form 990-EZ	44a		Χ
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	774		^
	completed instead of Form 990-EZ	44b		Х
С	Did the organization receive any payments for indoor tanning services during the year?	44c		X
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? <i>If "No," provide an</i>			
	explanation in Schedule O	44d		
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		Χ
45 b				
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			
	Form 990-EZ (see instructions)	45b		X

1 01111 3	90-EZ (2011) US Masters Swimming II	nc. Illinois Masters Swimm	iiig Association		31-1131	Yes	Page 4			
46	Did the organization engage, directly or indirect	ctly, in political campaign a	activities on behalf of	or in opposition		163	140			
	to candidates for public office? If "Yes," comp			• •	. 46		Х			
Part	VI Section 501(c)(3) organizations an	nd section 4947(a)(1) n	onexempt charital	ole trusts only. All	section					
	501(c)(3) organizations and section		charitable trusts mus	st answer questions	s 47–49l)				
	and 52, and complete the tables for l Check if the organization used Sche	lines 50 and 51. dule O to respond to an	v augstion in this Pa	art \/I						
	Oneok ii the organization used cone	daic O to respond to an	y question in this re			Yes	No			
47	Did the organization engage in lobbying activit	ies or have a section 501(h) election in effect di	ring the tax		163	NO			
	year? If "Yes," complete Schedule C, Part II	· · · · · · · · · · · · · · · · · · ·	•	_	. 47		Х			
48	Is the organization a school as described in se						Х			
49 a	Did the organization make any transfers to an		_			_	Χ			
	b If "Yes," was the related organization a section 527 organization?									
50	Complete this table for the organization's five h					кеу				
	employees) who each received more than \$10	·	i	(d) Health benefits,	none.					
	(a) Name and address of each employee	(b) Title and average hours per week	(c) Reportable compensation	contributions to employee	(e) Estimated amount of					
	paid more than \$100,000	devoted to position	(Forms W-2/1099-MISC)	benefit plans, and deferred compensation	other o	ompensa	ation			
Name	None Str	Title								
City	ST ZIP	Hr/WK .00								
Name		Title								
City	ST ZIP	Hr/WK .00								
Name City	Str ZIP	Title Hr/WK .00								
Name		Title								
City	ST ZIP	Hr/WK .00								
Name	Str	Title								
City	ST ZIP	Hr/WK .00								
f 51	Total number of other employees paid over \$1 Complete this table for the organization's five h			who each received m	oro than					
31	\$100,000 of compensation from the organizations	-	-	who each received his	ore man					
	· · · · · · · · · · · · · · · · · · ·				١.٥					
	(a) Name and address of each independent contractor particle.	id more than \$100,000	(b) Type of servi	ce (c) Compens	ation				
Name	None Str									
City	ST	ZIP								
Name	Str	710								
City Name	ST Str	ZIP								
City	ST	ZIP								
Name										
City	ST	ZIP								
Name	Str									
City	ST	ZIP) 000	<u> </u>						
d 52	Total number of other independent contractors Did the organization complete Schedule A? No	•		7(2)(1)						
32	nonexempt charitable trusts must attach a com				► X Y	es	No			
Under	penalties of perjury, I declare that I have examined this return,				·		•			
true, co	rrect, and complete. Declaration of preparer (other than office	r) is based on all information of wh	nich preparer has any knowle	edge.						
٥.					5/8/2012					
Sign	Signature of officer			Date						

Here Treasurer Phil Dodson Type or print name and title Preparer's signature Date PTIN Print/Type preparer's name **Paid** Check SELF-PREPARED RETURN self-employed **Preparer** Firm's name Firm's EIN ▶ **Use Only** Firm's address Phone no. May the IRS discuss this return with the preparer shown above? See instructions **▶** X Yes No

Part IV (990-EZ) - List of Officers, Directors, Trustees, and Key Employees of Part IV Page Employer identification number US Masters Swimming Inc. Illinois Masters Swimming Association 31-1131705 Reportable Contributions to emp. compensation Name and title Average hours per week Estimated amount of benefit plans & (Form W-2/1099-MISC) devoted to position other compensation deferred compensation (if not paid, enter -0-.) Ruth Giles-Ott Secretary 1.00 0 0 Heidi Kafka Vice-President 1.00 0 0 Ellen Tobler Past Vice-President 1.00 0 0 .00 0 0 0 0 .00 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 0 .00 0 0 .00 0 .00 0 .00 0 0 .00 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 0 .00 0

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

►See separate instructions.

OMB No. 1545-0047 Inspection

		organization	•				-		Employe	r identificat	ion numb	er		
				ters Swimming Assoc					1) 0 .		131705			
Part				arity Status (All orgation because it is: (Fo						struction	ns.			
1 ne o	gar		•	rches, or association of		-		-		i)_				
2		•		on 170(b)(1)(A)(ii). (At			700 III 300			·)·				
3	i			nospital service organi		-	section	170(b)(1)	(A)(iii).					
4		A medical re	search organiza	ation operated in conju)(b)(1)(A)	(iii). En	ter the		
5		An organizat	•	r the benefit of a collect (Complete Part II.)	ge or univ	ersity own	ned or op	erated by	a govern	mental ur	nit desc	ribed		
6				ernment or governme	ntal unit c	described	in sectio	n 170(b)(1)(A)(v).					
7		An organizat	tion that normall	y receives a substanti (1)(A)(vi). (Complete I	al part of					or from th	e gener	al pub	lic	
8			A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)											
9	X	An organizat receipts from support from	on organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross eceipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its upport from gross investment income and unrelated business taxable income (less section 511 tax) from businesses incquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)											
10		An organizat	tion organized a	nd operated exclusive	ly to test	for public	safety. S	ee sectio	n 509(a)(4).				
11 e f g	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 that describes the type of supporting organization and complete lines 11e through 11h. a Type I													
		` '	•	person described in (i y of a person describe	,						11g(ii) 11g(iii)			
h				ation about the suppor							9(/	l l		
1 (i)		of supported anization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	in col. (i) li	organization sted in your document?	the organ col. (i)	ou notify nization in of your port?	organiza (i) organ	Is the tion in col. ized in the S.?) Amount support	t of	
					Yes	No	Yes	No	Yes	No				
(A)													0	
(B)													0	
(C)													0	
(D)													0	
(E)													0	
Total													0	

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.)

Sect	ion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unwayed grants")						0
2	include any "unusual grants.")						0
2	benefit and either paid to or expended on						
	its behalf						0
3	The value of services or facilities						U
3	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	J	J	Ü		J	
·	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
Sect	ion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 IV.)						0
11	Total support. Add lines 7 through 10.		<u> </u>				0
12	Gross receipts from related activities, etc. (s					12	\(\alpha\)
13	First five years. If the Form 990 is for the o						
	organization, check this box and stop here						· · · •
	ion C. Computation of Public Support					, , , , , , , , , , , , , , , , , , ,	
14	Public support percentage for 2011 (line 6, o	column (f) divid	ed by line 11,	column (f))		14	0.00%
15	Public support percentage from 2010 Scheo						0.00%
16a	33 1/3% support test—2011. If the organization						
L.	and stop here. The organization qualifies as						
b	33 1/3% support test—2010. If the organization qualification and step here. The organization qualification and step here.						
	box and stop here. The organization qualified						
17a	10%-facts-and-circumstances test—2011						
	is 10% or more, and if the organization mee					•	
	Part IV how the organization meets the "fact			-	=		
	organization						
b	10%-facts-and-circumstances test—2010	-					
	15 is 10% or more, and if the organization m						xpiain in
	Part IV how the organization meets the "fact supported organization						⊾ □
46	-						· · · · P
18	Private foundation. If the organization did r	not check a box	on line 13, 16	oa, 16b, 17a, or	1/b, check th	is box and see	, —
	instructions						▶ 1

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

(Complete only if you checked the box on line 9 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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	16,801	15,245	20,257	23,423	20,252	95,978
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	2,966	798	940	1,150	1,654	7,508
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	0	0	0	0	0
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge	0	0	0	0	0	0
6	Total. Add lines 1 through 5	19,767	16,043	21,197	24,573	21,906	103,486
7a	Amounts included on lines 1, 2, and 3	i e				1	_
	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			0
C	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from line 6.)						102 406
Saa							103,486
	tion B. Total Support ndar year (or fiscal year beginning in)	(a) 2007	(b) 2009	(a) 2000	(d) 2010	(a) 2011	(f) Total
Cale	indar year (or riscar year beginning iii)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(I) Total
9	Amounts from line 6	19,767	16,043	21,197	24,573	21,906	103,486
10a	Gross income from interest, dividends,	i e				1	
	payments received on securities loans,	i e				1	
	rents, royalties and income from similar sources	2,879	2,585	2,751	2,358	2,852	13,425
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						_
	acquired after June 30, 1975						0
	Add lines 10a and 10b	2,879	2,585	2,751	2,358	2,852	13,425
11	Net income from unrelated business						
	activities not included in line 10b, whether	i e				1	
40	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 IV.)	0	20	180	10	0	220
13	Total support. (Add lines 9, 10c, 11,	- 0	30	100	10	- 0	220
13	and 12.)	22,646	18,658	24,128	26,941	24,758	117,131
14	First five years. If the Form 990 is for the organiza		· · · · · · · · · · · · · · · · · · ·				117,101
				•	•	, , ,	
Sac	tion C. Computation of Public Support I	Percentage					
15	Public support percentage for 2011 (line 8, column		a 13 column (f))			15	88.35%
16	Public support percentage from 2010 Schedule A, I	` '			F	16	89.19%
	tion D. Computation of Investment Inco						03.1370
<u> 366</u> 17	Investment income percentage for 2011 (line 10c, or			ımn (f))		17	11.46%
18	Investment income percentage from 2010 Schedule		-			18	10.62%
19a	33 1/3% support tests—2011. If the organization of				-		10.02/0
, Ju	not more than 33 1/3%, check this box and stop he						▶ X
b	33 1/3% support tests—2010. If the organization of	_			_		<u> </u>
	line 18 is not more than 33 1/3%, check this box an						▶
20	Private foundation. If the organization did not che	_	-			_	

	990 or 990-EZ) 2011	US Masters St	wimming Inc. Illin	ois Masters Swim	nming Association	31-1131705	Page 4
Part IV					e explanations requil s part for any additio		
	instructions).	. or 170, and Fa	aciii, iiile 12. Al	oo compiete tili	o part for any addition	mai information. (Se	

Part I, Line 1 (990-EZ) - Contributions, Gifts, Grants and Similar Amounts Received	
1 Contributions	789
2 Noncash contributions	
3 Membership dues and assessments (contributions from the public)	
4 Government contributions (grants)	
5 Commercial co-venture	
6 Special events contributions (Line 6 - Special Events)	0
7 Associated organization contributions	
8 8	
9 9	
1010	
11 Total	789
Part I, Line 4 (990-EZ) - Investment Income	
1 Interest on savings and temporary cash investments	484
2 Dividends and interest from securities	1,584
3 Gross rents	
4 Other investment income	784
5 Total	2,852

Part I, Line 5 (990-EZ) - Gain/Loss From Sale Of Assets Other Than Inventory

Totals:	Gross	Cost, other
	sales	basis and expenses
Public Securities	27,291	28,037
Non-Public Securities	0	0
Other sales	0	0

		Check if	Check if									Expense			
		gain/loss is	gain/loss is	Check if						Cost or ot	her basis	of sale and			•
		from sale	from sale of	purchaser						(Enter one	field only)	cost of			
		of public	non public	is a		Date	Acquisition	Date	Gross sales		Donated	improve-		Description of	
Index	Description	securities	securities	business	Purchaser	acquired	method	sold	price	Cost	value	ments	Depreciation	Basis Method	
1	49 Shs Chevron	X				Various S	Purchase	10/27/2011	5,193	3,808				Cost	
2	5 Shs Emerson Electric	X				Various S	Purchase	8/4/2011	221	254				Cost	•
3	100 Shs Honeywell	X				Various S	Purchase	9/22/2011	4,266	5,849				Cost	
4	99 Shs Inergy	X				Various S	Purchase	8/4/2011	2,928	4,121				Cost	
5	34 Shs Eli Lilly	X				Various S	Purchase	2/18/2011	1,165	1,212				Cost	
6	22 Shs Chevron	X				6/29/2010	Purchase	10/12/2011	2,150	1,505				Cost	
7	184 Shs Emerson Electric	X				Various L	Purchase	8/4/2011	8,699	8,514				Cost	
8	77 Shs Eli Lilly	X			·	Various L	Purchase	2/18/2011	2,669	2,774				Cost	
9					·									·	
10															